

Legislative Assembly of Alberta

Title: **Monday, April 10, 2000**

8:00 p.m.

Date: 00/04/10

[Mrs. Gordon in the chair]

THE ACTING SPEAKER: Please be seated.

head: Government Bills and Orders

head: Second Reading

Bill 11 Health Care Protection Act

Mr. Gibbons moved that the motion for second reading be amended to read that Bill 11, Health Care Protection Act, be not now read a second time but that the order for second reading be discharged, the bill withdrawn, and the subject matter referred to the Standing Committee on Law and Regulations.

[Debate adjourned April 10: Mr. Bonner speaking]

MR. BONNER: Thank you very much, Madam Speaker. I would like to continue the debate where I adjourned today at 5:30, and I would like to continue to debate on the amendment to Bill 11 and add a few more comments as to why I would like all members of this Assembly to support this amendment.

Now, I think Bill 11 will have as big an impact on this province as \$10-per-quarter land had on this province right at the turn of the century. When we go back to that, Madam Speaker, we know that the principles that this province was built on are the same principles that are not covered and not protected in this bill.

What Albertans want at this time is a real debate, a debate that is not stifled but a debate that is enhanced, a debate that is enhanced based on evidence and not opinion. They want a debate that includes public input from all sectors. They want a debate that was only started by the precedent-setting TV debate last Tuesday. They want a debate because to this time their concerns have not been quelled when they look at all the implications of Bill 11.

Albertans want their own homegrown health care professionals and researchers to have input into this particular bill and this particular debate. This is something that they haven't had the opportunity to do so far. Albertans want a debate that will help answer the questions and concerns in the letter from the federal Health minister. These concerns that he raised are very legitimate concerns, and we know the repercussions of what happened the last time this province did not follow the mandate that's set out by the Canada Health Act. We were fined literally millions of dollars.

They want a debate, Madam Speaker, that extends beyond the four walls of this Legislature, beyond the four corners of their TV set. They want this debate to continue in every community in this province, in every church, in every coffee shop. They want the principles . . . [Mr. Bonner's speaking time expired]

Thank you very much, Madam Speaker, for this opportunity to add my remarks.

THE ACTING SPEAKER: The hon. Member for Edmonton-Gold Bar.

MR. MacDONALD: Thank you very much, Madam Speaker. It's with interest that I rise this evening to debate this amendment to Bill 11, the Health Care Protection Act. I'm very pleased that this amendment has been presented to the Assembly, and I'm proud to say that I support this amendment as brought forward by the hon. Member for Edmonton-Manning.

Earlier today we heard Bill 11 described in this way by the Premier: quote, it is a work in progress, end of quote. If it is a work in progress, then this amendment as proposed by the Member for Edmonton-Manning is timely and very, very appropriate for the government because it will certainly give the government a chance to do the right thing and withdraw this idea of increasing the privatization of our public health care system. We can have as an Assembly a very, very good look at this idea and where it will bring the public health care system in this province.

Now, Madam Speaker, when you look at the Standing Committee on Law and Regulations, I realize it's some time since it last met. It's over a decade. It's 15 years, I believe, to be precise. We have to look at the membership of this committee. The hon. Member for Banff-Cochrane certainly would do an able job as chairperson, and in the absence of that hon. member, the able Member for Red Deer-South could do an adequate job as chair.

We have members from all over the province, Madam Speaker. We have the hon. Member for Calgary-East. We have the hon. Member for Redwater, who incidently did a long-term care report and who I'm sure would have some valuable insights that would be recognized by the Standing Committee on Law and Regulations regarding how we're going to maintain long-term care within the public health care system without contracting out to for-profit operators. Now, it would be very interesting to hear that hon. member's perspective, and the only way the entire province, I believe, would be able to hear this is through the Standing Committee on Law and Regulations.

We also have the hon. Member for Fort McMurray. We have the hon. Member for Calgary-Currie. We have the hon. Member for Livingstone-Macleod. I'm sure the hon. Member for Livingstone-Macleod would be delighted to participate in the committee that would completely review this attempt at contracting out public health care.

Now, we also have the hon. Member for Calgary-Buffalo, and I'm sure he would have a few words to say on Bill 11. I'm quite sure of that. We have the hon. Member for Calgary-Cross. I believe that is the constituency where the Peter Lougheed hospital is located, in the northeast section of Calgary. We have the hon. Member for Wetaskiwin-Camrose. We have the hon. member from the northwest section of Calgary, Calgary-Bow. We have the hon. Member for Edmonton-Meadowlark. She is our current health care critic and is doing a very good job. She would have some very valuable insights into this.

I myself, with a large number of seniors in my constituency, have some very strong views on this whole idea, this idea that we're going to allow an increase in the privatization of health care delivery in this province. We also have the hon. Member for Calgary-North West. The hon. member's insights would also be very welcome as the Standing Committee on Law and Regulations could meet for the first time in perhaps 15 years and talk about this issue. The hon. Member for Edmonton-Manning, I don't think, realized when he brought forward this amendment – that's why I'm urging all government members to support it – that it's a way out of the political firestorm that you created when you introduced this poorly drafted legislation into this Legislative Assembly.

Now, we certainly need further study of this whole legislative concept, and I think we can start by looking at what other provinces have done, are doing, and are planning to do, Madam Speaker. There's no reason why the Standing Committee on Law and Regulations could not be the body that will do this.

8:10

We talk about British Columbia, and we talk about the Cambie

Surgery Centre, or hospital, in Vancouver. Perhaps the Standing Committee on Law and Regulations would come back to this Assembly and say: we have discovered that registered nurses that are employed in this facility are compensated more than registered nurses in British Columbia that are working under negotiated collective agreements. Then we could perhaps deduce from that that in order to attract employees, registered nurses and other health care professionals, to the private hospitals to be legislated in Bill 11, we are creating two parallel streams that are going after a workforce that is in great demand. Then the Standing Committee on Law and Regulations would simply say to this Assembly that this is the wrong thing to do because we are driving up wages, we're not working in the best interests not only of health care budgets in this province but of people who are sick, people who are on waiting lists.

I know it's going to be very difficult for the government in this case to listen to the opposition. The government is not listening to the majority of Albertans, but perhaps, Madam Speaker, they would listen to the Standing Committee on Law and Regulations.

Now, the committee could look also at British Columbia and how the Medical Services Commission is operating, how it is administering the medical service plan. It would be interesting how the Standing Committee on Law and Regulations would react to this and how all this fits into the Canada Health Act. It would also be interesting to hear a report from the Standing Committee on Law and Regulations on how the committee would deal with the issue of this proposed bill, that hopefully will no longer be before the Assembly because hopefully all hon. members of this Assembly will support the Member for Edmonton-Manning in his legislative amendment.

We have an interim report that came before the Legislative Assembly last week from the Institute of Health Economics here in Edmonton, from the University of Alberta. This is an interim report, and it was to deal with the issues of accessibility and universality. Interestingly enough, Madam Speaker, the interim report has some concerns about universality and accessibility, particularly for rural Albertans.

As this Bill 11 is set up now, the surgical centres, also known as private hospitals, will probably be located where they're going to be able to at least try to recruit registered nurses and specialists and other health care professionals, and that's in the larger centres. So this whole issue of accessibility has to be addressed, because someone living in rural Alberta, perhaps a two- or three-hour drive from one of these centres, is not going to have the same accessibility as, say for instance, someone from the hon. Member for Edmonton-Rutherford's constituency in the south end of Edmonton. There is that issue of accessibility, and this is what's worrying the experts. The Standing Committee on Law and Regulations could look into this. It might take them time, but, Madam Speaker, they could look into this, and they could report back to the hon. minister of health, other members of Executive Council, and all members of the Assembly.

I don't know where the Member for Edmonton-Manning got this idea to come forward with this amendment, but it was an excellent idea. Madam Speaker, the hon. Member for Edmonton-Manning has allowed the government of the day to get out of a tight political situation. Now, whether they're going to use it or not is entirely up to them.

The majority of Albertans, close to 60 percent of Albertans, are saying no to this Bill 11. They want to see more study. They want to see some real cost-benefit analysis, Madam Speaker.

THE ACTING SPEAKER: The amendment please, hon. member.

MR. MacDONALD: I'm certainly on the amendment.

Now, Madam Speaker, we look at this amendment, and we look at the Standing Committee on Law and Regulations. I'm not stating that this Standing Committee on Law and Regulations should travel the length and breadth of this country or into the United States of America, but they certainly could get together, perhaps upstairs in room 512. They could get on the Internet, and they could look at some of the issues that have been discussed by Albertans. They could look at the legislation in Manitoba. The hon. minister of health himself brings forward on the odd occasion the clinics in Manitoba, legislation in Saskatchewan. The thing that would be of most interest to the Committee on Law and Regulations is the comparison of what we're trying to attempt with Bill 11 and the model in other parts of the world. So many areas of the world are admiring what Bill 11 is trying to dismantle.

The amendment, Madam Speaker, would give time for study. It would give time not only for the individuals to complete their study for the Institute of Health Economics, but it would give the government time to perhaps take a good, thorough look and compare it to what's existing in the current form of Bill 11.

Now, I don't think that when we look at the delay this amendment will mean to Bill 11, there's any harm in that, Madam Speaker. The amendment by my colleague from Edmonton-Manning is really a favorable one to all Albertans. While this is being studied, as I said before, there can be a cost-benefit analysis done to see if the contracting out proposed in Bill 11 will have any beneficial characteristics for the taxpayers and the regional health authorities. I have yet to see this, but as a member of the Committee on Law and Regulations perhaps with a team of other hon. members we could find such information. I think we'd be looking pretty hard, but I don't know what could be done until it is tried, because certainly, Madam Speaker, this legislation as it exists now is not in the best interest of Albertans. The amendment will certainly give us the necessary time.

8:20

Whenever we talk about the facilities that are the model for this bill, the first one that's mentioned is the Shouldice hospital in Ontario. I'm not suggesting for a minute that the Standing Committee on Law and Regulations visit it, but there is not an urgent need in this province – and anybody on the opposite side can correct me – for a hospital that's going to deal exclusively with hernias. Some hon. members across the way may be carrying a considerable political weight with this bill, and they may need a hernia belt because of the political weight they're carrying back to their constituencies, but there is no need for this sort of private hospital in this province.

Now, I'm wondering, Madam Speaker, if we were to fast-forward a year and the chairperson of the Standing Committee on Law and Regulations were suddenly to go downstairs and hold a news conference or, in the absence of that hon. member, the hon. Member for Red Deer-South, just exactly how excited they would be in discussing this report with the individuals in the media and how excited they would be to come into this Assembly and table a report from the Standing Committee on Law and Regulations before all members of this Assembly and all Albertans. This would simply be a report stating that the government was wrong, that Bill 11 was a mistake, that the Health Care Protection Act, which should have been called the public health care protection act, was going to be withdrawn forever, that the government was going to open up existing hospital beds, that it was going to open up existing operating rooms, that it was going to hire but first it was going to train the health care professionals at the training centres at the University of Alberta and the University of Calgary, and that it was going to build

the best public health care delivery system not only in Canada but in the industrialized world.

This is the opportunity we have this evening if we were to say yes to the amendment as proposed by the hon. Member for Edmonton-Manning. All hon. members of this Legislative Assembly, this is your chance. This is the ideal opportunity to see that Bill 11 was a legislative mistake. This is the opportunity that you're waiting for, and I encourage you to support the . . . [Mr. MacDonald's speaking time expired]

THE ACTING SPEAKER: The hon. Member for Edmonton-Rutherford.

MR. WICKMAN: Thank you, Madam Speaker. I'll stick to the amendment in front of us to the best of my ability, and if, like my colleague from Edmonton-Gold Bar, I speak too fast because I've got so much to say, please slow me down.

Madam, Speaker, before I start, I want to welcome the guests on both sides of the House here in the gallery who are taking in some of the debate this evening. It's always nice to see interested Albertans watching what's happening in this Legislative Assembly.

Now, let's be very, very specific. The amendment in front of us, moved by the Member for Edmonton-Manning, is an amendment that would ask that second reading of the bill be withdrawn and "the subject matter referred to the Standing Committee on Law and Regulations." The amendment is made for a reason. When we talk in terms of referring it to the Standing Committee on Law and Regulations, the amendment means that we feel much further study and consideration has to be given to the bill before any consideration is given to the bill proceeding.

Madam Speaker, I think it goes without saying that Albertans throughout the entire province are concerned about what's happening with Bill 11, are extremely concerned. We see that day after day in the legislative session as petitions are tabled from Albertans that are saying no, no, no: 45,000 now and thousands more waiting to be tabled. Letters, e-mails, telephone calls. Any place I go, it just seems people are stopping me and saying: what's going on with Bill 11? People want to know. People are concerned about the provisions of Bill 11. They're concerned as demonstrated by rallies that have been held such as the public forum in the riding of Edmonton-Gold Bar. They are concerned as taxpayers about the hundreds of thousands of dollars, if not a million, if not more than a million – who knows how much? – on full-page ads in the paper trying to sell Albertans on Bill 11.

Bill 11 has not been given the detailed study by this Legislative Assembly that it deserves, that it would get if it were referred to Law and Regulations. After very careful consideration of the details of the bill and the various provisions, then consideration should be given to the thing being scrapped, to the thing being killed: is there anything there; do we just start all over? But we can't do that in this particular arena.

Let me go one by one through the things in the bill that have to be studied in detail. First of all, the bill talks in terms of enhanced services. I read enhanced services as meaning that at least in the initial stages the basic health needs as defined by the government or whomever would be covered, and then anything over and above that would be considered an enhanced service. Now, where the line is between the two I'm not sure.

I want to give you an example of how enhanced services can get out of control. A number of years ago, in 1988 to be exact, we were heading down to Scottsdale. On the way we stopped for a couple of nights in Las Vegas to sort of relax, and in the hallway of the Desert Inn of all places I had an accident, and it wasn't because of gambling

debts. My wife accidentally pushed me forward as we were going down the hallway. I lost my balance and toppled forward. I heard a couple of snaps and such, but being a paraplegic, I didn't realize the extent of the damage. So we went down by the pool for a while, had breakfast, hopped on the plane, and went down to Scottsdale.

By the time we were checked into the facility there, I was feeling feverish. I knew something was wrong. I got a friend down there to drive me to the hospital. I spent one night in the hospital. I ended up with two full-length casts. I came back the next day. One night in the hospital. In the morning the nurse rolls up the foam mattress that they had on top of the regular mattress. It's a foam mattress like you would buy at Canadian Tire for \$17, and she says: you might as well take this home with you. I say: why? She says: because it's costing you \$100. My bill was four pages long. These so-called enhanced services: a box of kleenex, charge for the meal. That list of enhanced services went on and on.

So when we talk in terms of Bill 11 and when we talk in terms of the need to look in detail at areas like enhanced services, that's why it has got to be studied in detail by Law and Regulations. Who's defining enhanced services? What's to say that the government can't say: well, we're going to deinsure this, this, and this, and they become enhanced services? Pretty soon we're like the U.S.A., where virtually everything is an enhanced service at the expense of the taxpayer. Now, that's one concern, the enhanced services.

We talk in terms then of surgical facilities. This is quite cute, because the government doesn't want to use the term "for-profit hospitals" or "hospitals" period. They like to use the term "surgical facilities." But what is a surgical facility? My understanding of a surgical facility is like the facility that is in Calgary and waiting that has three operating theaters, a number of beds for overnight stays. Whether those stays would be for 72 hours, four days, seven days, whatever, we don't know. There is no regulation we're aware of that defines the length of stay, so we have a so-called surgical facility that allows a person to go in there and have a certain type of operation and then spend time recovering. How much time is needed to recover? Who knows at this particular point? There isn't any suggestion by government that they'll bring forward an amendment saying it be restricted to, say, 72 hours, 48 hours, 24 hours, whatever. Right now as it stands, it's unlimited in terms of time.

Now, during the stay in the so-called surgical facility, what happens if something goes wrong? Some operation is carried out, and there were instances, Madam Speaker, in the past . . .

8:30

THE ACTING SPEAKER: Hon. Member for Edmonton-Rutherford, the chair will remind you that we have an amendment before us, and I would ask you to be specific to the amendment.

MR. WICKMAN: And the amendment calls for the bill to go to Law and Regulations so we can look in detail at the very issues I'm bringing up that are in Bill 11. Those are the very issues I'm bringing forth, the issues that have to be looked at by Law and Regulations, and surgical facilities is one of them. It's probably the most contentious issue in the entire bill, and Albertans want us to study that in detail. Albertans are telling us that it's got to be studied in detail, that it's not acceptable in its present form. Albertans are also telling us that there's a need to study what has happened in other parts of the world. In Australia, where they've had experiments with so-called privatization of the health care system, we know where that's led. The fact is, Madam Speaker, that no other province in Canada – and let's not throw that red herring Ontario in here – has a similar bill.

However, if the government is successful by some fashion in

getting Bill 11 approved, Premier Harris in Ontario will be following just like that, and he'll probably even outdo what's done here, which will force this government to try and outdo the Ontario government like they do with the taxes. Who's got the lowest taxes? Pretty soon it will be: who provides the most private health care, or who keeps the health care costs lowest by shuffling off to the private sector?

THE ACTING SPEAKER: Hon. member, on the amendment. I don't see anything to do with gasoline prices in this amendment. So on the amendment.

MR. WICKMAN: I didn't talk about gasoline prices. I was using an analysis. [interjections] No. I was talking about taxes. Taxes.

Another area that has to be looked at very carefully by the Standing Committee on Law and Regulations is the question of the Canada Health Act and the threat now by the federal Minister of Health, Allan Rock, that he is not happy with Bill 11. He wants to see amendments to Bill 11. What amendments does he want to see to Bill 11? How can we possibly consider allowing this bill to go through at this particular time without giving it that detailed study that has to be done?

There's also a concern, when we look at the provisions of Bill 11 at the current time, that we have to also look at it from a long-term point of view. Is there a mechanism by regulation, by legislation, whatever, for putting safeguards on any such type of legislation or policy that would prevent the bill from simply becoming a crack in the door? We see that door widen and widen and widen until pretty soon we're going to have the full-fledged facilities, a two-tier system. Doctors, Madam Speaker, through the Alberta Medical Association, with the exception of a handful of those that do tend to support the government, are saying that they have concerns with this bill. They feel there's a need for further study as well, because they're concerned from the point of view of: what's going to happen with the shortage of doctors there is at the present time? How many doctors will give up practice in the public sector to go to the private sector in an attempt to make more dollars? So we have to look at that particular aspect of it as well.

Madam Speaker, in the last few weeks we've seen various groups that have come forward. I've mentioned already the Alberta Medical Association, which we understand had the opportunity to meet with the Premier, probably with the Minister of Health and Wellness as well, to express their concerns, and obviously they had concerns. Obviously they had a great number of concerns. Now, I hear the Premier saying that he thinks they're coming onboard. Well, we haven't had any indication that they're coming onboard. There is no indication to perceive that at all.

Just very recently there was a very detailed document submitted by the Health Ethics Centre from the University of Alberta which detailed numbers of issues that have to be addressed before this bill can advance any further than it has at the present time or the intention of the government, to ensure that they get third reading of this bill before this session is completed.

So we have the Alberta Medical Association. We have the Health Ethics Centre. We have the Friends of Medicare, who are out front every Monday and Thursday demonstrating their concern with Bill 11, their concern that enough study hasn't been given to Bill 11. We have a number of unions – the Alberta Union of Provincial Employees, the Canadian Union of Public Employees – having to pay good money to run ads to try and counteract the vast amounts of money the government is spending on trying to advance, trying to brain-wash, trying to put a certain spin on this bill in the hopes the public will buy the bill. But, Madam Speaker, it's obvious that the public is not going to buy the bill. They have said it repeatedly, and as we go on, the opposition to the bill continues to grow.

Now, we can diminish that opposition to a degree by agreeing to refer this bill to the Standing Committee on Law and Regulations, because then Albertans would feel that at least it's being given consideration in terms of detailed study of the various provisions, with the possibility of the committee concluding that the bill should be thrown out entirely and that the government should go back to square one when it comes to the concept of attempting to so called restructure or re-engineer the health care system in the province of Alberta. We all recognize that there's always a need for some change within any system, and there probably are some very, very valid opportunities for change that would benefit tremendously like, oh, opening up the empty beds that are now closed down in your major facilities in Edmonton in particular.

These groups I talk about, Madam Speaker, I would venture to say would welcome the opportunity to appear in front of a committee such as Law and Regulations to make presentations, to provide their input; in other words, to become partners with government in trying to determine the future of health care in this province. How can we, as representatives elected by these very same people, deny them that opportunity? They're the ones that placed us in this position of trust to do the right thing, but at the same time we want to close the door on them and say: well, despite what your feelings are, we're going to go ahead and ram this bill through.

Madam Speaker, if I could poll each of the government members one by one in a private conversation where they could let their soul kind of hang out, I would suspect there are a number in there who are not particularly happy with Bill 11, who would probably agree with our amendment that it should be referred to the Standing Committee on Law and Regulations, because it would take the heat off you in your own ridings, where you're getting tremendous heat. Even in rural Alberta we understand there's tremendous heat, because these petitions that we file every day come from Fort Saskatchewan; they come from all parts of the province. Many ridings alone, many constituencies alone have submitted petitions that go over a thousand names in one particular constituency, so we can see there is this very, very widespread concern.

We've attempted as the Liberal caucus, as the Official Opposition, doing what we feel is the right thing to do on behalf of Albertans who are using us as their voice because they have no other effective mechanism to get their concerns expressed to government because government doesn't appear to be listening to what they're saying. We've tried to provide other opportunities; for example, the challenge by members of this caucus to every government member to have public debates on Bill 11. In that way the public in that particular constituency would have an opportunity to come out to quiz their elected representative in the provincial Legislative Assembly as to his or her feelings on Bill 11, as to whether he or she feels there's a need to provide this bill with further study by referring it to a committee like is being suggested by the Member from Edmonton-Manning or if it means scrapping the bill, whatever.

But up to now when I try and count the number of acceptances of the challenge – I don't know. I understand there was one coming in the Fort Saskatchewan area, but that's not a challenge from a Member of the Legislative Assembly; that's a challenge from a representative of an outside group. So as far as I can understand, other than the debate or the town hall meeting, whatever you want to call it, that took place prior to the written invitation attempting to engage government members in debate that was in Edmonton-Gold Bar where – how many hundred people showed up?

8:40

MR. MacDONALD: Five hundred.

MR. WICKMAN: Five hundred? Five hundred people showed up.

THE ACTING SPEAKER: Hon. member, on the amendment, please.

MR. WICKMAN: Now, on the amendment as I wrap up now, when I go through the amendment – boy, 20 minutes can sure be a long time, eh?

As I wrap up, let's be very careful about the wording of the amendment, that

Bill 11, Health Care Protection Act, be not now read a second time but that the order for second reading be discharged, the bill withdrawn, and the subject matter referred to the Standing Committee on Law and Regulations.

When we look at the very wording of that amendment, it tells us a number of things. It tells us that the bill is temporarily withdrawn. That's not to say that the government couldn't bring back the bill with a number of amendments in it that would make it acceptable to the people in Alberta, to the residents of Alberta, the taxpayers of Alberta, but to do the honourable thing while the whole concept of the protection act is being studied, the bill would have to be withdrawn.

I've attempted to outline some of the concerns of the subject matter, such as the enhanced services, the surgical facilities, the experiments that take place in other countries like Australia, the fact that no other province in Canada has similar legislation, the fact that there is a federal threat that it may be in violation of the Canada Health Act. If that's the case, there could be a withdrawal of transfer funds from the federal government which would put an additional financial burden on all Albertans. Also, the possibility of the legislation being a crack in the door for future expansion of the privatization of the entire health care system. The concerns that have been expressed by a number of organizations like the Alberta Medical Association, the Canadian Union of Public Employees, the Friends of Medicare, the Alberta Union of Provincial Employees, and others. The concept that we really haven't had the opportunity, whether it be in the legislative chambers – and the Premier likes to refer to this being the place for debate.

Well, the only difficulty is that in terms of a debate we can sit here and debate, but the public has to sit up there and watch or they have to watch the televised debate that was held on – and that really wasn't a debate. That was a number of speakers.

You did a fine job that evening, by the way.

MS LEIBOVICI: Thank you.

MR. WICKMAN: And the Member for Calgary-Buffalo we were particularly proud of and of course our leader.

Madam Chairman, it's asking very specifically that Bill 11 – the buzzer didn't go, eh? Oh, the buzzer went?

AN HON. MEMBER: No.

MR. WICKMAN: Oh. It's asking very specifically . . .

AN HON. MEMBER: Madam Speaker.

MR. WICKMAN: Madam Chairperson, Madam Speaker. Okay; Madam Speaker.

It spells out very carefully that Bill 11, the Health Care Protection Act, "be not now read a second time." In other words, the bill has been given first reading, but it wouldn't be read a second time. It would go directly to the Standing Committee on Law and Regulations instead of going to committee stage here and then coming

forward for third reading further down the road. Meanwhile, the bill would be withdrawn and the subject matter would be studied in detail.

Now, the Standing Committee on Law and Regulations – and I recognize it's a committee that doesn't meet on a very regular basis.

MS LEIBOVICI: Never that I've known.

MR. WICKMAN: Never? This would be a good exercise for that committee to finally get its teeth in something, and it would be interesting to see the outcome of it. Members of the government side, members of the opposition side . . .

THE ACTING SPEAKER: I hesitate to interrupt you, hon. member, but your time has expired.

The hon. Member for Calgary-Egmont.

MR. HERARD: Thank you, Madam Speaker. I was just so intrigued by that speech that I thought I couldn't pass up the opportunity to get up and speak against the motion.

You know, it's interesting because . . .

DR. TAYLOR: He had me convinced.

MR. HERARD: Well, now you're going to have to pay attention to this one, and maybe we'll unconvince you.

You know, every morning I wake up and wonder: what kind of new twists and turns is the opposition going to pull today to feed the media feeding frenzy and to promote conflict, confusion, confrontation, and the misunderstanding of some fairly simple underlying policy issues? And today the answer is: well, let's refer this bill to the Standing Committee on Law and Regulations.

Now, I don't know what it is they think they're going to learn by doing that, because it's actually fairly simple. Over the last 10 years improvements in technology and surgical procedures have made it possible for about 50 or 52 private surgical facilities to perform more than 20,000 relatively minor . . .

DR. TAYLOR: How many?

MR. HERARD: Twenty thousand relatively minor surgical procedures that formerly were all done in hospitals.

Now, I remember my own kid, my youngest one, spent about three days in hospital for tonsils. Well, everybody knows you don't need a Committee on Law and Regulations to tell you that you don't do tonsils in hospitals anymore. So in the last decade an increasing volume of procedures done safely every day in clinics frees up thousands and thousands of hours of hospital operating room time.

DR. TAYLOR: How much?

MR. HERARD: Thousands of hours. I mean, if there are 20,000 procedures done a year, that frees up thousands of hours of operating room time. Not only that, but it frees up beds in hospitals that cost between \$600 and \$1,000. You don't need a committee to tell you that that's happening. That's reality. So why would you want to refer this to a committee?

All that time that's being saved in all these relatively minor surgical procedures every year essentially results in improved access for the more serious cases that continue to be done in our hospitals. In addition to that, cancellations due to emergencies are all but eliminated. You know, you didn't get up at 6 in the morning to get to your appointment at the hospital only to find out that there's been

an emergency and your operation's been bumped. So from that perspective, why do we need to refer this to a committee? This is what the committee would find out, because that's the reality of the current system today.

Now, currently there are more than 150 different types of surgical procedures that are done safely every day in existing clinics, but they're subject to a 12-hour rule, which, in essence, prevents the health system from taking advantage of continuous improvements in technology and surgical procedures such as laparoscopic and laser techniques, that continue to be perfected and improve outcomes each and every year. What the committee would tell these people is that that's what's going on in our hospitals today. So why do we need a committee to determine that?

What Bill 11 does is remove the 12-hour barrier and empowers the College of Physicians and Surgeons to define which of these new-age minor procedures can be done safely in a clinic. You know, that's what they would find out if they went to this Law and Regulations Committee, because the health care professionals would tell them: hey, wake up guys; this is what's going on.

I've got a whole lot more that I can say, but I know they're going to give me more opportunities to stand and talk about this because of the games they're playing with respect to the filibuster on this issue. So I'm going to sit down now, but I expect they'll give me more opportunities to get up.

8:50

THE ACTING SPEAKER: The hon. Member for Edmonton-Meadowlark.

MS LEIBOVICI: Thank you, Madam Speaker. It's interesting that when we challenged all the government members to a debate, they said the debate would happen here in the Legislative Assembly. Now when we are actually entering into the debate, every one of the members can actually take the dictionary and see what the meaning of debate is. You will find that it means to discuss within the confines of this Legislative Assembly this particular bill that is at hand. So what we are having now, ladies and gentlemen, is a debate. It is not a game. It is not a filibuster. It is a debate.

THE ACTING SPEAKER: Hon. Member for Edmonton-Meadowlark, the chair will remind you that we are not in second reading of Bill 11. We are on an amendment.

MS LEIBOVICI: Part of the debate on Bill 11 is the amendments that we have put forward as the Official Opposition. The amendment, just to remind everyone here, moved by the Member for Edmonton-Manning is that

Bill 11, Health Care Protection Act, be not now read a second time but that the order for second reading be discharged, the bill withdrawn, and the subject matter referred to the Standing Committee on Law and Regulations.

So I found it interesting that when the Member for Calgary-Egmont entered the debate on the amendment to discuss what the subject matter was, he seems to have misunderstood what exactly the bill is about. What the bill is about is promoting private, for-profit health care in this province. That is the premise of the bill. Whether that is through the use of surgical facilities that provide minor, under 12-hour surgeries or major, over 12-hour surgeries, the premise of the bill is private, for-profit health care, and that is the bottom line.

If in fact the bill were to regulate surgical procedures in surgical facilities, as we have in the province right now, you would not find section 16 in the bill. You would find section 16 in the bill in a manner that would in fact control the amount of procedures that are

performed in day, uninsured surgery, and that is not what is happening, Madam Speaker.

What this bill does is open up to overnight stays, it expands on the definition of what is considered minor surgery right now within this province, and it allows for the charging and for the conflict of interest that is inherent with the concept of the enhanced services clause that is in Bill 11.

THE ACTING SPEAKER: Hon. member, on the amendment. You are going through section 16 of the bill. We have an amendment before us. On the amendment, please.

MS LEIBOVICI: The amendment is that "the subject matter [be] referred to the Standing Committee on Law and Regulations," and the subject matter is private, for-profit health care, and that is the premise of Bill 11.

Now, the government members have talked about the sky is falling. They've said and they've pledged that there's no one here to destroy medicare. They have indicated that we are fear mongering. You know, Madam Speaker, in the last seven years I've heard them say the same thing about other objections we have had with the way the health care system has been mismanaged within this province. They have said that the victim of the week did not exist, that in fact nobody was suffering from the health care cuts that they put forward from '93 on. They indicated that the government had a plan, and we can count how many plans this government has had. You know what? Not one of them has obviously been successful, because here we are with another ill-conceived plan that promotes private, for-profit health care this time.

They have indicated that what is needed is to have these facilities because in fact it will help with the waiting lists in the province right now. Well, as the member just indicated, there are 20,000 procedures that are being done in this province on an annual basis by 52 clinics throughout the province. You know what? Those waiting lists haven't been diminished. So where is your proof that in actual fact these surgical facilities are going to have any impact on waiting lists? There is no proof because there isn't the case for it.

The reality is that if this government were in fact interested in doing something about the health care mess they created in this province, they would be looking at other issues. They would not be promoting the subject matter which is being referred to the Standing Committee on Law and Regulations of private, for-profit health care in this province. What they would be looking at are issues of long-term care and putting a real commitment to long-term care. They would be looking at issues of home care. They would be looking at issues of preventative medical care. They would be looking at issues of working with the professionals within the system to ensure that the professionals who are doing the jobs are in the right place when they're required. That is what they would be doing, not this half-baked scheme to allow a few private operators in this province to make a profit on the illness of people.

We have seen over and over again, Madam Speaker, that there needs to be more study on this particular issue. It has been brought to every single member's attention within this Legislative Assembly, and they have the stubbornness and the gall – I wasn't sure if that was parliamentary; that's why I wasn't using it – the gall to sit back and say that they know what is right, that they know better than the Alberta Association of Registered Nurses, than the Canadian Nurses Association, than the Alberta Medical Association, than the Consumers' Association of Alberta, than the many law professors who have written on this subject, and the federal Minister of Health. The list goes on and on and on. In actual fact, what is here in this bill is what they believe it to be as opposed to what every other organization,

just about, in unison has said not only in this province but across the country.

If I can just start with one of those issues that there is unanimity on, the fact that the private hospital as defined in this piece of legislation is in actual fact an approved surgical facility.

Speaker's Ruling Relevance

THE ACTING SPEAKER: Hon. member, I've allowed a lot of leeway here. I'm listening very carefully, and it sounds to me like this is a speech for second reading, not on the amendment. Let's get back to the amendment that was brought forward by one of your colleagues.

Debate Continued

MS LEIBOVICI: The reason that it's so important for this amendment to pass is just so this issue can be discussed in front of the Standing Committee on Law and Regulations. We could have presentations by those groups. We could have presentations by the academics, by the lawyers, by the associations that in fact have sent information to the government members. Who knows where that information has gone? The Standing Committee on Law and Regulations would be able to call people in, would be able to listen to their arguments, would be able to see whether or not those arguments have bearing with regards to the subject matter of the bill, and would be able to bring that report back to this Legislative Assembly.

Is that such a terrible thing? Is that such a terrible thing in a democracy, to have a committee that is actually a standing committee of this Legislative Assembly take a look at what this particular bill implies, what this particular bill is? If the government indeed had the courage of its convictions, it would not sit back and say that this is not needed, that this is not required. In fact, what they would do is welcome this initiative with open arms and indicate that yes, this is a good idea, that yes, this might restore confidence back in the government, because as we know there is starting to be a lack of confidence in what the government is promoting, and would in fact allow for those very things we are talking about in the Legislative Assembly to be taken out of the combative forum we're in and put into another forum where in actual fact there can be some listening and there can be some understanding of what the issues really are when it comes to what is needed in this province with regards to control of the surgical facilities that exist right now and have been allowed to expand by 50 percent under the watch of this government. That is what it's all about, Madam Speaker.

To say that what this is about is what kind of surgeries are going to be provided – and that's what the committee will talk about – is quite frankly misreading and misconstruing what the amendment is and the intent of the amendment. In actual fact we know that there are many, many problems with regards to the definition that has been put forward by the government with regards to the artificial terms minor and major surgeries.

9:00

If any of you take the opportunity to visit with your local GP or visit with any specialist that you know, they will in fact tell you that there is no definition of minor and major and that the definition hinges on what the recovery time is that's required for individuals who have undergone a procedure and that the reason there is a 12-hour limit is because anything over that is considered to be dangerous if you don't have the full capacity of a hospital to back it up. So that's why the committee can look at these things, Madam Speaker. The committee in fact can take this information, can then distill the

information, and then can provide it back to the Assembly for discussion and decision-making.

But do you know my fear, Madam Speaker? My fear is that the government has already made up its mind, that the government has no intention of listening to either the well-brought-up objections of the Official Opposition, of the third party in this Legislative Assembly, or of the many thousands of Albertans who have in fact indicated that they are against this bill and the subject matter of the bill. In fact, what they have decided is that they're going to push this bill through no matter what in order to ensure that there is private, for-profit health care in this province.

Do we need this amendment? Yes, we do. We need this amendment because without it we will be rushing through a discussion that will have a major impact not only on this province but across Canada. We have already heard what some of the opinions are with regards to NAFTA. We already know that there are opinions that vary. That in and of itself should send a message to each and every one of the government members: if we have two different legal opinions, we know that there is going to be judicial review required and that we may well be on the losing end.

We also know that there have been similar kinds of experiments with regards to private, for-profit health care in other countries around the world, and in fact they have shown that it does not reduce the wait list, that it has no impact on the costs to the public health care system other than pulling away dollars and pulling away professionals from the public health care system, and in fact is more costly to individuals out of pocket.

I can only urge, Madam Speaker, that individuals look carefully at what this amendment is, that individuals look and search and hopefully have had a chance to maybe even talk with their constituents over the break that we've had from 5:30 to 8 o'clock to decide whether or not this is something that they should vote for. This is not a matter of caucus solidarity but is a matter where each member can look at this amendment on its merit and then make a decision that in fact what needs to occur is more discussion and that the Standing Committee on Law and Regulations would afford for that particular discussion to occur.

Without this amendment it will be very difficult to have that kind of openness that's required in order to look at what the NAFTA implications are, to look at what the ethical implications are, to look at what in fact the various associations, as I indicated earlier, have indicated, to look at the different models of health care delivery that are present throughout the world, whether it be in Great Britain, whether it be in Australia, whether it be in New Zealand, whether it be in Japan, whether it be in Sweden, whether it be in South Africa. I, Madam Speaker, have had an opportunity to read about all those countries and the kind of health care they provide and the problems that occur when you have a public system running parallel with a private, for-profit system, and you know, the stories are not good. The stories are actually quite frightening as to what occurs when you have two systems running side by side, which is exactly what this bill will provide for.

The members can believe the spin. They can. The government members can believe the spin. They can believe the junior minister, who says no. They can believe the senior minister, who says no. They can believe their Premier, who says . . .

THE ACTING SPEAKER: Hon. Member for Edmonton-Meadowlark, on the amendment.

MS LEIBOVICI: The Standing Committee on Law and Regulations will allow the opportunity for all of the members to in actual fact

have those positions put forward to them so that they can make those decisions on their own.

The amount of information that is present right now is overwhelming, quite frankly. Every day there's another report that lands on my desk that indicates that this is ill conceived. A committee that is set up, that is an all-party committee, can look at those reports, can filter through those reports, can see if perhaps there are biases in those reports, either on one side or on the other side, and find what the actual matter is at hand and what the actual truth is.

From what I have seen, Madam Speaker, it is very clear that there is an understanding that this bill promotes private, for-profit health care, that this bill actually sets up private, for-profit hospitals – call them what you may – that this bill provides for and does not control the provision of uninsured services and provides limited controls on the provision of insured services. In actual fact it provides very little other than the opening of the doors to private, for-profit health care, which isn't controllable right now under the legislation that exists, the legislation that exists under the Hospitals Act and the legislation that exists through the College of Physicians and Surgeons and the Medical Profession Act.

We need to look at what this bill is about, Madam Speaker. We need to have a clear understanding that in actual fact the minister has the ability to control what he says he doesn't control. What he doesn't have the ability to do is to control an entity that doesn't exist, and that's an entity that provides overnight services. The easiest way to make that a controllable issue is to shut the door tight on it, and that's not happening. The forum that I was just at indicated – and it was interesting actually. The Member for St. Albert indicated that without this bill HRG would be able to tomorrow come forward and actually set up a private, for-profit facility. Well, Christine Burdett, from the Friends of Medicare, came back and said: with this bill HRG will be at the door with a contract in hand for Mr. Dinning to sign on the bottom line to open a private, for-profit facility.

THE ACTING SPEAKER: Hon. Member for Edmonton-Meadow-lark, we are dealing with an amendment. We are not dealing with second reading of the bill. We are dealing with an amendment.

MS LEIBOVICI: I keep going back, Madam Speaker, and I thank you for keeping me on track. The subject matter is private, for-profit health care, and I'm trying to make sure that the members understand why we want this referred to the Standing Committee on Law and Regulations. If I go off track, I know you will put me back on, so I appreciate that.

Without that clear understanding of what the elements of the bill are that say that we want that subject matter to be referred, I don't think the members can make an informed decision. I'm trying my best to open up their minds to see that in actual fact this is a very important matter. It needs to go the Standing Committee on Law and Regulations. There needs to be open and honest give-and-take discussion on what this is about. This is the least that can be done to protect the public's interest with regards to protecting our public health care system. I don't think that's a whole lot to ask from the Members of this Legislative Assembly. It would be a first, granted, in the seven years that I have been here, to have anything referred to the Standing Committee on Law and Regulations. In fact we are the only province across Canada that has not made it a part of its legislative process to refer items to the Standing Committee on Law and Regulations.

This is not a sign of weakness by a government. I think it would be considered a sign of strength for this government to admit that this is a process that could well serve not only the citizens of the

province but could also serve to expand the understanding that each and every one of us has with regards to this particular issue.

9:10

So I can only reiterate that I think this is very important, that it needs to occur, that in actual fact there needs to be a referral to the Standing Committee on Law and Regulations. This is not something that the government members should back off from. This is something that the government members should in actual fact endorse because it is an important initiative that would demonstrate to Albertans that they are open to and willing to listen to what the concerns are. Those concerns, I am sure, have been coming fast and furious to each and every member within this Assembly.

With those comments, Madam Speaker, I would like to again encourage that the members vote for this particular amendment. Thank you.

[The voice vote indicated that the motion lost]

[Several members rose calling for a division. The division bell was rung at 9:13 p.m.]

[Ten minutes having elapsed, the Assembly divided]

[Mrs. Gordon in the chair]

For the motion:

Bonner	Leibovici	Sloan
Carlson	MacDonald	Wickman
Gibbons		

Against the motion:

Amery	Kryczka	Severtson
Broda	Laing	Stelmach
Cao	Magnus	Stevens
Clegg	Mar	Strang
Coutts	Marz	Taylor
Ducharme	McClellan	Thurber
Havelock	McFarland	Trynchy
Herard	Melchin	Woloshyn
Hlady	Oberg	Yankowsky
Jonson	Paszowski	Zwozdesky
Klapstein		

Totals:	For – 7	Against – 31
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[Motion on amendment lost]

THE ACTING SPEAKER: The hon. Deputy Government House Leader.

MR. HAVELOCK: Yes. Thank you, Madam Speaker. Pursuant to Standing Order 47(1) I move that this question be now put.

THE ACTING SPEAKER: The hon. Member for Edmonton-Ellerslie.

Point of Order Previous Question

MS CARLSON: Thank you, Madam Speaker. The question cannot now be put. The amendment that we talked to and just had the vote on was a referral amendment, not a hoist amendment. There is quite a bit of validation in both *Erskine May* and *Beauchesne* to tell us that we can continue.

In addition to that, I would refer to a note that we got from Mr.

Speaker earlier today confirming that second reading debate would continue should this amendment fail. Definitely that was the ruling of the Speaker earlier this afternoon. I could produce this if you want.

I would refer you to page 475 of the 21st edition of *Erskine May* on this particular point with reference to such an amendment. The amendment “may seek further information in relation to the bill by committees, commissioners, the production of papers or other evidence.” The purpose of the amendment is to seek more information before proceeding, not necessarily to kill the bill as might be the case with a hoist amendment. So based on that, in terms of *Erskine May*, the question put by the Government House Leader right now is not relevant or valid.

If we go on, in *Beauchesne* clauses 673 to 676 clearly deal with the referral of subject matter of a bill to a committee. Section 673 suggests this amendment can be used “where further information is desired in direct relation to the terms of the bill before the House,” just as we had here. It notes that the subject matter, not the bill itself, is what is being referred to committee. So once again the vote he is calling at this point in time is not relevant because we do still have speakers at second reading who wish to put their concerns forward.

Referral of the bill’s subject matter is not a defeat of its merits necessarily, Madam Speaker, but merely a question of the content and subject matter. Our amendment specifically holds the bill in abeyance to be evaluated by the Standing Committee on Law and Regulations, who would then report back with their findings. Since the amendment does not actually refer the bill to the standing committee, only the subject matter itself, the bill is not being called into question, only the subject matter. So there is no justification for going to the vote for second reading as there would be with a hoist amendment.

With that, Madam Speaker, I would ask you if you would like me to refer the note to you, the ruling that was made earlier today by Mr. Speaker.

MR. HAVELOCK: Madam Speaker.

THE ACTING SPEAKER: Just one moment, hon. Deputy Government House Leader. This is a proper question. It can be put to the Assembly. The motion is debatable, and it cannot be amended.

The hon. Deputy Government House Leader.

MR. HAVELOCK: Yes. Just so I understand then, Madam Speaker, what this motion allows all members of this House to do now is speak to the bill at second reading one more time. Once that has been concluded, if I’m not mistaken, then the vote must be called. Is that correct? It also precludes any further amendment of the bill at second reading stage.

THE ACTING SPEAKER: The motion that you brought forward, hon. member, is debatable under Standing Order 18(1)(c), and it cannot be amended. If carried, the vote is immediately called on the original question. In other words, we then go to second reading of Bill 11, but we are right now dealing with the motion that the question be now put. That is what we’re dealing with, and once all those who wish to speak to this have, then we will vote on that, and then we would move immediately, if that’s passed, to the vote on second reading of Bill 11.

9:30

THE ACTING SPEAKER: Hon. Member for Edmonton-Ellerslie, the chair would like to seek some clarification. It sounded to the chair as though you were wishing to debate further the amendment

to the motion that we just previously dealt with under a division, and that was defeated. In fact, we’re now speaking to that this question be now put under Standing Order 47(1).

MS CARLSON: So just as a point of clarification, Madam Speaker, are you telling us that now we are going to revert directly to second reading on Bill 11?

THE ACTING SPEAKER: We must. This motion that the hon. Deputy Government House Leader has brought forward is under Standing Order 18(1)(c). The motion is debatable. It cannot be amended. If carried, the vote is immediately called on the original question. In other words, we would revert to second reading of Bill 11.

MS CARLSON: I’m sorry, Madam Speaker. I need some clarification in terms of the intent of that.

THE ACTING SPEAKER: I would ask that you look under Standing Order 18(1)(c).

MS CARLSON: I am there, and I do see that this is a motion which is debatable for the previous question, and as I understand the question, the Deputy Government House Leader is requesting that we now vote on second reading of Bill 11.

THE ACTING SPEAKER: The Deputy Government House Leader has brought forward that this question be now put under Standing Order 47(1). If you would look that up, I will read it for you.

The previous question, until it is decided, shall preclude all amendment of the main question. The previous question shall be in the following words: “That this question be now put.”

Everything that is before the Assembly is in order.

MS CARLSON: Madam Speaker, just as a point of clarification, my question is: does that then conclude second reading debate?

THE ACTING SPEAKER: If this is carried, the vote is immediately called on the original question, and the original question is second reading of Bill 11.

MS CARLSON: Madam Speaker, no. We would disagree with that.

THE ACTING SPEAKER: Right now before the Assembly there is a motion. The hon. Deputy Government House Leader has moved that this question be now put. This is what we’re debating right now.

MS CARLSON: Once again on a point of clarification then, if we debate the motion that the question be now put and the government wins that vote, then that would conclude second reading debate, which we are saying is not a fair and reasonable question to be put at this time because the amendment that we had under discussion is not a hoist amendment. In addition to that, Madam Speaker, we have a note from the Speaker this afternoon, who said that second reading debate would continue this evening on conclusion of the vote on the amendment that we just voted on.

THE ACTING SPEAKER: As I read to you, under Standing Order 47(1) “the previous question, until it is decided, shall preclude all amendment.” The chair is just doing as the Assembly has instructed the chair to do. The motion was made that the question be now put. It is part of our proceedings in the House under Standing Orders.

I must in fact move ahead. I've tried to explain what all is involved here. We are now debating that the question be now put. That is what we are debating within the Assembly at this point.

MS CARLSON: Okay. Well, Madam Speaker, I rise to debate that particular motion then. I find it to be completely out of order in this House, and I find your ruling on that particular motion also not to be in good faith with the nature of this Assembly. In fact, I went through a number of circumstances both in *Beauchesne* and in *Erskine May* outlining why we should be able to continue debate on Bill 11 in second reading at the conclusion of that last standing vote, so I would put forward that the Deputy Government House Leader's motion was out of order in this House. I do question how it can be put forward, particularly when we have the word of the Speaker of this Assembly from this afternoon, who stated particularly that second reading would continue.

THE ACTING SPEAKER: Hon. member, what has transpired here is definitely in order. It is within our Standing Orders. This is what we use in this Assembly along, certainly, with other references. Again I would ask you and all members of the Assembly to please pay attention to section 47(1) and take a look at it, because it is in order.

I certainly, hon. member, have a number of people that advise me very well on the procedures of this House, and I would ask that you not keep questioning my decision on this matter. It is in order. I've gone over it when you were seeking earlier clarification. I have spelled out for you what all is involved here. The debate right now will take place on what was brought forward, that this question should be now put. So that is what we're debating. It is debatable.

MS CARLSON: I am supposed to be debating it, Madam Speaker, and I would request that by tomorrow at 1:30 we have a written decision in terms of the Speaker's comments this afternoon that second reading would continue after conclusion of this debate.

I will send that information to you in writing, Madam Speaker, and find out precisely why instructions that we were given earlier this day do not carry forward into this evening. I find that to be quite an appalling state of affairs when we have a number of speakers who still wish to speak to this bill at second reading. They now do not have the ability . . .

THE ACTING SPEAKER: Hon. member, I am the Speaker this evening, and I have gone over what exactly is involved here, what the procedure is. We are dealing with a motion that is on the floor. We are also dealing with what is within our Standing Orders. You can send me a letter if you wish, but I think we need to move ahead and debate what we have before us right in the motion. That is that it has been moved that this question be now put, so I would ask that you debate that.

Debate Continued

MS CARLSON: And that is what I was debating, Madam Speaker. I don't agree with the motion, and all of the arguments that I'm putting forward are supporting disagreement with that motion. This is closure. This is a closure motion coming in on second reading of this particular bill. You can dress it up any way you want to, but the fact is that it's still closure, and you are stifling debate in this Assembly on one of the most important bills that we will ever see in the history of this province. I do not agree with it, and I will argue for a full 20 minutes on this particular point.

Madam Speaker, we have at least five more speakers who wish to

speak to this bill in principle. If this motion is voted on, then they will not have the opportunity to speak in principle on this bill because it will be out of second reading and we will be into committee and we will not have the same kinds of opportunities that we would have had now.

We have a number of points to be made. I myself have not had an opportunity to speak to this bill at second reading, and I have a number of concerns in principle with what many of the government speakers have said, including the Premier, including the health minister, and including the junior health minister. There are many comments they made that in principle I find to be quite appalling and quite out of order with the nature of what we can see as being the interpretation of this particular bill.

SOME HON. MEMBERS: Order. Order.

MS CARLSON: Settle down, you guys, because all you're going to do is get me going for a longer time period and every single other person here. I mean, we've got a lot of time to put in tonight if that's what you want to do.

There are a number of issues in principle that have to be resolved with this bill, and I am going to itemize them point by point, Madam Speaker, and use up my 20 minutes.

First of all, we have seen a number of speakers in this House trot out that private clinic in Ontario, the Shouldice private clinic. It is not a discussion relevant to Bill 11, as many of the government members have tried to make it, for a number of reasons. Should I get the opportunity to speak in principle to Bill 11, these are the kinds of comments I would make about that clinic. First of all, it does not apply to the Alberta example because it's a grandfathered clinic. No private clinics since that date, which was in the late '50s, have been allowed to operate in Ontario. They have been specifically outlawed, Madam Speaker, so it's an unusual and unrealistic and quite questionable example for a number of the government members to have used in their debate.

9:40

If I had the opportunity to speak to Bill 11 in second reading, I would go on to point out what really does happen at Shouldice hospital, Madam Speaker. It is quite appalling when you think in terms of how they use government funding and how that same principle and that same idea would be applied in this province. If I were allowed to speak in principle to Bill 11, this is what I would say about this particular hospital in Ontario. This particular hospital only takes very, very low-risk surgeries from the most fit clients. I would put it to you that there is hardly an MLA in this Assembly who would fit the criteria of Shouldice hospital, because you cannot have more than 10 percent body fat, you cannot have any extraordinary conditions like diabetes or high blood pressure . . .

DR. TAYLOR: Speak for yourself.

MS CARLSON: Well, I'm looking, boy, and I don't see too many, I've got to tell you.

So any kind of extraordinary complications, medical complications – as commonplace as high blood pressure is, if you had that, you couldn't get into Shouldice clinic. It is discriminatory, Madam Speaker, in the widest possible context, because they only take the very . . .

DR. TAYLOR: On the motion.

MS CARLSON: I am on the motion. I'm talking about what I would

speak in principle on Bill 11 should I get the opportunity to talk to it, and I'm going to be talking about Shouldice.

Hardly anyone in this particular Assembly could get in there, Madam Speaker, because they wouldn't in the first place fit the criteria. Secondly, they only take the least complicated surgeries, so the very simplest hernia operation is all they take. They have a mandatory three-day stay regardless of the fact that simple hernias are day surgery in most jurisdictions. And guess what happens? It's a mandatory three-day stay in Ontario, and they charge the Ontario hospital system for all three days for a day surgery procedure. [interjection] Well, that is appalling.

The government members say that it would be cheaper to have private clinics and that it would reduce the waiting lines, but when you take a look at the facts, which this government is not prepared to do, that does not happen. For a simple day surgery, patients – and they're clients, really; they're not patients – are required to stay for three days, at which time Shouldice charges the government of Ontario for a three-night stay for a simple day surgery.

Then what happens? To get in there, you have to sign a waiver, Madam Speaker. Go figure. In the waiver they set out all the issues that could happen with complications, such things like losing feeling in your body. You have to sign a waiver to say that you will not charge them or go after them in any manner should they miff the operation and you have serious complications. Minor complications or serious complications: it doesn't matter. If you're going to go to Shouldice, you're in there for three days – they charge the Ontario government for three days – and you're signing a waiver effectively giving away all the patient rights you ever had. That doesn't sound like a very fair practice. Once again it sounds quite discriminatory.

Here's what happened in an actual case of a friend of mine, Madam Speaker. He happened to fit the criteria to get into the hospital. My buddy went in, and when they did the first initial discussion and diagnostics with him, it turned out he had a triple hernia, not a simple hernia. Of course, he doesn't fit their criteria. He's kicked off the list and has to go back on another list to get into the public system. Already now we've incurred costs for the government of Ontario in that case, because his initial visit was charged to the Ontario hospital. So we've got a cost there already.

They refused to take him. He asked them at that time what would have happened had they not realized, prior to his being on the operating table, that this would have been a complicated surgery, and this is what they told him, Madam Speaker. They would have taken him into the system. He would have come in that afternoon like all of their patients do, had a nice supper, which is an extra billing charge because that's an added service, gone to sleep that night in the hospital at the cost of the Ontario taxpayers, and then they would have put him on the operating table the next day. They would've opened him up and realized the surgery was more complicated than what they're willing to do. What they would have done at that point is clipped him back up and sent him in an ambulance to the public system.

Now look at the costs that we've incurred in a case like this. They charge for the initial examination. They charge for the first day's overnight stay. They charge for cutting him open, the initial exploratory surgery. They charge for putting him in an ambulance, and he gets sent to the public system, where he's got to have the same procedure done. What does that cost the taxpayers, Madam Speaker? A whole lot more than it does for day surgery, to have it done in the public system in the first place. So all of those things get charged to the system.

What happened to this fellow, then, when he went into the regular public hospital? He was scheduled for day surgery. He goes in at 8 a.m. He's scheduled for a 35-minute surgery. It ended up taking

an hour and 45 minutes because it really was very complicated, with extensive concerns that he had there; there was quite a bit of stitching and so on. Madam Speaker, he's out at 7:30 the same evening. He goes in at 8 o'clock in the morning and is out at 7:30, so minimal cost to the taxpayers within the public system. Well taken care of, triple hernia surgery, a very complicated surgery. Everything goes very smoothly. He's able to go home. He's happy to go home, and this is in the public system.

Now, had he been in the Shouldice system, it would have been much more expensive for the taxpayers there. In the public system the charges are for the pre-op exam, the day use of the bed, and the operation itself. Let's remind ourselves what it would cost in the Shouldice system. It's the pre-op exam, the initial exploratory exam, the overnight stay, the ambulance, the surgery in the public system, the day use, and a post-op exam. Even a fool can figure out that it's about three or four times more expensive to go to the Shouldice system in a situation like that. It is more than three times more expensive in any case, because the costs are for three overnight stays plus the operation and the exams themselves as compared to day surgery in the public system.

So, Madam Speaker, were I able to speak in principle on Bill 11, I would be very concerned that the example this government is using in terms of putting forward this particular example as a way for us to go in a private health care system like they are proposing for this province is going to cost us substantively more than what using the current public system does. Substantively more. I request the government to put forward some figures or to table just any kind of information at all, even a very limited amount of information, indicating that this would not be true, because this is not the only example I have. I have several examples of Shouldice clinic particularly being horrendously more expensive than standard procedures would be in the public system. The example the government is using and the way they are using it is, I put to you, misleading in terms of the effect it's having on the people of this province when they are trying to evaluate this bill. That is a major concern for us. In fact, what they have done with those kinds of examples is fed incorrect information even to their own members.

Earlier this evening, Madam Speaker, we heard from Calgary-Egmont, who didn't like some of the comments that we had made and rose to speak to them. If we are not able to continue debate in second reading on this bill, we will not be able to address those kinds of concerns. He talked about things like the results causing improved access. Well, we've just heard from the example of Shouldice that in fact that doesn't happen. Most of these people get bounced back to the public system anyway, so what happens? Now they're in emergency, so they bump to the front of the line. So his comment that cancellations due to emergencies are almost eliminated in a private system is completely unfounded. In fact, the reverse may actually be true. Because of complications occurring in the private system, we may see more cancellations due to emergencies in the public system. That is completely different than what they are trying to tell the people of this province, and it is certainly a situation that we want to address.

Now, how do these clinics make their money? If they're getting the same amount of money for an operation as the public system does, clearly that isn't going to meet their needs. They're going to have to do fancy footwork like Shouldice does, and those are things like keeping people in the hospital for longer stays than what they would get in a public system. They will be doing things like pushing the value-added services that they talk about. The instant you go to a doctor and you go to a clinic or a hospital, be it private or public, and that doctor tells you that an enhanced service would enhance the quality of your life or enhance your performance upon leaving the

hospital or just be better than the average one, which may or may not last the amount of time as the enhanced service does, you are playing on people's vulnerabilities, Madam Speaker. That is a horrendous place for us to be going in this province.

9:50

People trust their doctors. They believe what they tell them. We as laypeople do not have the technical knowledge or the medical knowledge to be able to do a benefit analysis of services being provided or services being pushed by doctors or by clinics in terms of being enhanced, and we do not have the kind of criteria to evaluate those kinds of determinates in a manner that is realistic. It's unrealistic for this government to be saying that that is going to be a legitimate service provided by private clinics in the future.

There's a good reason why Saskatchewan doesn't allow that to happen, Madam Speaker, and it's because people pay more than they need to. It is no different than people going door to door and ripping off vulnerable people at the door by telling them that they need their roof repaired when they don't really – they've got five or six shingles that need to be repaired – or any of the other kinds of house repair scams we see. This is a health care scam.

Everybody in the province will do everything they can to support family members when they need health care, Madam Speaker, but they will not be able to argue value-added products that are going to be pushed by these clinics so that they can up their profit margins, because they don't have the ability or the technical knowledge to do it. This government then becomes a conspirator in promoting services for people that may not be needed, and that is a very serious situation and will hurt the people of this province, not to mention that it will cause people to spend more money on health care than we would see otherwise happening in a properly funded public system. So that's a real issue.

When we take a look at the private system, the American system particularly, we see that those costs are exorbitantly higher than the public system here. So how can the Premier say in his remarks that a private system is going to be cheaper when we know just the administrative costs go up astronomically when you start to introduce a private system?

We know that's happening in this province right now. The number of health insurance companies that are out flogging their wares at this particular time has more than tripled since the potential for private health care has been introduced into this province. What does that mean? Once again consumers who don't have the kind of detailed background information that they require to make informed choices are being bombarded with advertising. Seniors particularly are being hardest hit with this advertising, and quite frankly, Madam Speaker, the people I've talked to just don't know what to do. They're saying: "Do we need another insurance carrier? Everybody is telling us that Alberta health care does not supply us with adequate coverage at this time. We've got Blue Cross, but, gee, all these new wonder drugs aren't covered under Blue Cross. What am I supposed to do? Under one of these other insurance companies will those drugs be covered? Will I get better coverage? Should I have better coverage? How do I analyze it? How will I know it's better?" What's worse, people have all these questions that can't be answered, and the government, instead of doing their job and helping them out . . .

A HON. MEMBER: Just tell them the truth.

MS CARLSON: Well, we are telling the truth, you know, and that's the point that's being made here. There's a lot of information that needs to be put forward on this bill and analyzed in a comprehensive

fashion. People are asking these questions. The health insurance companies know exactly what they're doing. They know that if they're first in, their chances of making a buck are substantial. The first in to get the people signed up to the new health care insurance regime will likely keep those people as contributors for a very long time, and that means substantial profits for those companies. What it means for the health care system is more paperwork. What it means for doctors is more paperwork, and what it also means for doctors is a move to managed care, Madam Speaker.

We know from the American examples what happens under managed care. Patients suffer and the doctors suffer, because they cannot always do the full kinds of services that are required. We have a similar system of managed care in this province right now, Madam Speaker. I would put to you that the WCB runs a managed care system for people who have been hurt in this province in work-related accidents. In fact, many doctors are told what they can and cannot do in terms of providing service for people under WCB. WCB keeps their own roster of doctors that people who have been hurt in work-related accidents are required to go and attend. They can't always go to their own physician. They cannot go to specialists of their choice. They are directed to go to WCB doctors. What's covered and what isn't covered is substantially directed by WCB.

We have in my office at this point five or six different cases where WCB doctors have made a statement one year and then a year or two down the road, when nothing has changed in the patient's condition, have completely reversed what they said before and come up with a new ruling that is more harmful to the patient than the previous one, all based on no substantive evidence, no scientific evidence.

These are concerns, and these are concerns that we will have if we cannot proceed on Bill 11 in second reading.

THE ACTING SPEAKER: The hon. Deputy Government House Leader.

MR. HAVELOCK: Yes. Thank you, Madam Speaker. I'll be brief, but I think it would be important to put on the record of *Hansard* what happened this evening. As you've indicated, it's never too late to explain things to the opposition.

The motion that was placed before the House this morning, Madam Speaker, was consistent with the Speaker's ruling this afternoon, and it was consistent from this perspective. After the amendment was defeated, we reverted to second reading, and there's nothing to preclude anyone in this House from moving a Standing Order 47(1) motion during second reading. So we were in second reading, and the Speaker's indication to the opposition members this afternoon was certainly honoured.

Now, as concerns the arguments that we have limited debate, Madam Speaker, this evening the opposition had an opportunity to debate their amendment. Of the 16 members of their caucus only nine availed themselves of that opportunity for some reason which is not clear to me.

Nevertheless, Madam Speaker, we should also look at what the motion which is now before the House now provides. It provides an opportunity for each and every member of the opposition to once again be allocated a full 20 minutes to address the issue, and in fact listening to the hon. member's comments which she just made, it's very clear to me that we have through this motion provided, I think, a very good opportunity for each and every member in this House to actually participate once again. I would also encourage members of government to enter the debate later on, because I think a number of the comments that have been made should not go unchallenged.

So with that, Madam Speaker, I will take my seat, but again I just want to emphasize that what transpired this evening was entirely

consistent with our rules. To date at second reading I believe we've had 11 members of the opposition address the issue, another nine addressed the issue through the amendment, and we will now probably hear all 16 members of the Liberal opposition address the issue once again.

Plus what was very interesting today, Madam Speaker – and I think the Speaker was right when he indicated that each and every day we're having additional debate in this House taking place for approximately 30 to 35 minutes during question period. In the time I've been in the Legislature, there's no issue that's been given the opportunity for debate and that actually has been debated as much as this particular matter.

So thank you, Madam Speaker. I'll now turn the floor over to the opposition if they'd like to certainly get involved. Thank you.

Speaker's Ruling Previous Question

THE ACTING SPEAKER: Before you do, those that have sent me notes, I would have you refer to *Beauchesne* 521: "The form of the motion is 'That the question be now put.' Once it is proposed, the debate may continue on the original question." As you just duly noted with the Member for Edmonton-Ellerslie, I mean, she was speaking on the original question, so the debate will continue as long as those wish to debate.

The hon. Member for Edmonton-Rutherford.

Debate Continued

MR. WICKMAN: Thank you, Madam Speaker. First of all, you referred to 521. Yes, you are correct from my point of view in your interpretation that once the question is put, every member of the House has the opportunity to speak the amount of time they are able to speak under the normal rules, which means 20 minutes per member. My interpretation would be that the Leader of the Official Opposition would be granted the 90 minutes that she's entitled to, because it reverts, of course, to the original question.

When we talk in terms of the previous question, the previous question is used at the federal level, and it is used at the municipal level. A question put. It's the same thing. It's the terminology that's used. When that happens, it's done when it's deemed that all debate, all possible useful debate has been exhausted, that those opposed to a bill, a motion, whatever, are simply attempting to waste time.

10:00

Madam Speaker, when we look at what's happened here and when we look at the amount of debate that has taken place on second reading, the limited number of members that have had the opportunity to speak, it hasn't exhausted fully, by any means, the debate that should be afforded on second reading of the bill. I look at this, and to me this is just a clever way of moving closure without calling it closure. But let me say: it is closure, closure, closure. There is no other way of putting it, because it restricts each of us to speaking once and then the matter is put to a vote, so it's closed at that point. It's closed.

Let me point out to the Deputy Government House Leader that under *Beauchesne* 525 "a motion for the previous question is not admitted in a Committee of the Whole or in any committee of the House." So the member may think he's getting away with something quite shrewd here. However, he's neglecting to take into consideration that once second reading is concluded and the question is put and we know which way the motion is going to go, we're then in committee stage, and there is nothing to prevent this opposition from making our voice heard by moving 200 amendments if

necessary. Let me remind the member that he is not in a position, according to *Beauchesne*, to move closure during that stage. We're being forced into a situation where we have no alternative but to look at those types of strategies where we have to introduce 200 amendments, whatever, so that we are afforded the opportunity of debating this bill the way the people that elected us, the people that we represent, want us to debate the bill, Madam Speaker.

Let me take a look at the bill itself. First of all, let me talk about some faulty assumptions. The first faulty assumption is that private health care will cost less. Now, the government seems for some reason to be under the opinion that private health care will cost less. I've heard references that what this is going to mean is that there will be no change in the public system per se, that the same number of staff that work in the public system will continue to work there. However, there are going to be further contracts out to the private sector, thereby reducing the lineups.

Now, let's look at that. When we talk in terms of looking at the public system and then we talk in terms of that being supplemented by this privatization of the health care system, that privatization is going to cost money if these people, the private health caregivers, are allowed to bill Alberta health care. That's additional money being spent on top of the dollars that are now being spent by Alberta health care under the billions of dollars that are budgeted for health.

Now, when you talk in terms of private health care costing less, let's look at private health care. First of all, they are going to build in a profit. They are going to build in a return on their original investment, plus they're going to have to develop new facilities and pay costs on that. There's absolutely no indication that when you look at all those factors, they can do it for less than the public system. When we look at the public system – and I wish I had the count of the exact number of beds. I know that in the Misericordia – and I know because I've toured the facility – the top three floors have been converted to office space. Three floors, that once housed beds, have been converted to office space. So if I were to ask the government how many empty beds there are in the Misericordia, the response would be a very small number because it doesn't take into consideration that there are no longer beds on these three floors. The beds have been removed. However, the space is there and can be utilized to accommodate the required beds needed to prevent the so-called arguments of having to contract out because of the huge lineups in the health care system.

So to assume that private health care will cost less is foolhardy. We know it's going to cost more, but we can also figure out fairly clearly that what's going to happen is that under the concept of enhanced services more and more of it is going to be considered a user fee in the sense that in addition to the taxes one pays towards the health care system, the premiums one pays to Alberta health care for health care services, there'll be an additional charge, and that additional charge will be those enhanced services afforded by the private sector.

We've heard some of the instances already of the differences in rates charged by clinics in Calgary versus Edmonton, depending on the demand, because these are businesspeople. They're not there to provide a service to Albertans. They're not there because they feel an obligation that they've got to provide a good health care system to Albertans because that's what they were elected to do. They're in the private sector. They're in business. They're there to make money.

When we have a doctor, a well-known specialist, in the city eyeing up the Charles Camsell at one point to turn it into a private health care facility, or we have the HRG group in Calgary, that have a facility going to some extent, losing a great deal of money, they're not going to invest – what was their loss last year? Something like

\$2 million? They're not investing this kind of money out of the goodness of their hearts. They're investing that kind of money because they expect a return. They expect that in the long run it's going to pay them dividends, and they're going to be rewarded handsomely with profits and such. So let's forget this idea that private health care is going to cost less.

Now, we also talk in terms of the other faulty assumption that private health care will shorten waiting lists. Well, it's been pointed out that despite the so-called 52 clinics throughout the province right now, the waiting lists continue to grow. I don't see the waiting lists getting narrower. If I wanted to talk about specific cases of people waiting, I could talk about it. I could parade constituents up here one after another, people that have been waiting for surgery of various forms, people that have had their surgery postponed. There is a limit.

We even hear, Madam Speaker, in the *Journal* today and in the *Sun* the other day talk in terms of Camp He-Ho-Ha, which is a recreational facility for something like 700 or 800 persons with disabilities so they can enjoy the outdoors in the summer, something they look forward to year after year. Because there's a requirement that they have two full-time nurses on staff at all times and they haven't been able to recruit two nurses this year for the first time, Camp He-Ho-Ha, which stands for health, hope, and happiness, may not open. They can't find two nurses.

If there is such a shortage of nurses, can you imagine what's going to happen when nurses start to work for the private sector instead of the public system? They're going to be forced to close more beds because the staff isn't there. Government will argue: well, we would like to keep these beds open, but we can't because we can't get the staff. Then what will happen? The government will simply increase the opportunities for the private sector by enhancing the private sector even further. Meanwhile, because the public system becomes much, much more limited in what it's capable of offering because of the difficulty in attracting staff, it's going to have increased waiting lists. The waiting lists will be longer than they are right now because there are many that will not be able to afford enhanced services, the enhanced services that are in the bill right now. I question it.

Another faulty assumption: the argument that the private sector will build the facilities, so the government no longer has to build them. Well, let's say the private sector does build a facility. Let's say they build a facility that's worth \$5 million. Say they've got to invest \$5 million into that facility. On that \$5 million that they've invested you can count on them wanting a return. What's a reasonable return on \$5 million? Ten percent, \$500,000 a year? What does a businessman require in terms of a return on investment? We know it's not chicken feed. We know that they're going to be accountable to their shareholders, to their partners, and whatever, and they have to try and justify massive profits, profits as large as possible.

10:10

When we talk in terms of having to build new facilities, again I go back to my argument. When we have major unused facilities throughout the province, it makes no sense to ask the private sector to build new facilities that are going to create a financial obligation on their part, that are going to force them to go to government and say: look, you've got to bail us out; you've got to extend the degree of privatization that's now allowed in Bill 11.

We'll see amendments come forward, and pretty soon we're going to be in the situation where you're going to have a tough time telling what is private and what is public as the public system diminishes and the private sector picks up. Yes, there are people that because of desperation to get the surgery done may actually put a mortgage

on their house, so they can get their surgery done now instead of waiting. You can imagine particularly the seniors, who are more victim to feeling those types of pressure than other people. Can you imagine a senior citizen who has spent their life and worked in Alberta being forced to put a mortgage on their house to get medical attention because they can't afford to wait the period of time to access the public system?

Another faulty assumption: outlaws queue-jumping. How does it outlaw queue-jumping? At the present time, when you're in that position that you can go to a private clinic to have eye surgery, whatever, by paying additional dollars, is Bill 11 saying that that's no longer going to be allowed? In fact, I would suggest that those that have the dollars, who will be able to buy the enhanced services which are going to be promoted by those that go into business, are going to jump the queue because they've got the bucks to jump the queue. The MRIs at the present time. My sister waited six months to have an MRI done at the University hospital. On the other hand, if you've got 750 bucks, whatever the cost is now, a thousand dollars, whatever, you can have it done in a matter of days, I understand. But you've got to lay the money out of your own pocket.

AN HON. MEMBER: Well, look at these hockey players.

MR. WICKMAN: The hockey players are a classic example, and the argument is put forward by the public: how come the hockey players get the special benefit and they don't have to wait? The reason they don't have to wait is because the hockey club on their behalf can afford to pay that charge for the enhanced service, for queue-jumping, and that's going to continue. Are those hockey players going to be told, when Bill 11 passes, that they've got to wait in a lineup like anybody else, even though the Edmonton Oilers may be prepared to pay \$800 to allow them to get their medical treatment right off the bat? No. There is going to be queue-jumping.

Let's look, for example, at the question of the concept of private hospitals. Does this legitimize, does this legalize private hospitals? Yes, yes, yes. You can call it a surgical facility; you can call it whatever. What is the expression? If it looks like a duck, walks like a duck, quacks like a duck, it's a duck. If you ever saw a duck, you've got a duck in this particular case.

Again I'll refer to the situation in Calgary where you have a facility that is about as close as you can get to a private hospital just waiting for Bill 11 to pass so they can pounce into action and start reaping the benefit of – call it a handout, call it a reward, whatever, that's going to be afforded by this government.

So let's not fool the public. Let's not fool ourselves. If we pass Bill 11, we're saying that we're going to legitimize, we're going to legalize private hospitals in the province of Alberta, the first province in Canada to legalize private hospitals, possibly not the last, because as I said earlier, the Premier of Ontario, Mike Harris, will jump at the opportunity, I would venture to say. I'm just guessing, speculating.

I did talk to an MPP very recently. Just last weekend he phoned me and wanted to know the status of Bill 11 because he was concerned, saying that he fears that as soon as it's passed here, Premier Mike Harris is going to want to do the same thing. So he was asking me if I thought there was any chance that the bill may be scrapped. I had to be honest with him. I said: "Well, we're going to try. Albertans are trying. There are petitions, there are letters, there are e-mails, but despite every effort being made by Albertans and by this caucus, there is no indication that this government is in fact prepared to withdraw Bill 11." There is no indication that the government is even prepared to refer it to a committee so it can be

studied in detail. The government members for some reason have chosen to ignore the outcry of their constituents that are coming to us asking us to file petitions on their behalf, that are e-mailing us, that are writing us, that are phoning us because government members simply are not respecting their wishes. Their wishes are very, very clear. They do not want private hospitals legalized in this province.

Now, let's look at another assumption here: no limits on size and scope of private facilities. That's not an assumption. That's going to happen because there are no limits, really, in Bill 11 as to how many overnight stays there can be and so on and so forth. By simple regulation the government will be able to add medical/surgical techniques, whatever you want to call it, to those that will be presently permitted.

Enhanced services. What are enhanced services? Well, I guess enhanced services are something like when you go into the hospital – and there are some forms of enhanced services right now. The Premier tried earlier the old smoke screen by suggesting that the Leader of the Official Opposition supported payment of enhanced services when she was the minister of health. However, he neglected to differentiate between dollars for enhanced services going to the public system versus payment for enhanced services going to the private sector. There's a great deal of difference. When it stays within the public system, it's spent on the public system. When it goes to the private sector, a portion of it goes into the pockets of the business community.

To give you an example right now of what will occur, my understanding is that if you go in for, say, hip joint surgery, what's covered now is a plastic apparatus. However, you can get, I believe, it's silver – correct me if I'm wrong – but you have to pay extra for that. That's not covered by Alberta health care. You have to pay extra for that. That's an enhanced service. It's like a cast. If you get the plastic cast, my understanding is that that's covered by Alberta health care. However, if you go for that fibreglass cast, then you're charged an additional fee because you've upgraded. Who wants a cast made out of plaster of paris? You can see why enhanced services can become attractive, why government wants to exploit the concept of enhanced services. There are people that are desperate, that need those particular pieces of equipment or surgical procedures and are going to be prepared to pay extra out of desperation. So enhanced services, in my opinion, are going to increase.

Which services can be privatized? Well, technically speaking, if the government has the authority to bring forward Bill 11 and have it passed, what services can be privatized? I guess there's no limitation on what services can be privatized, because all they have to do next year is bring forward amendments to Bill 11 that would enhance the number of services that could be privatized. I venture to say that if I had to draw a scenario, this is the scenario I'd draw. Bill 11 will be rammed through in this legislative session. Come high water, whatever you want to call it, it's going to be rammed through. Whether it's done under the cloak of closure, in a misguided fashion, it is going to be done, and I would expect we're actually going to see closure probably in committee stage. The government may very well do it.

Then what will happen is that the government will say: okay; now it's done. There will probably be an approach used by the government . . . [Mr. Wickman's speaking time expired] And I was just getting started.

THE ACTING SPEAKER: The hon. Member for Edmonton-Riverview.

MRS. SLOAN: Thank you, Madam Speaker. Let me begin by just providing some educational background on the mechanism of

putting the previous question. I would cite this evening from *Beauchesne* 521 on moving the previous question: "when the original question is under debate in order to force a direct vote on it, thereby preventing any amendments to the original question to be proposed." You will find that moving the previous question in *Beauchesne* is under the chapter Closure, the Previous Question, further fuel, Madam Speaker, to my comment that this government is becoming a master of premature closure on democratic debate on legislation in this province, even on legislation that they have proposed.

10:20

As previous speakers have indicated, this particular bill has garnered more debate, more inquiries, more consternation within the electorate and citizens of this province than perhaps any other bill in the history of this Legislature. How does this government respond to that? They respond by moving a mechanism of closure to cease debate on the bill at second reading. Now, what do the rules of parliament tell us about second reading? I would cite from *Beauchesne* 659. It says:

The second reading is the most important stage through which the bill is required to pass; for its whole principle is then at issue and is affirmed or denied by a vote of the House.

Further, *Beauchesne* 661 says:

While Standing Order 63 precludes amendments to the main question when a motion has been made to refer a bill to a committee, this has never been an impediment to the offering of amendments at the second reading stage . . . The Chair has accepted amendments without question.

Yet here we find, Madam Speaker, a junior House leader who cannot stand to see full democracy in action and has to jump to move a motion that in fact impedes and restricts the full debate of this bill in this Assembly.

Now, just let me finish my references to the stage of debate that we're at for citizens reading *Hansard* and trying to understand what tactics and antics the government is up to yet again. In *Beauchesne* 640 second reading is referenced as the stage which

is primarily concerned with the principle of a measure. At this stage, debate is not strictly limited to the contents of a bill as other methods of attaining its proposed objective may [also] be considered.

What that in fact says, Madam Speaker, is that not only should we be debating at second reading the principle behind the bill but also other methods that the government might consider to achieve this objective. In fact, there have been some suggestions of other mechanisms and other issues that Bill 11 does not address. The government is not interested in listening to those arguments or those suggestions. They want to, yet again, use their heavy hand to choke off any consideration of well-meaning citizens' concerns on this bill.

Now, we actually look at what we are talking about really here in terms of time. In essence, if we had been allowed as the opposition to utilize all the tools that exist for us in second reading, we perhaps could have had in this Assembly about 640 more minutes of debate at second reading, or perhaps just one more workday, Madam Speaker. But this government, by utilizing the mechanism of putting the previous question, is ratcheting down the debate that will be permitted to less than one working day, despite all the concerns they've received from citizens across this province. Despite how many health professionals have told them that they don't believe this bill will work, who don't understand the government's reasoning for putting it forward, this government thinks it is democratic and fair and right to restrict debate at this time to less than one working day. That speaks volumes. It speaks volumes about where this government is at mentally, where they are at on their arrogance meter when

they think that because they've made up their minds and set their agenda, all the concerns that exist out there should somehow be crammed in. That is where this government is at.

Now, just today in the Assembly we got on our desks yet another report, and the report was from the Seniors Advisory Council for Alberta. As with many of these types of advisory committees under the leadership of this government, they're chaired by a government MLA. Aside from that being a mechanism the government can use to pay their members more, it's also a mechanism whereby government can sift and filter what these committees actually produce in their annual reports. But to the credit of this committee, Madam Speaker, in the Seniors Advisory Council for Alberta's annual report for 1998-1999 they raise a number of very important issues, two of which relate to health care: long-term care and health care services and accessibility.

I'd like to cite from the report. They say:

Accessibility of health care services continued as a major issue for Alberta seniors and their organizations. Alberta seniors have expressed their desire for a holistic, interdependent approach to quality of life and quality of health care. The Council has heard concerns regarding the availability of health care services. Seniors report that there are long waiting lists and administrative delays in accessing services. Seniors also have difficulty finding physicians willing to do home visits for house-bound individuals.

I would interject in my quotation here to ask: are the private, for-profit providers willing to provide home visits in their contracts to the regional health authorities? I somehow doubt it, Madam Speaker.

The report goes on to say:

There continues to be a lack of coordination between health care regions and between health care service providers. Lack of transportation continues to be an important barrier for seniors in accessing health care services in rural Alberta.

Bill 11, Madam Speaker, does not hold any assurances that the concerns that exist amongst seniors and the general population in this province with respect to accessibility of our health care system will be resolved. The questions that have been put countless times already in this Assembly as to how Bill 11 will increase our supply of health care professionals, both in terms of specialists and nursing staff, have not been answered.

When we have asked questions about how these for-profit contracts will in fact reduce waiting lists when there is recent evidence to suggest that waiting lists grow longer under such a plan, again the government provides no concrete response or answers. Yet, Madam Speaker, this is exactly the time in debate when those questions should be answered and those other alternatives explored. Once the government has successfully rammed this motion for the previous question through, we're going to move on to committee, and then we will be occupied with amending sections of the bill and focusing on sections of the bill. This is the time when we should be debating the implications of Bill 11 as a whole, and it's an affront to this Chamber and everything it represents to have a government on such an important and controversial bill use this crafty little mechanism to shorten debate.

Now, another issue that would be appropriate to debate at second reading – and I'm quite confident now, Madam Speaker, that we will not be able to debate it to the extent it should be – is the concerns raised by the federal government, concerns that Bill 11 as proposed will violate the Canada Health Act, concerns that the ability that Bill 11 provides for private, for-profit facilities to sell enhanced services in combination with insured services creates a circumstance that violates the principle of accessibility. We have not heard the Premier, his minister of health, or the esteemed junior House leader respond to those concerns. We have not heard any evidence to suggest that they've taken those types of concerns into account.

10:30

Further, the federal government questioned the premise of Bill 11 that private surgical facilities are not hospitals. According to the federal government's interpretation, all private surgical clinics would be considered by the federal government as hospitals under the Canada Health Act. It's hilarious that this government thinks that by some magical spin campaign they will be able to convince Albertans, even those that currently practise in the health care system, that private clinics keeping patients overnight would not be the same as hospitals. Really, Madam Speaker, I'm not sure where they think Albertans are at, but for those of us that have had the privilege of working in the public health care system and continue to work in the public health care system, the differentiation between a fully functioning hospital and a private, for-profit overnight surgical facility – I haven't heard any arguments to differentiate the two. If there have been any made, they're certainly muted.

So this is the time, during this stage of debate, when the government should be getting up and in fine detail explaining to Albertans how a for-profit, overnight surgical facility is different from a public hospital and how that difference will be defined and interpreted under the Canada Health Act. If the Premier or the minister of health has responded to the federal government in this regard, if there is correspondence they can table, then please let them bring that correspondence forward, and let's debate in principle the merits of their response. But we're not going to have the opportunity except now for one last 20-minute period each per member, of which only the opposition will avail themselves, I'm sure, to debate the principle of Bill 11 in this Assembly. That is regrettable and unfortunate, and I'm hoping I'll see a number of the members on the other side jump up to take this opportunity to debate the bill in principle.

The House leader I think quite intentionally in an attempt to engage debate listed the number of opposition members that had spoken to the bill thus far in second reading. I found it somewhat odd that he didn't list the number of his own members that had spoken or had not spoken to second reading. Perhaps he didn't choose to do that because he would have suffered some embarrassment because of the abysmal number of members on the government side that have chosen to represent their constituents and their constituents' concerns and spoken on the record about Bill 11.

We can see through that, Madam Speaker. We can see that by moving the previous question, the hon. member's intent was really to spare his government members the agony of trying to defend a bill that is undefendable. Every argument that you put forward, people increasingly are laughing at. They're a joke, and they have no rational basis in research, in practice, or in principle in this province or in other jurisdictions.

[Mrs. Laing in the chair]

As I said in earlier comments on the bill, that's really unfortunate, because I as much as any one else in this Assembly would like to get on with establishing a plan for our public health care system and ensuring that it's sustainable for the next generation. Bill 11 doesn't take us to that. It doesn't even begin to establish a plan. It's a distractionary bill that serves a completely other agenda and other purpose, Madam Speaker, and it's unfortunate that we find ourselves in the position we're in. It's unfortunate but becoming quite a common occurrence in this Assembly.

I'd like to just conclude by making reference to Bishop Fred Henry's comments. I made reference to these comments earlier in debate, and my time was running out and I wasn't able to do them justice. So I'd like to just utilize Bishop Henry's review of Bill 11

and some of the comments he has made in the conclusion of my remarks today.

Bishop Henry says:

Even in a cynical age, when respect for authority in religion and politics has been eroded by a stream of scandals and revelations . . . the doctor-patient relationship is held sacred by millions of the sick, and those who minister to their bodily and mental ailments.

There is a similar investiture of trust in nurses, physician assistants and social workers who labour alongside physicians, and are just as important to patients, although less well-compensated.

Until recently, money has not been the chief goal for these health care workers, nor for the hospitals where they work.

Although there are a few arguable exceptions, physicians and hospital administrators have been compensated fairly and even generously by society because society values health care for its members as an important goal and a form of social justice.

Most of us are also convinced health care is a fundamental human right; that medicine and nursing must not be diverted from their primary tasks – the relief of suffering, the prevention and treatment of illness and the promotion of health – and that potential financial incentives that reward overcare or undercare, weakening doctor-patient and nurse-patient bonds, should be prohibited, exactly the point Bill 11 proposes to make, Madam Speaker, that there would be incentives for overcare and undercare, thus weakening the doctor/patient and nurse/patient relationship and bond.

Bishop Henry points out as well that

our Canadian tradition supports hospitals as non-profit public institutions, meaning any surplus of revenue over expenditure must go back into more health care,

another argument of principle, Madam Speaker. In this scenario Bill 11 proposes, we know that excess or surplus revenue is not going to go back into the delivery of more care. It's going to go to the profits of the shareholders of that for-profit company.

Bishop Henry says, "Health care has grown increasingly mechanistic, commercial and soulless." Just contemplate that for a moment, fellow members.

Under the rubric of a need for economy, we have downsized, rationalized, re-engineered and reorganized. But all too frequently, our efforts have simply created anorexic organizations, reciting a "lean and mean" mantra and threatening to fundamentally alter the trust and loyalty that grounds the physician-patient relationship.

Such insight and such a rich perspective on this bill and its intent. How do we see this government, Madam Speaker, responding to that type of expertise? I believe the government has referred to the bishop and his comments as something about it being a twerp. Just an affront.

THE ACTING SPEAKER: Hon. member, your time is up. Thank you.

Next we have Edmonton-Strathcona.

MR. SAPERS: Point of order.

THE ACTING SPEAKER: Okay.

Point of Order Clarification

MR. SAPERS: Thank you. I rise under Standing Order 13(2) seeking some clarification from the chair on the matter that's before the Assembly right now.

DR. TAYLOR: We've already gone through that.

MR. SAPERS: I hear members saying that they've already gone through that, so I guess we'll have to sit here and listen to it again.

Madam Speaker, would you please confirm whether or not the

motion from the Deputy Government House Leader is a substantive motion?

10:40

THE ACTING SPEAKER: I believe the chair already said that it was.

MR. SAPERS: It is a substantive motion? You're confirming that. Thank you very much.

In that case, then, further under 13(2) I'd like you to explain why the rules have not been applied in regard to notice of motion when it comes to substantive motions?

THE ACTING SPEAKER: All right, hon. member. I've had advice that it's a superceding motion.

MR. SAPERS: Well, is that contrary to your comments just a moment ago that it was in fact a substantive motion?

THE ACTING SPEAKER: I said that I've had further advice, and it's a superceding motion. This was already decided, and we've been through this. It's a superceding motion. Therefore, we cannot go back.

MR. SAPERS: I'm just curious, further under 13(2), then, Madam Speaker, is it the Clerk who makes a decision whether it's substantive or superceding or is it the chair? I understood from your comments just a moment ago that it was a substantive motion, so I would like your distinction between a substantive and a superceding motion so we can understand how you're applying the rules.

THE ACTING SPEAKER: Well, superceding means that it takes precedence. We've been through this already. We spent quite a bit of time earlier. The decision was made by the chair, so we should get on with it. No point of order.

MR. SAPERS: Under 13(2), then, Madam Speaker, I'd like to know whether or not the House is still following the tradition of precedent by Speakers when it comes to the application of the rules?

THE ACTING SPEAKER: I already asked for the next speaker, who is Edmonton-Strathcona. I'd already announced him.

MR. SAPERS: It's normal practice to recognize a member standing on a point of order. It is a legitimate point of order under 13(2). I'm asking under 13(2) if you would explain whether or not the rules of this House are still following precedent of decisions of other Speakers.

THE ACTING SPEAKER: The hon. Deputy Government House Leader.

MR. HAVELOCK: Thank you, Madam Speaker. Perhaps I could help a little bit. Of course, under 13(1). I'm not going to get into the argument with the hon. member across the way, because this is simply a delaying tactic with respect to the issue, and he's a little hurt, as are all members of their caucus, at being totally unprepared for what happened this evening.

Nevertheless, Madam Speaker, you have explained the ruling. It was explained earlier. I would humbly ask that you apply what you're supposed to under 13(1) – that is, maintaining decorum within the House – and not allow members of the opposition to simply use the Standing Orders to try and delay or detract from the debate which is taking place.

Thank you.

THE ACTING SPEAKER: I have ruled that there is no point of order and that the decision was made. So we'll now go on to the next speaker. [interjections] Excuse me. [interjections] Order. We have been through this. I have given you my ruling; it has been settled. There was no point of order, and we're ready to go on to the next speaker. Edmonton-Strathcona. [interjections] Excuse me. [interjections] Order. Order.

MR. SAPERS: Answer my question.

THE ACTING SPEAKER: Excuse me. We have settled this matter. [interjections] Excuse me.

MR. SAPERS: You have not addressed my question.

THE ACTING SPEAKER: Excuse me. Right now you are challenging the authority of the chair. I have had advice from the officials. I've given you the order that was made, and now we're ready to proceed with the debate. You have not spoken yet to this. You may speak when it's your turn.

Edmonton-Strathcona.

[Mrs. Gordon in the chair]

THE ACTING SPEAKER: The hon. Member for Edmonton-Glenora.

MR. SAPERS: Thank you, Madam Speaker. I am rising under Standing Order 13(2). I am asking whether or not in this Chamber this evening we are still following the tradition of precedent in applying a Speaker's ruling to the running of the business of this Chamber, a simple question.

THE ACTING SPEAKER: Hon. member, I listened with interest on the speaker phone. I find it rather interesting that some time ago, approximately an hour and a half ago, the chair clarified for the members of the Assembly what we were proceeding to do here with the motion that the hon. Deputy Government House Leader brought in. We went through Standing Orders. We went through *Beauchesne*. We have followed what is set out. What we utilize in this Assembly is what we follow.

These Standing Orders are reviewed from time to time by various House leaders and determinations are made whether they need to be revamped, revised, changed, added to, deleted from. Everything was fine. Now we have before us points of order seeking more clarification. This chair has ruled. For this evening and several other times during the proceedings of this Assembly I sit in this chair, and I have made the decision in keeping with what is here and in *Beauchesne*.

I repeatedly have heard for the last several minutes that there isn't enough debate on Bill 11. We have ample opportunity right now to debate Bill 11, because under this provision, "that this question be now put," we are able to revert to the original question. So there is ample time here for everyone in this Assembly who deems that they wish to do so to speak on Bill 11.

Now, we are following what has been moved here as outlined, as I've said. I find it somewhat alarming. One of the people in this House relieved me so I could go and make a phone call, and it has brought up all these different things when this had been ruled on approximately an hour and a half ago.

If you wish to see me tomorrow to discuss this, we can. But what I have done in this House and what my hon. member just proceeded to do is to follow the proceedings of the House as indicated by this Assembly through Standing Orders and as preceded by what is in *Beauchesne*.

Now, let us get on with the debate at hand. [interjection] Sit down, hon. member. [interjection] Sit down, hon. member. The chair is going to recognize the hon. member that was speaking, and that is the hon. Member for Edmonton-Strathcona.

Debate Continued

DR. PANNU: Madam Speaker, it's a matter of concern to me and it should be a matter of concern to all of us that what's happening here tonight is to close debate, is to gag people from speaking on the most important bill in the history of this province, in the history of this Assembly as I know. Albertans tell us that this is the most important bill. They tell us that this is a bill they do not want to be rushed through this Legislature. They tell us that this is a bill they want to be heard about.

10:50

THE ACTING SPEAKER: Hon. member, we are not in the committee stage of this bill.

MR. SAPERS: Well, I just assumed that since we're throwing away the other rules, I could just . . .

THE ACTING SPEAKER: Hon. member, would you please get back in your seat. Hon. member, now. [interjection] One moment, hon. member.

Speaker's Ruling Decorum

THE ACTING SPEAKER: May it be duly noted for *Hansard* exactly what transpired in this House.

The chair will say, before I go on, that the Speaker here often talks about decorum. I take very seriously the job the people of this Assembly voted me to do. It's very obvious that there are some members of this House that are very, very disrespectful, and I find it rather appalling. Several precedents for what has transpired here have happened in this House before, one going back to December 7 of 1998. If people sincerely want to do the business that Albertans want them to do in this Assembly, then these kinds of shenanigans should stop and debate should continue, because what was allowed here was for debate on the original question to be allowed.

Now, I want it duly noted that that hon. member left very disrespectfully, not listening to the chair, and I will be dealing with it tomorrow.

The hon. Member for Edmonton-Strathcona.

Debate Continued

DR. PANNU: Thank you, Madam Speaker. The second reading debate on this bill started with a great deal of fanfare on Tuesday of last week. We have had around three days of debate on the second reading of this bill. Tonight we already are rushing in to close debate, and I want to express my deep concern about this as I use my 20 minutes to say my piece on the motion before us.

I think the motion is unreasonable, I think it's arbitrary, and I think it's regrettable that this matter is being used to impose closure so early in the consideration of this bill. The Premier had indicated to Albertans that there will be full debate, that they will have an opportunity without fear of closure being called this early in the debate so that their views can be expressed through their elected representatives on the floor of this House. That certainly has not happened.

MR. PASZKOWSKI: How much time do you need?

DR. PANNU: There are members of the front bench who talk about

how much time you need. I think that what they need to ask and answer is how much time the people of Alberta want this House to have on this bill. This government has become far too frequently used to ignoring and disrespecting the people of Alberta and their concerns. This is not an ordinary bill, Madam Speaker. To see the member of the front bench taunting me by saying, "How much time do you need?" – I have my 20 minutes, but this House needs more time. To cut short the debate in this House by way of this motion is an insult to the people of Alberta. It's a slap in the face of their democratic rights, and that's why I say this motion must be regretted and regretted very deeply and regretted on behalf of my constituents who have been in and through my office perhaps thousands of times over the last month and a half to express their concerns.

Here I am faced with a closure motion three days into the debate on the second reading of the bill. The Premier has been making claims that there's confusion in the minds of the people of Alberta. They want to understand what the bill is about. Then what we hear tonight is the closure of the debate, the very debate demanded by Albertans in order that their questions can be addressed and addressed seriously. What we find here are members of the front bench turning themselves into hecklers rather than respecting their serious positions as members of the cabinet and respecting the decorum of this House and setting an example for the rest of us. We're supposed to look up to them. [interjection] Here I find now the minister of unlearning also stepping into the fray.

There are lots of things to be unlearned by these members sitting around here. One of the things they need to unlearn is this terrible arrogance they have and the terrible disrespect in which they hold Albertans who disagree with them. Now what we find here with respect to Bill 11 is that the vast majority of Albertans disagree with this government, and this government is trying to spit in their faces because it doesn't want to hear people disagree with it. I think that's wrong, Madam Speaker. That is wrong, and it should be recorded in this House that these members sitting on this side of the House are intolerant of those who disagree with them. They're disrespectful of the rules of democracy, and they're behaving like dictators, if I may say that.

I think that to keep them awake, to keep them listening to Albertans, I have to stand here and raise my voice on behalf of my constituents, on behalf of the constituents of these cabinet members who are sitting there. These members are betraying the expectations of their own constituents here tonight.

Madam Speaker, Bill 11 should never have been proceeded with. It's a bill that should be dropped. It should be dropped because this bill is incompatible with the spirit of medicare in Canada. It is an affront to the values that underlie medicare. It's an attempt to bring in privatization through the back door and bring in private, for-profit hospitals in order to strike the final blow that they think will undo the system. They've used the last seven years to Trojan-horse the system bit by bit, to undermine it. After seven years what this government has found is that Albertans still have a strong allegiance to the system that's been under fire in the hands of this government. This government is trying to destroy it. Albertans don't want to destroy it. They want it saved, protected, and enhanced.

So Bill 11 appears on the scene at the end of seven years of attempts to destroy the system, and this bill uses privatization as the only solution to all problems. This government has used, of course, privatization the same way as bloodletting was used in the medieval period by the quacks at that time to fix every malady. So what quacks did by relying on bloodletting to save people from pneumonia, from plague, from everything else, in the same way this government uses privatization as a sledgehammer to, quote, unquote, solve every possible problem. Privatization of health care doesn't work. This government started out by talking about cutting costs by

privatization. They couldn't find any evidence. Evidence to the contrary clearly demonstrates that private health care is more expensive, more costly, and delivers less. It has been piling up, so they have now retreated from defending Bill 11 by making references that it will save money for Albertans. Now they know it won't save money. Then they said that it will reduce pain and suffering by reducing waiting lines. There's now enough evidence that privatization, contracting out does not do that, so that argument is abandoned.

11:00

They want to bring in choice now, another argument. Choice for what? If you designate certain surgeries to be done only in the so-called designated surgical facilities but you want that surgery to be done in a full-fledged hospital, you won't have that choice. So the bill in fact removes from Albertans the choice to be looked after by a team of experts in a regular, fully equipped hospital. Now they will have to go to a surgical facility as designated by the likes of Mr. Dinning and Mr. Love and others. I think there are some other names being mentioned. I think Albertans know what all this is about. It's about privatizing a system in order that friends of the government can make their millions and billions out of this.

This government has been the enemy of public health care over the last seven years. What they are trying to accomplish by pushing this bill through this Legislature now is to demonstrate to Albertans that this is exactly what they always meant to do, and now they are going to do it regardless of what Albertans are saying.

So the bill before us, Madam Speaker, not only will lead to privatization increasing costs but also to the siphoning away of scarce and precious public dollars into private facilities, where they'll be used not to enhance the health of Albertans but to guarantee the profits of investors who want to run private, for-profit hospitals. That's what this bill is really about.

If doing this, if going this route, if legalizing private, for-profit hospitals under a new name means exposing Alberta's health care system and Canada's health care system to the threats that are inherent in an international agreement such as NAFTA, then so be it. If the Canadian system of medicare, the public health care system in Canada, will be sacrificed in the interest of serving a few private friends, if that means Albertans and Canadians are deprived of the best health care system in Canada that they have been able to build over the last 35 years, then that doesn't matter. That's not a matter of concern to this government.

The Premier has been using all kinds of false examples, falsifying data, using examples that are not relevant at all. For example, Madam Speaker, the Premier said earlier in the second reading debate that Shouldice Hospital was a model for what this government wants to do under Bill 11. Well, now it's very clear that that's a strange model. The Shouldice Hospital, which only does hernia repairs, was established in 1945, 23 years before Canadian medicare was born. In 1973 the Ontario government passed the Private Hospitals Act. Under this legislation, because private hospitals had been seen to be incompatible with medicare, no new private hospitals are allowed to be established. Existing private hospitals are being phased out. They're not allowed to expand. They're not allowed to be sold or even to make a profit. As their owners retire, their licences are revoked. Shouldice is one of only a few such private hospitals left in Ontario. Phasing out the remaining private hospitals has been the policy of Ontario governments of all political stripes, even the current Mike Harris government.

Setting up a scheme to legalize private hospitals for profit, owned on a commercial, for-profit basis, Madam Speaker, is a radical departure from Alberta's traditional community and publicly owned hospitals. Bill 11 also is a radical departure from the policy of other Canadian provinces to phase out any privately owned hospitals in their jurisdiction. There's no question that should Bill 11 become

law, there will be political pressures on other provincial governments to allow commercial, for-profit hospitals to establish in these provinces. Clearly the owners of the Shouldice Hospital are not going to want to operate under the onerous restrictions of Ontario's Private Hospitals Act if Alberta's rules are much more permissive. Hospital corporations will no doubt pressure other provincial governments to do the same thing that they are allowed to do in Alberta.

Another observation, Madam Speaker, that's worth noting. This government has pointed to the fact that most physicians' offices are privately owned. A physician's office delivers primary care from which a professional income is earned, mainly through billings to the Alberta health care insurance plan. While the method of remuneration is different for physicians than it may be for other health professionals such as nurses, who earn a salary, in practical terms they are the same. Doctors and nurses are both directly involved in delivering health services, and both derive an income from doing so. A doctor earning an income for delivering medical care is completely different than a hospital corporation contracting for public dollars with regional health authorities. The hospital corporation . . .

THE ACTING SPEAKER: It's getting very, very noisy in here. We are not in Committee of the Whole. Can we please carry on so that the Speaker at least can hear the member?

DR. PANNU: The hospital corporation, Madam Speaker, has shareholders who expect to make a profit from their investment. As a commercial business, a hospital corporation would need to pay taxes. It would incur marketing and advertising costs to create demand for its services. Health care is a clear-cut case of market failure. The for-profit model does not work well within the context of a public good like health care.

Another argument, Madam Speaker, that the government has advanced in proceeding with Bill 11 is that we already have 52 private clinics doing day surgery. About half of these private clinics contract for public dollars with regional health authorities. The argument goes that since we already allow private businesses to do day surgeries, what's wrong with letting them do more complex surgeries requiring overnight patient stays? This very seductive and wrongheaded argument reminds me of a statement made several years ago by Dr. David Himmelstein of the Harvard Medical School. Dr. Himmelstein was commenting on the ever expanding role of commercial business interests in the American health care system. Himmelstein said, quote, that each step justifies the next step, end of quote. But until that step is achieved, the advocates for commercial medicine deny these steps will logically follow after that.

11:10

Applied to the Alberta context, Dr. Himmelstein's analogy works like this. We'll restrict private, for-profit hospitals to doing a limited number of surgeries requiring inpatient hospitalization at the beginning. Then we'll let them gradually expand into more and more complex surgeries. The argument goes like this. Well, the private sector seems to be doing okay in doing contract surgeries, so why not let them do hip replacements? After they do hip replacements for a while, then why not heart bypass surgeries? Expanding the role of the private, for-profit sector in health care has been a preoccupation of the Conservatives in this province for many years. It began many years ago, but it's now picking up speed.

Another good argument, Madam Speaker, that needs to be considered for not allowing Bill 11 to go forward is the uncertainties that are created under international trade rules such as those set out in the North American free trade agreement. The Conservative

government has spent considerable time and resources and public moneys countering the claims of those who argue that if Alberta opened the hospital sector to commercial involvement, it would have to do so equally to Canadian and foreign investors alike.

No one questions the fact that NAFTA allows the Alberta government to restrict health care delivery to public entities or to voluntary organizations which operate on a not-for-profit basis. However, if the government through Bill 11 opens the hospital sector to for-profit involvement, all bets are off. This is clear to most knowledgeable people with the exception of the deaf, dumb, and blind provincial Tory government. Unlike sectors such as transportation, telecommunication, and cultural industries there are no special laws requiring Canadian ownership in those sectors of health care open to commercial, for-profit involvement.

The minister of intergovernmental affairs has made much of the fact that . . .

THE ACTING SPEAKER: I'm afraid your time is up, hon. member.

The hon. Minister for Health and Wellness.

MR. JONSON: Madam Speaker, I move to adjourn debate.

[Motion to adjourn debate carried]

THE ACTING SPEAKER: The hon. Deputy Government House Leader.

MR. ZWOZDESKY: Thank you, Madam Speaker. I would move that the Assembly do stand adjourned now until 1:30 p.m. tomorrow.

[The voice vote indicated that the motion carried]

[Several members rose calling for a division. The division bell was rung at 11:14 p.m.]

[Ten minutes having elapsed, the Assembly divided]

[Mrs. Gordon in the chair]

For the motion:

Amery	Kryczka	Stelmach
Broda	Laing	Stevens
Cao	Magnus	Strang
Clegg	Marz	Taylor
Coutts	McClellan	Thurber
Ducharme	McFarland	Trynchy
Havelock	Melchin	Woloshyn
Hlady	Oberg	Yankowsky
Jonson	Paszkowski	Zwozdesky
Klapstein	Severtson	

Against the motion:

Blakeman	Leibovici	Sapers
Bonner	MacBeth	Sloan
Carlson	MacDonald	Soetaert
Gibbons	Massey	

Totals:	For – 29	Against – 11
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[Motion carried]

[At 11:27 p.m. the Assembly adjourned to Tuesday at 1:30 p.m.]