

## Legislative Assembly of Alberta

Title: **Thursday, April 13, 2000**

**1:30 p.m.**

Date: 00/04/13

[The Speaker in the chair]

head: Prayers

THE SPEAKER: Good afternoon.

Let us pray. Oh God, grant that we the members of our province's Legislature may fulfill our office with honesty and integrity. May our first concern be for the good of all our people. Guide our deliberations this day. Amen.

Please be seated.

head: Introduction of Visitors

THE SPEAKER: The hon. Deputy Speaker.

MR. TANNAS: Thank you, Mr. Speaker. I'm pleased and honoured today to introduce to you and through you to members of the Assembly four distinguished visitors who are seated in your gallery: the past and the present Lieutenant Governors of the province of Rupertland and their wives. They are here today as we begin the second annual Mr. Speaker's Alberta Youth Parliament.

This wonderful project came to life thanks to the generosity of the Alberta-Northwest Territories Command of the Royal Canadian Legion. We all know how active the Legion is in communities all across this province. Legionnaires have proven repeatedly their profound commitment to our country and its democratic institutions in time of war and in time of peace. Their sponsorship of this youth parliament is one of the many examples of the Legion's commitment to Canada and to Alberta.

I'd ask all members of the Assembly to join me in recognizing His Honour the Honourable Stu Black and his wife, Flo. In addition to being Lieutenant Governor for a day, Stu is the Treasurer of the Alberta-Northwest Territories Command. Also in your gallery, Mr. Speaker, are Mr. Tom Barton and his wife, Sunny. Tom is past president of the command and served as Rupertland's Lieutenant Governor last year. We have them all standing and would appreciate the warm traditional welcome being extended to them.

head: Presenting Petitions

THE SPEAKER: The hon. Member for Edmonton-Calder.

MR. WHITE: Thank you kindly, sir. It's a pleasure and, indeed, a responsibility of this member to file with the Assembly a petition signed by 250 Albertans from Camrose, Red Deer, St. Albert, New Sarepta, Westlock, and Edmonton. They collectively "urge the government to stop promoting private health care and undermining public health care."

Thank you.

THE SPEAKER: The hon. Member for Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Thank you very much, Mr. Speaker. I have a petition signed by 180 people from Didsbury, Carstairs, Olds, Innisfail, Onoway, St. Paul, Tofield, Busby, Barrhead, and Westlock. They are petitioning the Legislative Assembly "to urge the government to stop promoting private health care and undermining public health care."

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

MR. WICKMAN: Thank you, Mr. Speaker. I have a petition with 130 signatures of Albertans from Fort Macleod, Lethbridge, and Cochrane who are urging the government "to stop promoting private health care and undermining [the] public health care [system]."

THE SPEAKER: The hon. Member for Edmonton-Strathcona.

DR. PANNU: Thank you, Mr. Speaker. I have the pleasure of tabling a petition signed by 1,100 Albertans who come from Edmonton, Fort Saskatchewan, Rycroft, Wanham, Eaglesham, St. Albert, Grassland, Perryvale, Boyle, Athabasca, Fort McMurray, Spruce Grove, Canmore, Redwater, Calgary, Banff, Ponoka, Claresholm, Camrose, Grande Prairie, Leduc, and Medicine Hat, a total of 22 different communities. This brings the total number of signatures on the petition to over 15,000 today.

Thank you, Mr. Speaker.

head: Reading and Receiving Petitions

MR. SAPERS: Mr. Speaker, with your permission I would request that the petition which I presented to this Assembly on April 11 urging the government to stop its plans to privatize health care now be read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

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

MRS. SLOAN: Thank you, Mr. Speaker. I'm pleased today to also rise and ask that the petition I tabled yesterday with respect to urging the government to stop the promotion of private health care in Alberta now be read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

THE SPEAKER: The hon. Member for Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Thank you, Mr. Speaker. I would ask that the petition I presented yesterday regarding the concern about the promotion of private health care and undermining of public health care now be read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

THE SPEAKER: The hon. leader of the third party.

DR. PANNU: Thank you, Mr. Speaker. I request that the petition I presented yesterday, April 12, be now read and received.

THE CLERK:

We the undersigned residents of the province of Alberta hereby petition the Legislative Assembly of Alberta to pass a Bill banning

private for-profit hospitals in Alberta so that the integrity of the public, universal health care system may be maintained.

THE SPEAKER: The hon. Member for Calgary-Buffalo.

MR. DICKSON: Thank you, Mr. Speaker. I'd ask that the petition I introduced the other day be now read and received, please.

THE CLERK: There are no petitions in order under the hon. member's name.

MRS. MacBETH: Mr. Speaker, I ask that the petition I presented on April 12 re private health care and asking the provincial government to stop promoting private health care now be read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

head: Tabling Returns and Reports

THE SPEAKER: The hon. leader of the third party.

DR. PANNU: Thank you, Mr. Speaker. I've got four tablings altogether. The first one is a letter from Reverend Trudeau and Dr. R.B. Sheard of Stony Plain. The letter opposes Bill 11.

The second letter is from Vegreville from five concerned citizens. They are, of course, also opposing Bill 11.

The third letter is from Chipman, and that also opposes Bill 11.

The last tabling, Mr. Speaker, is the requisite copies of a letter from the former Premier of Saskatchewan, Mr. Allan Blakeney, written to the Prime Minister asking him to intervene to stop Bill 11 from going through.

Thank you, Mr. Speaker.

MR. DICKSON: I have two tablings this afternoon, Mr. Speaker. The first one is a summary I've prepared of Bill 11 debate from Wednesday, April 12, 2000.

The second one is a list of the 44 MLAs who did not speak to Bill 11 at second reading.

Thank you.

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

MRS. SLOAN: Thank you, Mr. Speaker. I have three tablings today. The first is a report entitled Lone Female Headship and Welfare Policy in Canada, which was conducted by researchers at McMaster University and the University of Quebec.

My second tabling is a report on low-income cutoffs dated December 1999.

My third tabling is a report, Canada's Great Divide: The Politics of the Growing Gap Between Rich and Poor in the 1990s, which was completed in January of 2000 by Armine Yalnizyan.

Thank you.

1:40

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

MR. SAPERS: Thank you very much, Mr. Speaker. This afternoon I have four tablings for the Assembly. The first is a copy of the Alberta government Bill 11 web site Bill 11 debate summary for April 10, 2000, indicating the errors on that web site.

The second is a copy of the government of Alberta Bill 11 web

site Bill 11 debate summary for April 11, 2000, indicating the several errors in that summary.

The third, Mr. Speaker, is from the government of Alberta Bill 11 web site reports and studies summary indicating that three of the four studies cited by the government to support Bill 11 deal with private hospitals.

Finally, Mr. Speaker, a copy of a report compiled by my constituency office regarding a letter count to 5 p.m. April 11, 2000, indicating that of the 208 messages I've received in my constituency office, fully 95 percent are opposed to Bill 11.

THE SPEAKER: The hon. Member for Edmonton-Calder.

MR. WHITE: Thank you, Mr. Speaker. Today I have the honour of presenting to you and through you to members of the Legislature two letters from residents of Calgary that are categorically opposed to the proposed development in the Spray Valley in Kananaskis Country. The first is from Deborah Sanderson from Charleswood Drive in Calgary. Briefly, it

should not be allowed to convert the habitat of the Spray Valley into a . . . resort [development] simply because it [is] contrary to the wishes of . . . Albertans.

The second is from Miles Tindal of northwest Calgary in which he states that the major development in the Spray Valley proposed by Genesis "would inevitably have a major adverse effect on the environment."

Thank you, sir.

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

MS CARLSON: Thank you, Mr. Speaker. I have two tablings this afternoon. The first is from the Sierra Youth Coalition of Calgary and about 100 concerned citizens who attended the Tent Ridge Hurrah on March 5 of this year. They are adamantly opposed to any further development in the Spray Valley of Kananaskis Country.

The second tabling today is from Janet Miller, who lists nine specific reasons why she is also opposed to the proposed development in Kananaskis Valley.

head: Introduction of Guests

THE SPEAKER: The hon. Deputy Speaker.

MR. TANNAS: Thank you, Mr. Speaker. I'm pleased today to introduce to you and through you to members of the Assembly this year's Mr. Speaker's Alberta Youth Parliament. Today in our galleries we have 83 grade 10 students from across Alberta, each one representing one of our constituencies. They are now Members of the Legislative Assembly of Rupertland and will participate in their model parliament in this Chamber tomorrow.

Also in the galleries are 11 grade 10 social studies teachers who are here to participate in the teachers' component of this program. They are joined by approximately 12 members of the Royal Canadian Legion and five members of the teacher advisory committee who helped put this program together.

I should add that thanks to the support of CFRN television, Access Network, and Alberta Learning the proceedings of the model parliament will be televised on Access from 9 a.m. to noon and from 1 to 3:30 tomorrow, and of course the galleries here will be open to the public at all times.

I'd ask all of these guests and legislators to please stand and be recognized with the warm traditional welcome of this Assembly.

THE SPEAKER: The hon. Member for Edmonton-Norwood.

MS OLSEN: Thank you, Mr. Speaker. I'd like to introduce to you and through you and to all Members of the Legislative Assembly Thelma Lubchynski. Thelma has been out collecting signatures on a health care petition and has been very active in this regard. On behalf of the Legislative Assembly I'd ask her to rise and receive the warm welcome.

head: Oral Question Period

THE SPEAKER: First main question. The Leader of the Official Opposition.

### **Conflict of Interest Guidelines**

MRS. MacBETH: Thank you, Mr. Speaker. It is generally recognized that serious conflicts of interest can arise when public health care providers contract with the private sector. My questions are to the minister of health. Why is it government policy to allow regional health authorities to set their own conflict of interest standards? Are the ethics different in different parts of the province?

MR. JONSON: Mr. Speaker, the process is one in which, yes, regional health authorities do establish their conflict of interest policies. There are basic principles, of course, under which conflict of interest policies or charters, if you will, are established across this province. Through our business plan monitoring process and the overall supervision of regional health authorities, we make sure that they do have conflict of interest provisions, and of course the proposal before the Assembly ensures that as well.

MRS. MacBETH: Mr. Speaker, will the government rethink its policy on conflict of interest and ensure that there is consistency right across the province with respect to the regional health authorities and their conflict of interest policies?

MR. JONSON: Well, Mr. Speaker, in terms of the basic principles or characteristics of conflict of interest policies in all sectors, I'm quite confident that those are provided for with the regional health authorities. Also, I would like to mention that the government is proposing further action via legislation with respect to strengthening conflict of interest provisions across the health care system.

MRS. MacBETH: Will the minister show the leadership which Albertans expect and deserve by laying down airtight conflict of interest standards instead of abdicating his responsibility, or does he prefer a 17-tier policy for his two-tiered health care?

MR. JONSON: Mr. Speaker, in terms of providing leadership and providing for this within the health care system, as I've indicated, regional health authorities do have conflict of interest policies. They do have a great deal of consistency in terms of the basic issues regarding conflict of interest. As I've indicated – and it's difficult to give the direct answer to the member across the way, and I think she knows that – the matters before the Assembly are going to further strengthen the whole area of conflict of interest guidelines and policies and rules within the health care system.

THE SPEAKER: Second main question. The Leader of the Official Opposition.

### **Government Reports on Bill 11 Debate**

MRS. MacBETH: Mr. Speaker, the government has spent well over \$1 million on its propaganda campaign, TV and newspaper ads,

direct mail to every household, in a desperate attempt to sell its privatization plan. It's failed. They are now putting out their so-called Bill 11 debate summaries and trying to pass them off as factual. The truth is they are not fact, they are fiction. My questions are to the minister of health. Who is putting out these debate summaries? Is it the Public Affairs Bureau, is it the ministry of health, or do we have the truth squads back?

MR. JONSON: Mr. Speaker, there is of course an overall and very concentrated effort on the part of government to provide accurate information with respect to all health policy and all department directions. With respect to the information being provided on an ongoing basis with respect to the matter before the Assembly, I would stack the accuracy and straightforwardness of our information any time against the kind of information that the Liberals have been spreading around this province.

1:50

MRS. MacBETH: Mr. Speaker, given that there's no answer as to the source, why is the government so ashamed to indicate the source of those documents?

MR. JONSON: Well, Mr. Speaker, the Department of Health and Wellness has produced a great deal of material on this particular topic. It's a very important matter. It's very important that the accurate information gets out there. It's increasingly important given the low quality and inaccuracy of the material put out by the Liberals, and we do not apologize for that because one of the major directions and efforts of the Department of Health and Wellness, as of all agencies and departments of government, is to inform the public of this province on important matters that affect them.

MRS. MacBETH: Mr. Speaker, let's try again for a third time. Who is responsible for putting out inaccurate debate summaries? Is it the ministry of health, is it the Public Affairs Bureau, or is it the truth spin doctors? Who is the source? We've identified the source on all of ours.

MR. JONSON: Well, Mr. Speaker . . . [interjections]

THE SPEAKER: The hon. Minister of Health and Wellness does have the floor.

MR. JONSON: I have no doubt that the hon. member across the way is experienced in putting out and recognizing what isn't accurate because they've become experts at it.

With respect to information that's put out from the communication branch of Alberta Health and Wellness, I take responsibility for that as minister as to its value to Albertans in terms of informing them accurately of the nature of the legislation and other matters and initiatives that government undertakes on health.

MRS. MacBETH: So he's turning ministry of health officials into spin doctors.

### **Private Health Services**

MRS. MacBETH: Since December, Mr. Speaker, it's clear that the more Albertans learn about this government's privatization policy, the less they trust it. In poll after poll increasing numbers of Albertans oppose this government's privatization policy, and as of this week the latest poll shows that only one in three Albertans support the government's private health care policy. My questions are to the minister of health. Why does the government continue to

proceed with its private health care policy when it is clear that the majority of Albertans oppose it?

**Speaker's Ruling**  
**Referring to Newspaper Articles**

THE SPEAKER: Hon. members, the first two questions, pretty close. The third question is, I think, over the line in terms of extending debate on Bill 11, and we're going to move on with the next . . . [interjections] Well, if we're going to have interjections, then 408 in *Beauchesne* says that "such questions should . . . not inquire whether statements made in a newspaper are correct." Polls are usually published in newspapers and the like, so that would rule that question out of order.

But I'm going to recognize the Leader of the Official Opposition to proceed with her second question in this set.

**Private Health Services**  
*(continued)*

MRS. MacBETH: Thank you, Mr. Speaker. How many taxpayer dollars have been squandered on polls that have been conducted by the government on their privatization of health?

MR. JONSON: Mr. Speaker, given that a responsibility of government that this government certainly takes seriously is to provide information and inform the public of this province as to what the nature of legislation and other initiatives are, I think there is a great deal of expertise and quality exhibited in the work that our employees do in this particular area. Therefore, the answer is none. We have not squandered anything.

MRS. MacBETH: Mr. Speaker, is the government hiding the results of its latest government-commissioned poll, which has been referred to before, because it shows that despite the government's massive propaganda campaign Albertans are still overwhelmingly opposed to the privatization of health care?

MR. JONSON: Mr. Speaker, the member across the way is certainly entitled to give her own interpretation to the information. We have found, however, that the responses we've had from Albertans, both in terms of answering basic sets of questions but also, I think, more importantly in terms of them providing their own thoughtful critique of the bill, has led to a very significant set of amendments placed before the Assembly yesterday. We are responding and listening to Albertans. We value that input, and we are responding to the concerns that they've raised.

THE SPEAKER: The leader of the third party.

DR. PANNU: Thank you, Mr. Speaker. Today I tabled a letter to the Prime Minister from former Saskatchewan Premier Allan Blakeney. Mr. Blakeney says that it would be extremely unwise to have in-patient hospital services, both insured and uninsured, delivered by the commercial for-profit sector. Furthermore, he argues convincingly that not only public health care in Alberta but all across Canada will likely be thrown open for business because of NAFTA. To the minister of health: why does the government refuse to heed eminent Canadians like Allan Blakeney who warn that Alberta's for-profit hospitals policy would unravel the public health care system not only in this province but across the country?

**Speaker's Ruling**  
**Anticipation**

THE SPEAKER: Hon. members, once again, I truly believe that question goes over the line in terms of where we've arrived at.

Considerable liberty was afforded in this Assembly in question period in dealing with, quote, health policy, always surrounding a certain bill. This Assembly yesterday gave second reading to that bill. This Assembly, one part of it, the Committee of the Whole, is now into a clause-by-clause review of this particular matter. With respect to Bill 11 questions in the question period there's ample opportunity now in Committee of the Whole to deal with such questions.

Second question, sir.

**Private Health Services**  
*(continued)*

DR. PANNU: Thank you, Mr. Speaker. My second question is also to the minister of health. Why is the government risking national medicare standards in all Canadian provinces in its reckless pursuit to expand private, for-profit health care delivery in this province?

**Speaker's Ruling**  
**Anticipation**

THE SPEAKER: Well, hon. member, once again, if that isn't a similar question to the first one, then I have missed something. It was simply an extension of the debate in the question period of something that has already been dealt with by this House, and there's now another mechanism dealing with it in Committee of the Whole. I'm sorry. We're going on to your third question now.

**Private Health Services**  
*(continued)*

DR. PANNU: All right, Mr. Speaker. Let me have my third question to the minister of health. Saskatchewan was the birthplace of medicare. Why does this government want Alberta to be medicare's graveyard?

**Speaker's Ruling**  
**Anticipation**

THE SPEAKER: Hon. Minister of Health and Wellness, you've risen. If you want to say something, I'll invite you to say it, but it seems to me that that question follows in the same tradition as the first two with respect to this.

The hon. Member for Peace River, followed by the hon. Member for Edmonton-Glenora.

**Forest Fires**

MR. FRIEDEL: Thank you, Mr. Speaker. My questions are to the Minister of Environment. In the last two years there were more than 30,000 wildfires in Alberta's forests, and to say the least, these have had a very devastating impact on not only the forestry industry but also the tourism industry in Alberta. This year already there have been quite a number of fires, and we're not even officially into the fire season. I wonder if the minister could briefly update us on this year's conditions, focusing on the readiness of the department relative to firefighting.

MR. MAR: Mr. Speaker, 1998 and 1999 were the two worst years on record for wildfires. There were approximately 1,700 fires in 1998 and roughly 1,400 fires in 1999. As a consequence of that and early indications that this year will also be a dry season, I can assure you, members of this Assembly, that our readiness has been heightened.

As an example, on 23 February of this year I signed an order starting the fire season one month earlier than normal. We have

staffed-up our equipment; our crews are trained; our tankers are ready on a 12- to 36-hour notice. Ten lookout towers have been opened in the highest risk areas, and a number of other towers are due to be opened in the next few days.

2:00

We've also worked on a public education program. We are concentrating on the prevention of fires. This is particularly critical in the time leading up to the May long weekend, which is traditionally the first weekend that many Albertans will go out into recreational areas.

So, Mr. Speaker, we have done a number of things with respect to firefighting, readiness, and also with respect to prevention.

MR. FRIEDEL: To the same minister, Mr. Speaker: considering that there have already been a number of fires, how does this relate to the same time last year in terms of numbers?

MR. MAR: Well, Mr. Speaker, as of the last date that I saw, which was April 6, there were 48 fires that had started in the province. That was significantly higher than April 6 of last year.

Our meteorologists have been tracking the snowfall. In most parts of the province the snowfall has been lower than the normal amounts recorded. This problem has been compounded by the fact that the previous fall was also very dry. I think, Mr. Speaker, in looking at the assessments of the conditions, that we would rate the fire rating as very high or high in many parts of north-central Alberta in particular.

With respect to how it might relate to the two previous years, 1998 had conditions of low humidity, strong winds, and grassy fuel. There was a very heavy load in grassy fuels. In 1999 there were a lot of heavy fuels and very dry spring weather. In this particular year, Mr. Speaker, all of those conditions exist, which will lead us to suggest that there is going to be a very busy fire season. Of course, that can all change with a good spring rain or a heavy snowfall that may take place.

Mr. Speaker, Albertans that may be interested in seeing these conditions being updated can go to the Alberta government web site for Environment at [www.gov.ab.ca/env](http://www.gov.ab.ca/env).

MR. FRIEDEL: Again to the same minister, Mr. Speaker: considering that forest fires have a major impact on the forestry industry, is the role of the industry players changing at all relative to suppression and fighting along with the government?

MR. MAR: Mr. Speaker, my department has been very actively engaged in working with the industry in terms of fire suppression and prevention. We've worked with both their staffs and with their equipment in terms of fighting fires. Just as importantly, though, we're also working with the industry on the subject of fire prevention.

In particular, Mr. Speaker, we struck a steering committee to look more closely at the subject of fire prevention. This committee will be comprised of stakeholders and government to offer directions and insights into helping us reduce fires from things like power lines and railroad fires.

Mr. Speaker, I think our commitment to fire prevention and suppression is evident, and I want to again assure members of this Assembly and the Alberta public that we are well prepared for this fire season.

THE SPEAKER: The hon. Member for Edmonton-Glenora, followed by the hon. Member for Calgary-Lougheed.

## Government Reports on Bill 11 Debate (continued)

MR. SAPERS: My questions today, Mr. Speaker, regard government practice and policy regarding the provision of information to Albertans. My questions are to the Minister of Health and Wellness. Part of this government's multimillion dollar or at least million-dollar-plus propaganda campaign on its private health care policy is a web site. Why does the web site publish factually incorrect information on the progress of debate in this Legislative Assembly?

MR. JONSON: Mr. Speaker, the member across the way is making an unsubstantiated allegation in this Assembly. As I've indicated, we certainly do have a web site to provide through modern technology information to Albertans on a whole range of important topics dealing with health and wellness. In fact, we've even been complimented periodically on having that particular avenue of communication available to the public of this province.

As to the allegation that the member across the way chooses to make in a very general way, I do not think that it really merits an answer.

THE SPEAKER: Hon. members, both the questioner and the responder, I hope we're not getting into debate here with respect to a certain health care matter, because I'm going to rule them out.

MR. SAPERS: Thank you, Mr. Speaker. How much is it costing Alberta taxpayers each and every day to provide this one-sided reporting in the Legislature on the government's private health care policy?

MR. JONSON: Mr. Speaker, as has been indicated in this Assembly several times, Alberta Health and Wellness provides detailed information in terms of its expenditures through the process of public accounts and the Auditor General's scrutiny and the Public Accounts Committee. That information is certainly not going to be withheld from this process. It'll be an integral part of it.

MR. SAPERS: Thank you, Mr. Speaker. If this government wants to be unbiased in its reporting on health care policy, will the minister make a commitment to post all current reviews and all reports on the web site and not just those selected comments that support the government policy?

MR. JONSON: Mr. Speaker, in terms of Alberta Health and Wellness' record in doing detailed reports in terms of developing policies, I think I can refer to the recent ones. The report done by the Associate Minister of Health and Wellness dealing with persons with developmental disabilities, a very up-front presentation: the material was sent widely across the province, is available to anybody who wants it, is provided through means of technology as well. We had prior to that the Broda committee report in place, the committee that came up with the report on aging, Healthy Aging, a very comprehensive report, a very widespread initiative there to provide that, make that available, particularly of course to the senior's population and stakeholders but to the whole population of the province, too.

So, Mr. Speaker, yes, it is a policy, a part of this government to provide information in the most up-to-date and thorough way.

MR. SAPERS: Point of order, Mr. Speaker.

## Health Care Funding

MS GRAHAM: Mr. Speaker, the government of Alberta has

announced significant increases in health spending, not only for this year but for the next three years to come. These increases are in addition to significant increases in health funding over the past several years. My question this afternoon is to the Minister of Health and Wellness. Given that some people continue to believe that government is still reducing health spending or in fact has never reinvested in the health system, would the minister explain to Albertans the facts about government funding measures in health?

**THE SPEAKER:** Well, once again if we're dealing with factual information with respect to the budget, so be it.

**MR. JONSON:** Yes, Mr. Speaker, and I will certainly adhere to that.

In keeping with our overall government plan in Budget 2000, Alberta's health system will get an additional \$482 million, or 9.3 percent, as of April 1, 2000. Also there's a total increase of nearly \$1.1 billion, or 21 percent, over the next three years that is projected in our business plan. These increases mean that health spending this year will increase to \$5.65 billion, an increase of \$1.75 billion, or 45 percent, over the past five years as part of our overall performance here. This is the fifth consecutive budget to emphasize spending on health care, and, Mr. Speaker, that I think indicates that we have assigned priority to the whole area of the health system in this province.

**MS GRAHAM:** Thank you, Mr. Speaker. Again to the Minister of Health and Wellness: given that some critics, including some in this Assembly, allege that Albertans receive fewer health services today than they used to, could the minister say if the current and planned spending increases will in fact mean more health services?

2:10

**MR. JONSON:** Mr. Speaker, I will not endeavour to cover all the initiatives and the program expansions that we are planning for. For instance, one of the priorities to be addressed with the funding available is that of our plan to be able to add to the health care system an additional 2,400 frontline workers, 1,200 of which we project to be nurses. Actually, we've had a very good year the past year in terms of retaining and attracting more physicians to the province, but the funding projects for another 90 physicians in this province. In addition, we are planning in the area of provincewide services to increase the performance of the system significantly. For instance, the capacity or the number of people being served in kidney dialysis will be up about 10 percent.

**MS GRAHAM:** Thank you, Mr. Speaker. My final question, again to the same minister: can the minister tell the House if any of this increased spending will be targeted towards contracts with private clinics?

**MR. JONSON:** Well, Mr. Speaker, in this particular year I think we will not be affected in terms of our budget with the passage of Bill 11. However – and I'd like to emphasize this – there is no additional money earmarked for contracts with surgical facilities. None at all. That has to be part of the overall budget and the overall decision-making process that regional health authorities will go through with respect to setting their priorities and their consideration of the most efficient way and highest quality way of delivering service.

### **Protected Places Legislation**

**MS CARLSON:** Mr. Speaker, for once industry and environmentalists agree. We need an effective natural heritage act. Without clear rules battles will continue valley by valley and hill by hill, creating

uncertainty for industry and continuing the threat to our natural environment. My question today is to the Minister of Resource Development. Why is this minister preventing the reintroduction of the improved natural heritage act?

**DR. WEST:** Mr. Speaker, I am not.

**MS CARLSON:** Nobody believes that, Mr. Speaker.

Mr. Speaker, to the same minister: as a result of this minister's interference when can Albertans expect clear rules so that protected areas are properly protected with plans to phase out industrial activity? We expect an answer from you.

**DR. WEST:** Mr. Speaker, there is legislation in place today that regulates and protects areas in this province. There is other legislation in place that the EUB operates under and the NRCB, the Natural Resources Conservation Board, that protects the environment and allows a balance between that environment and sustainable development. Those will continue until we have a full debate on this new act that has come forward. We want it complete. We don't want to introduce an act that has to have a thousand amendments in the first year. So in the fullness of time this legislation will come forward.

**MS CARLSON:** Mr. Speaker, to the Minister of Environment this time: why does the Minister of Resource Development have more power than the Minister of Environment on this policy? When habitat and species are lost, they are gone forever, as you very well know.

**MR. MAR:** Mr. Speaker, this type of legislation really highlights conflicting values with respect to environmental values and economic ones. As the minister of natural resources said, it is important to strike a balance between the two, and we are working on resolving some of those difficult, difficult issues. This legislation will come back when it's ready.

**THE SPEAKER:** The hon. Member for St. Albert, followed by the hon. Member for Calgary-Buffalo.

### **Statute Revision Act**

**MRS. O'NEILL:** Thank you very much, Mr. Speaker. Over the past number of months I've had the remarkable opportunity to attend a number of forums to talk about the health policy. On those occasions, I've heard a number of concerns expressed by both my constituents and by citizens of the capital region, but I've also had the opportunity to hear some inappropriate, some misplaced, and some ill-informed comments made by opponents of our health policy. Most recently, on Monday evening I heard the leader of the Friends of Medicare say to the group who were gathered that they should be fearful of Bill 3, the Statute Revision Act. My question is to the Minister of Justice. Would you please tell us what is the policy that has prompted this act?

### **Speaker's Ruling Anticipation**

**THE SPEAKER:** Hon. member, once again Bill 3 is on the Order Paper. It's certainly not on the Order Paper today, but we're not going to have a debate in the House over matters that are already scheduled at one time or the other. Maybe the second question can give me more comfort, hon. member.

**MRS. O'NEILL:** Well, Mr. Speaker, I'd like to ask a question that

is a concern of mine and expressed by some constituents of mine as to why they should be fearful of Bill 3.

MR. HANCOCK: It's not on the Order Paper today.

THE SPEAKER: Hon. Government House Leader, certainly it's not. Nothing is on the Order Paper with respect to Bill 3 for today, but a question dealing with why anybody should be fearful of a bill that hasn't arrived at a conclusion yet is really speculative. If we come to a point where a bill is voted on and becomes the law of the province of Alberta, then one could almost make the argument, yes, but we don't know if this bill is going to come to third reading. How can we speculate on things? This is my difficulty with it.

I'm going to invite the hon. Member for St. Albert to try it a third time.

### **Statute Revision Act** (continued)

MRS. O'NEILL: Mr. Speaker, would the Minister of Justice please tell me most specifically why the Statute Revision Act is before us?

MR. HANCOCK: I'll be brief, Mr. Speaker. This is an important issue. There have been a number of people who have indicated – and I've heard these concerns raised as well – that somehow the Statute Revision Act is allowing us to escape the Legislature in making laws for the province of Alberta. It should be perfectly clear to citizens of Alberta that the Statute Revision Act is a purely normal procedure that we use about once every 10 or 20 years to bring in a consolidated revision, an authorized legal consolidated revision of the statutes of the province of Alberta and results in no revision or no change to the laws of Alberta but merely a consolidation of those laws so that Albertans have a consolidated place where they can look for the laws of Alberta. It's not intended to make law outside this Legislature.

THE SPEAKER: And the chair will certainly look forward to a full debate on this particular bill when the contribution just made by the hon. Minister of Justice and Attorney General can appropriately be done with respect to debate of the bill and not debate of the bill in question period.

### **Bill 11 Publicity**

MR. DICKSON: Mr. Speaker, it's perhaps evidence of this government's desperation in attempting to hide the full cost of its taxpayer-funded propaganda campaign on private health care that we saw yesterday that they're now trying to change the mandate of the Public Accounts Committee. The Official Opposition has provided full accounting of all of the costs that we've incurred to protect medicare, including invoices and receipts, and we'll continue to provide those as any additional expenses are incurred. On the other hand, the government is still hiding in the shadows, failing to reveal the true costs of its multimillion dollar taxpayer propaganda campaign. My questions are to the Minister of Health and Wellness. Why should Albertans trust this government on health care when this department continues to hide the full cost of its campaign? We know it's not just \$1.2 million. It's much, much more, Mr. Minister.

MR. JONSON: Mr. Speaker, as I've indicated, we will as Alberta Health and Wellness, as all of government does, report on the expenditures that we make from public dollars. This is something that will certainly occur in a comprehensive way.

2:20

I would like to add, Mr. Speaker, that it seems that the direction of the questions from the opposition is to indicate that we are not providing accurate and responsible information to the public. If I could, by way of illustrating my point, I would just like to refer to an advertisement which has the Official Opposition home page reference on it, and there's identification down below. You're supposed to come to a public meeting of some type, and it says that they will lead the audience to better understanding "Bill 11, The Private Hospital Act." Now, that is blatantly incorrect, wrong. It's deceiving in terms of the overall title of the bill. I could go on and elaborate.

If they think across the way that they can portray themselves as being accurate, honest, and straightforward and all the rest of it, there is a great deal of written material such as this, which I'm prepared to file copies of, that shows this not to be the case.

MR. DICKSON: Mr. Speaker, will the minister meet the standards set by the Official Opposition and release all of the invoices, all of the receipts, copies of all of the contracts entered into to help spin and sell this private health care policy? That's the question, Mr. Minister.

MR. JONSON: Well, Mr. Speaker, we would not at all want to go that low in terms of our standards with respect to providing information.

Mr. Speaker, this Assembly has established the laws, the rules and regulations in terms of dealing with the accounts which account for the money we collect from the people of this province in terms of revenue and taxes. We will follow the rules, the laws of the province with respect to providing this information.

MR. DICKSON: Well, Mr. Speaker, let's put that to the test. Let me ask the minister right now: will this minister, instead of giving a partial accounting of the cost, fill out the form that we prepared for his reference, tell us precisely what the costs are of that advertising campaign component by component, give us the source documents, the receipts, and the invoices? Will you do that, Mr. Minister?

MR. JONSON: Mr. Speaker, the hon. member across the way has an exhibit, obviously prepared from his own point of view. I'm not going to agree to anything with respect to any exhibit that he's waving across, and I think I'm justified in saying that because of this one, which is totally inaccurate, that is being put out across the province by the Liberals.

THE SPEAKER: The hon. Member for Banff-Cochrane, followed by the hon. Member for Edmonton-Centre.

### **Kananaskis Development**

MRS. TARCHUK: Thank you, Mr. Speaker. This past week alone I have corresponded with over 400 individuals who have raised concerns regarding the proposed Genesis project in the Spray Lakes area of Kananaskis. While many of these individuals were from across the constituency of Banff-Cochrane, others were from Calgary, Red Deer, and Edmonton. They all reiterate the multitude of environmental concerns I have heard previously from many and are asking that the government act immediately to stop this development. My first question is to the Minister of Environment. With all the concerns being raised by so many Albertans, can the minister tell us why government is allowing this proposal to go through a review process?

MR. MAR: Mr. Speaker, in light of the many people that have commented on the development in Spray Lakes proposed by Genesis, I believe that this is a very important question.

Almost a year ago the Premier of this province announced that there would be a new policy with respect to recreation and future development in the area of Kananaskis, and that policy, which was the result of the input of many thousands of Albertans, clearly spells out that there will be no new development in Kananaskis Country. But because the Spray Valley proposals had already received some degree of processing prior to that policy being put in place, the fair thing to do was to allow them to still be eligible for consideration.

Now, having said that, Mr. Speaker, having consideration for the numbers of Albertans who have expressed concerns on both environmental and social issues, I think that the company, Genesis, the proponent of this development at Spray Lakes, must seriously consider whether or not they wish to continue to proceed with this particular application.

MRS. TARCHUK: Mr. Speaker, my second and last question is also to the Minister of Environment. With so much opposition, can the minister tell Albertans if he would consider terminating the review before we continue with what could be a very lengthy and expensive process?

MR. MAR: Well, Mr. Speaker, at last count over a thousand Albertans have had their views formally made known about the Spray Lakes proposal by Genesis, and I should note that the overwhelming majority of them have expressed their opposition in their comments. If I can refer to documents tabled by the Member from Edmonton-Ellerslie today, yesterday by Edmonton-Calder, by Edmonton-Riverview, by Edmonton-Glengarry, I have to say that the letters they have tabled have been consistent and constructive in terms of their suggestions for the terms of reference for the environmental impact assessment that Genesis must now go through.

December last, Mr. Speaker, I ordered Genesis to combine their environmental impact assessments for all three of their proposals: the heli-skiing, the boat tours on the Spray Lakes, and also their four-seasons resort. I think that is an appropriate cumulative approach which will take into account the proposed development that they have.

I want to assure you, Mr. Speaker, and all Albertans that the comments being made by Albertans and the feedback on the Spray Valley proposals for development are being considered seriously and will form the basis for the environmental impact assessment.

THE SPEAKER: The hon. Member for Edmonton-Centre, followed by the hon. Member for Calgary-Currie.

### **Private Health Services**

*(continued)*

MS BLAKEMAN: Thanks, Mr. Speaker. Earlier this week the Premier once again promised to release the 30 blanked-out pages from his private hospitals policy. Actions speak louder than words, and so far the government has been all talk and no action, especially when it comes to releasing the 30-page secret agenda here. Albertans are really struggling to trust this government on any promises on health care. My questions are to the Minister of Health and Wellness. Just how long will Albertans have to wait to see the secret, taxpayer-funded focus group research? A month? Two months? Or maybe until after the whole policy debate is over. Please let us know.

MR. JONSON: Well, Mr. Speaker, as I recall the exchange, the Premier in his answer indicated that there would be certain require-

ments and expectations of the opposition with respect to their meetings and discussions and so forth. That is my understanding of the situation. To my knowledge the slightly bigger party across the way has not met that obligation, and therefore I can comment no further.

MS BLAKEMAN: Okay. When will the government stop hiding behind these promises and agree to release the full 30-page document of this private hospital plan, not some doctored version and not just the pages of the focus group? When?

MR. JONSON: Well, Mr. Speaker, I'm quite sure that with respect to any definitive commitment the Premier may have made, he will follow through on meeting it.

MS BLAKEMAN: Perhaps the Minister of Health and Wellness could explain why the government is so reluctant to release this document.

2:30

MR. JONSON: Well, Mr. Speaker, as I recall the Premier, as long as both sides of the exchange are living up to their commitments or what was stated, the information will be provided. I'm not the expert on this particular exchange, but I'm sure the Premier will follow through on whatever he committed to.

THE SPEAKER: The hon. Member for Calgary-Currie, followed by the hon. Member for Edmonton-Calder.

### **Victims' Assistance Programs**

MRS. BURGNER: Thank you, Mr. Speaker. Although crime rates across our province have declined slightly over the last few years, many Albertans unfortunately continue to be victims of criminal actions. My constituents continue to raise concerns about some aspects of justice such as sentencing for serious crimes and how the system affects victims. We often lose sight of the impact of crimes on innocent victims, and it was just over a year ago that the Alberta justice summit recommended that our justice system should provide victims of crime with better supports. My questions are to the Minister of Justice. What is this government doing to support victims of crime in light of that review?

MR. HANCOCK: Thank you, Mr. Speaker. Alberta has among the best victims' support programs in the country. Back in 1991 the government made funding available to victims' assistance programs for the first time, and at that time there were only eight victims' services programs available. We now have 60 police-based programs, which operate 110 victims' services units. These units are staffed by approximately 1,300 volunteers across the province, who provide victims with information and support during the criminal justice process.

In 1998-99 more than \$9 million was collected from the provincial fines surcharge for programs to assist victims. The funding goes to Alberta's victims' services programs and to victims' financial benefits programs, which provide financial assistance to victims of crime in this province.

MRS. BURGNER: Thank you. My second question. Victims' services units are staffed by volunteers, and I'm concerned about the quality of their formal training dealing with victims. Do Alberta Justice or the policing community provide any training or support for these volunteers?



MR. HANCOCK: Well, Mr. Speaker, as the hon. member has pointed out, each victims' assistance program is responsible for training its own volunteers. However, victims' assistance program co-ordinators have received training from Alberta Justice since 1992. The comprehensive training program provided for these co-ordinators has not been available anywhere else. It's unique to Alberta. In fact, we've had co-ordinators from other provinces, in particular Saskatchewan, come to take our co-ordinator training program. This year training was expanded to include Crown prosecutors to increase their awareness of the victims' issues in the criminal justice system and was undertaken as a direct result of one of the recommendations of the summit.

MRS. BURGNER: My final question is to the same minister. Does Alberta Justice have any plans to upgrade the training it provides to volunteer victims' assistance workers?

MR. HANCOCK: Yes, Mr. Speaker. One of the projects that's under way right now in the department is the preparation of a victims' assistance program training manual. It is a major project at a cost of about \$50,000. It will provide the training for the volunteer training program. It will be delivered to all victims' services units across the province. The net result of this training is that victims of crime will have improved service during the difficult time in their lives. We expect that the training program and the manual will be operational by the spring of 2001.

THE SPEAKER: The hon. Member for Edmonton-Calder, followed by the hon. Member for Bonnyville-Cold Lake.

#### **Health Resource Group Inc.**

MR. WHITE: Thank you, Mr. Speaker. Calgary's HRG has a huge investment at stake in the HRG hospital in Calgary and has lobbied this government and this government's branch plant, known as the Calgary regional health authority. With donations to the government party coffers and a web of interpersonal and governmental relations, HRG has access and influence with this government, and it's well known. My questions today are to the Minister of Health and Wellness. Given that HRG's business plan calls for a co-ordination of messages and political strategies between HRG, the health authority, and the province, can the minister assure Albertans that there are absolutely no discussions, negotiations, agreements, or planning of any kind that have occurred between the government and HRG with respect to the communication plan of HRG and their operation?

MR. JONSON: Mr. Speaker, I think this is a repeat question. Nevertheless, it is the case that quite a number of months ago – I would say at least a year or a year and a half – there were pieces of correspondence. There were a couple of meetings with respect to HRG and the regional health authority, also with government. This was around the time the very need to have legislation to control the situation with respect to private clinics was being identified. That took place at that particular time.

We, of course, have put our emphasis on protecting the public health care system and providing a very solid legal framework to protect our health care system and to provide for contracts and make sure that they're arrived at on a responsible basis with no detriment to the system. Beyond that, whatever discussions or news releases or whatever might have been released, they have not been significant nor have we had any contact over the last while.

MR. WHITE: Thank you, Mr. Speaker. Given that the minister appears not to have knowledge of any of these discussions, if there are discussions, how does the minister explain that there's a fundamental problem here when it comes to dealing with a company that is in business for business, for profit and has a great deal at risk and has influenced this government? How does that jibe with having absolutely no indication that the government is willing to help this business along its way?

THE SPEAKER: The hon. Member for Edmonton-Calder is seeking an opinion. That, of course, is inappropriate. If the hon. Minister of Health and Wellness has something to offer in response, please go ahead.

MR. JONSON: Mr. Speaker, I just wanted to make one statement with respect to the question, and that is that the Minister of Health and Wellness has had no dealings with the Health Resource Group.

MR. WHITE: Mr. Speaker, then would the minister assure this House that the conflicts of interest legislation in this regard with the local authority will be of strength enough to prevent any kind of difficulties that may be foreseen?

MR. JONSON: Mr. Speaker, I am aware that the Calgary regional health authority, as indicated earlier, does have a conflict of interest policy. I am not aware of that conflict of interest policy, as far as the regional health authority is concerned, having been violated in any way.

head: Members' Statements

THE SPEAKER: Hon. members, in less than a minute from now we'll call upon the first of three members to participate.

The hon. Member for Fort McMurray.

#### **Fort McMurray Oil Barons**

MR. BOUTILIER: Thank you very much, Mr. Speaker. It's my pleasure today as MLA for Fort McMurray to rise and extend congratulations to the Fort McMurray Oil Barons on winning the Alberta junior hockey league championship last evening. In a hard-fought match with the Camrose Kodiaks and also the Lloydminster Blazers, the Oil Barons captured the Alberta junior hockey league provincial crown.

To the players, Nick Roberts, Galloway Carroll, Skip Renauld, Scottie Upshall, Quinn Sherdahl, Shane Frank, Scott McQueen, Colin Murphy, Kent Beagle, Clint Orr, Brad McTavish, Travis Gladue, Nathan Rosychuk, Tyler Brough, Chad Kletzel, Justin Trudeau – no relation to the former Prime Minister – Craig Strain, Scott Basiuk, Dave McCulloch, Jason Boyd, Captain Robbie Staudinger, Jeff Drummond, Mike Brown, and Brent Zelenewich, the MVP of the playoffs, we want to extend our congratulations. To the coaches, Fran Gow, Wendel Hodgins, Gates Genereux, and Kevin Higo, of course we congratulate them on excellent coaching, and their training staff Shane Kearnie and Curtis O'Brien. To the president of the Alberta Junior Hockey League, Nick DeHoog, and Dave Britt, Lee Mask, and Terry Connors, and all the board of directors, on behalf of all of our fans in Fort McMurray who bused, flew, and drove the entire year to watch them, we're very proud.

2:40

To perhaps the Fort McMurray Oil Barons' loudest fan, Brian Hatfield, who also happened to be my campaign manager, I can truly say that he is the only person I know who can talk the leg off a chair.

To Bob Clark and Kim Marsh, the president and chairman of the AJHL. They were on hand to make the presentation.

We'd like to invite all Albertans to come May 5 to May 14 to Fort McMurray, Alberta, when Fort McMurray will host the national junior A hockey championship, the Royal Bank Cup, previously called the Centennial Cup.

So to all of the players we want to say best of luck on their road to the national junior A hockey championship.

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

### **Labour Relations Policy**

MR. MacDONALD: Thank you, Mr. Speaker. Unions are an important part of the fabric of a democratic society. At the most fundamental and basic level they involve the joining together of people to represent a collective interest. They operate democratically to give workers a strong voice to represent their rights as employees and as citizens.

The important role that unions play should be respected, because a union is more than an organization. It is the hopes, dreams, rights, and voice of its membership, all of whom are hardworking and dedicated Albertans. It is very unfortunate that this government does not treat unions with the respect they deserve. Instead, they view unions in much the same way as Conrad Black, as gangrenous limbs to be amputated.

Well, Mr. Speaker, unions are not going away, and it is this government's job to create a positive labour relations environment where unions and employers can interact on a level and fair playing field. This is not the case in Alberta. The current beer strike here in Edmonton and the long-standing strike, the unfortunate strike at the *Calgary Herald* are just two of the latest examples.

This government, like governments in other provinces, should make a simple change to improve the situation. They could introduce binding arbitration for first collective agreements so that unions, unions that have been legally created and supported by a majority of employees, by the way, are not simply cast aside by a company willing to wait them out. This is not fair, and it creates divisive situations that lead to hardships for workers and their families.

Unions have a positive and proactive role to play in our society. The government has a responsibility to recognize this instead of siding with bullies. We are talking about the democratic rights of hundreds and thousands of Alberta families. I believe the government would be very surprised at how well the system could function if they would just take off their ideological binders and act as consensus-builders instead of being part of the problem.

Thank you, Mr. Speaker.

THE SPEAKER: The hon. Member for Calgary-Fish Creek.

### **Men's Health**

MRS. FORSYTH: Thank you, Mr. Speaker. Several constituents have asked that I communicate their concerns on men's health issues to the House. In the movies John Wayne and James Bond don't worry about their health. They get shot at, get into fights. They get up, and they finish off the bad guys. Reality, however, is quite different.

John Wayne developed heart disease and had a cancerous lung removed. Ian Fleming, who created James Bond, died from complications of a chest cold because he bucked his doctor's orders and played golf instead. Look at any health stats and the real story is the same: men live much shorter lives than women, and they have

higher risk for all 15 leading causes of death. Despite these stats most men think their health is excellent, and they're dying to prove it.

Although their health risks are largely preventable, it is obvious that men's health is in a far worse state than women's health. Millions are spent on women's health centres, women-only cancer screening and research, and preventative programs for illnesses that specifically affect women. There is little money spent on men's health issues.

A recently opened male health centre is the first centre in the U.S. specializing in male health. Taking a holistic approach to health care enables the centre's physicians to look at the whole man and not his symptoms. It provides support to men and helps them overcome the fears and misconceptions often associated with male health problems. Sharing experiences as well as treatment options, they often offer a sense of assurance and provide an additional perspective that helps ease anxiety.

Another advantage in men talking to each other is eliminating the fear of the unexpected, plus it's a lot more believable when another guy tells you that it's no big deal for what the doctor is suggesting, Mr. Speaker.

I encourage the government to look at initiatives and approaches in dealing with men's health. Thank you, Mr. Speaker.

head: Projected Government Business

THE SPEAKER: The hon. Opposition House Leader.

MR. DICKSON: Mr. Speaker, in fact, after hearing the last private member's statement, I'm feeling a little weak in the knees. But pursuant to Standing Order 7(5), I invite the Government House Leader, who hopefully is in better shape than I am, to share with us what government business we might anticipate to be able to deal with next week.

Thank you very much, Mr. Speaker.

THE SPEAKER: The hon. Government House Leader.

MR. HANCOCK: Thank you, Mr. Speaker. In light of your observation yesterday that we should be careful about personal comments, I won't be able to make the comment that comes to mind about where the Opposition House Leader might in fact be weak.

Nonetheless, under projected government business for next week, on Monday, April 17, under Government Bills and Orders for second reading in the afternoon we may deal with bills 3, 7, 13, 14, and 15, and in Committee of the Whole, Bill 11. On Monday at 8 p.m. under Government Bills and Orders for second reading, bills 16, 17, 18, and 19, and in Committee of the Whole, Bill 11.

Tuesday, April 18, at 4:30 p.m. under Government Bills and Orders for second reading, private bills as listed on the Order Paper, and in Committee of the Whole, Bill 11. Tuesday at 8 p.m. under Government Bills and Orders for second reading, bills 20, 22, and 23, and in Committee of the Whole, Bill 11.

Wednesday, April 19, at 8 p.m. under Government Bills and Orders and Committee of the Whole, bills 10 and 11, and for third reading Bill 21.

Thursday, April 20, in the afternoon under Government Bills and Orders for third reading bills 21, 2, 4, 5, and in Committee of the Whole, Bill 11.

Mr. Speaker, it would be fair of me to advise at this time that although we have a number of bills on the Order Paper, I expect we'll spend most of our time on Bill 11.

THE SPEAKER: Hon. members, we had 14 sets of questions today, which is the largest number we've had in this session. So thank you very much.

One point of order. The hon. Member for Edmonton-Glenora.

**Point of Order**  
**Factual Accuracy**

MR. SAPERS: Thanks very much, Mr. Speaker. I'm going to make reference to our Standing Orders, to Standing Order 23, in particular (h), the section dealing with making allegations against another member, and I'm also going to reference Standing Order 49, which has to do with the composition of committees.

Earlier today in question period I had an opportunity to question the Minister of Health and Wellness regarding the government of Alberta's web site as it relates to health care policy and particularly the summaries provided on debate on Bill 11.

Also, during tabling I tabled four documents. Amongst them were two pages, each being a single day's summary of the debate as posted on the government's web site for April 10, 2000, and the other for April 11, 2000. On both of these summaries there are in fact several factual errors. That information was tabled in the Assembly prior to question period. When I asked my question to the minister of health, he stood and he said: that member referring to me "is making an unsubstantiated allegation." Mr. Speaker, I take offence at that.

Certainly the question relating to the errors in the summaries was backed up by the tabling of the documents, which are now marked as sessional papers. I will draw your attention and the attention of all members to sessional paper 624/2000. It is the Bill 11 debate summary for April 10, 2000. The opening paragraph of that summary says:

MLAs spent much of the fourth day of Bill 11 debate discussing an amendment proposed by the Liberal opposition that the bill be referred to a little-known Standing Policy Committee.

Mr. Speaker, as you know, the standing policy committees are committees created by the government. They are made up entirely of government caucus members. The amendment proposed by the Liberal opposition was to refer Bill 11 to a select standing committee that is established by Standing Order of this Assembly, an all-party committee, not a government-only committee, and a committee that has a long-standing history in this House, even though this government is loath to call it to action, that being the Standing Committee on Law and Regulations.

2:50

Mr. Speaker, I could go on, because I have indicated at least five errors in those two pages of summary that I tabled with the Assembly. If the Minister of Health and Wellness does not want to take responsibility for the mistakes emanating from his department, that's his business, but it becomes my business when he makes the allegation that somehow I was misleading or misrepresenting the truth and the facts. I would like him to take back that allegation and accept responsibility for the errors that were presented to this Assembly.

Thank you.

THE SPEAKER: The hon. Government House Leader on this point of order.

MR. HANCOCK: Thank you, Mr. Speaker. I, too, heard during question period the exchange, and I very clearly heard the Minister of Health and Wellness take responsibility for all the documents that are issued under his direction. So that particular comment by the hon. member should be corrected.

What the hon. member has indicated is that he takes offence to a comment made about unsubstantiated allegations. In fact, until this very moment they were unsubstantiated allegations. The hon. member has now got up and in the House referred to what he considered to be not factual in that documentation. Now, if he had really wanted an answer to his question and if he had really wanted to clear up what he considered to be mistakes on the government web page, it would have been a good idea for him to actually send a copy of the document over. But as is usual in this House, the members opposite don't want answers to their questions; they want to obfuscate the issue and make innuendo themselves. So they table the document and then ask questions about it without the minister necessarily having had time to receive a copy of the document or know to which document they are referring.

At the time that the hon. Minister of Health and Wellness responded to the question from the opposite side, there was a sessional paper on the table which was a copy, as I understand it, of a page from a web site, and a question by the hon. member alleging that there were facts in that document. But there in fact had been no substantiation of any of those facts or pointing out what facts were alleged to be wrong. At that point in time the minister of health was not incorrect when he indicated that there were unsubstantiated allegations, so it was quite appropriate for him to make that comment.

If, in fact, the hon. member wanted a real answer to his question, he would have provided the information to the minister and said: "This is not factual. Who's responsible? These are the errors that I foresee in it." The minister could then have ascertained as to the complaint that was made.

Obviously, this error that's pointed out – and I haven't seen those documents as yet, but I take the member at his word that it makes a mistake in referring to an SPC rather than a standing committee of the House. If that's the case, I will undertake to the hon. member to go back and have a look at it and make sure that those corrections are made on the web site.

But with respect to the point of order, I would submit that, at the time, the Minister of Health and Wellness was absolutely correct: it was an unsubstantiated allegation that there was a mistake in the document. If he had pointed out that mistake and in fact brought it to the minister's attention, it probably would have been corrected without all of this.

THE SPEAKER: There seems to be a higher charged discussion and debate on this particular matter in the last few minutes than actually the tone that was set during the question period. It appears that a question was asked by the hon. Member for Edmonton-Glenora to the Minister of Health and Wellness, with the hon. Member for Edmonton-Glenora – and I'm taking his word, not having seen this sessional paper, and assuming it to be absolutely correct – pointing out that there was an error, a factual error with respect to something printed on a particular web site. The chair heard the minister say that the minister was responsible.

Now, this is part of our problem in this place. First of all, why would a government web site refer to the political name of a grouping in this House? One of the basic rules in this thing is that if public dollars are to be expended, the public dollars are not to talk about political parties, and that's a normal rule in any expenditure. So if a member of the opposition puts out a piece of paper and chastises the Progressive Conservative Party, they get a note from the Speaker. They get an intervention from the Speaker and in fact have been told that we are not paying for the publication of that document. That's factual. That's happened in the past. That's been done. That's been the penalty.

So why would the government then go out and print something that would refer to another political party, using taxpayers' dollars to do that? If it did do that – I mean, rules can't be two ways. The rules have to be one way. Secondly, there has to be a responsibility for the printing of anything that comes out, and the chair clearly heard that the Minister of Health and Wellness said that he would assume responsibility for that. The chair also heard that the Government House Leader said that he would personally look into this and assume a responsibility to make sure this is corrected, and I take the word of the hon. member on that as well.

The hon. Member for Edmonton-Glenora is absolutely within his right to stand up and raise a question with respect to that if it's factually incorrect. It's not the member's responsibility, either, to convey something to a member of Executive Council before he asks the question on it. It's not the responsibility of the member to do that. It's the responsibility of the originator of the document to be correct, and if the originator of the document is incorrect, it's fair game for a member of this House to bring it to our attention in whatever form they want to use.

Now, some might argue that courtesy, politeness, harmony, tranquillity would suggest: "Gee, too bad. Gee willikers. Gee whiz. I read this thing, you know, and you really got me here. This really hurts me, and I'm coming to see you." But we also know that people's schedules are very difficult at certain times. You phone up; you want to deal with things. Sometimes the person is not in; you've got to wait until after. You want to deal with it. There are some reasons for all of this.

Number one, it's within the right of the Member for Edmonton-Glenora to raise a question with respect to this matter. Number two, the Minister of Health and Wellness assumed responsibility for it. It's truly unfortunate that the phrase "unsubstantiated allegation" was used, and it may have been factually correct, at the time, that the Minister of Health and Wellness was unaware of what the Member for Edmonton-Glenora was saying. Again, obliqueness is not a good thing in this place, and the closer you get to the actual words and the intent of it, the less trouble we're going to have. It would be helpful as well.

But it was correct to raise it, it's correct to deal with it, and as far as the chair is concerned, the matter's been dealt with. It certainly forms a correct point of order. I hope that the matter will be corrected factually, and I hope that everybody will learn a lesson.

I'm going to repeat: on anything that comes under the authority of the Speaker that has public dollars expended, it's a clear violation if political party names are used in the publication of any of those documents, and they are not paid for. They are sent back and rejected. We've had some pretty blatant and embarrassing examples in the past of that happening. I'm not going to put it on the record, say who it is or anything else, but there is a responsibility. There's a responsibility for the government to be correct. There's a responsibility for the opposition to be correct.

Orders of the Day.

MR. HANCOCK: Mr. Speaker.

THE SPEAKER: I'm sorry. The Government House Leader.

MR. HANCOCK: May I beg your indulgence? I've been advised by the Member for Edmonton-Glenora that the document in question was forwarded to a government member's office yesterday afternoon. I will investigate that and make sure, but I didn't want to leave the record uncorrected.

THE SPEAKER: Fine. Now that ends it. Harmony, and we smile.

Sorry. I know we said Orders of the Day, but I want to end this

week on a high note. I don't like what happened Monday, Tuesday, Wednesday, and Thursday. That's why I started interjecting yesterday and today, and I'm going to continue doing it on Monday.

3:00

head: Orders of the Day

head: Government Bills and Orders

head: Committee of the Whole

[Mr. Tannas in the chair]

THE CHAIRMAN: I'd like to call the Committee of the Whole to order.

### Bill 11 Health Care Protection Act

THE CHAIRMAN: We have before us a collection of amendments under the title A1, and we're going at them one section at a time. So A1, section A, is what we're discussing.

The hon. Member for Edmonton-Rutherford.

MR. WICKMAN: Thank you, Mr. Chairman. I'd like to spend a few minutes talking specifically about the amendment that's in front of us, and that is the amendment you described that's numbered A: that section 2 is struck out and the following is substituted.

Now, when I say a few minutes, I'd like to spend 20 minutes on it, but I do have a duty to go up and talk to the young parliamentarians about the role of an effective opposition. I'm sure that even those enlightened people will have their opinions not only on this amendment but also on Bill 11 and the whole question of health care reform.

Looking specifically at the amendment in front of us, we're talking in terms of an amendment to section 2, which in the original document falls directly below a section called "Protection of Publicly Funded Health Care." Now, stop and think. Weigh those words very carefully: protection of publicly funded health care. If that's what this bill was all about and if that's what this amendment was to achieve, publicly funded health care, I think Albertans would be delighted. I think the opposition would drop, and I don't think you'd see this party opposing the bill once it is amended.

When we look at it very, very carefully, the original wording of the bill in section 2 was:

- (1) No person shall provide a surgical service in Alberta except in
  - (a) a public hospital, or
  - (b) an approved surgical facility.
- (2) No person shall provide a major surgical service, as described in the by-laws under the Medical Profession Act, in Alberta except in a public hospital.

One of the first things that strikes me when I look at the amendment is the wording. Instead of saying that "no person shall," it now says that "no physician shall provide a surgical service in Alberta, and no dentist shall provide an insured surgical service in Alberta." I'm not sure why specific reference to a dentist has cropped up in the bill. It was not in the original proposal, and now it's in there.

Getting back to what I said earlier about the publicly funded health care, the difficulty I have with the amendment as it relates to that aspect is that if it were truly, truly, truly an amendment that protected the publicly funded health care system, you would not have the (a) and the (b) in the amendment. You wouldn't have "a public hospital" or "an approved surgical facility," because an approved surgical facility is another word for a hospital. The difference would be that instead of a public hospital the opportunity would be there to contract out and provide a surgical facility that would not be funded by the public system.

As to how that provides a protection of publicly funded health care, I'm not sure, because once we get into the private sector, once we start talking in terms of enhancement, once we look at the various aspects, at queue-jumping and such, we are not talking any longer about a publicly funded health care system. We're talking in terms of an aspect of private health care. We're talking in terms of additional fees for enhanced services and so on.

Basically then, Mr. Chairman, what happens is that we go from a system that has been publicly funded in the sense that even the contracting out that takes place now basically is within the public system in most cases. There are some instances where there have been some cases where it's gone somewhat beyond that, which does cause concern to some Albertans. But we can't look at the past; we have to look at what's in front of us right now. Of course, the danger of this type of amendment that includes an approved surgical facility is the fear that it could lead to a two-tier system. Let's face it: a duck is a duck. If it walks like a duck, it talks like a duck, and it quacks like a duck, it's a duck. An approved surgical facility is nothing more, in my opinion, than a hospital, so let's not play around with terminology.

Now, when the minister gets up to speak to these amendments, he's going to have to explain the significance of the change in terms of including a dentist, which wasn't there. He's going to have to explain the significance of not only section 2(1) at the preamble but also (2)(b), where it refers specifically to "in the regulations under section 25(1)(a.1), in the case of a dentist." When we look at the concept of an approved surgical facility, the way I see the perception of it from the government's point of view is a facility that would provide for surgical services. It states that very clearly, "shall provide an insured surgical service in Alberta," which again implies overnight stays, overnight stays of 48 hours, 72 hours. Who knows what length those overnight stays would be?

I'm not sure what type of surgical procedure a dentist carries out that would require that type of facility. Now, I may be incorrect, but I would believe, generally speaking, that a person would go in as an outpatient and be out later that day if there was a case to put the person to sleep or whatever before the surgery was performed.

An interesting aspect of these two sections. When we talk about 2(1) and we look at (2), we see a substantial difference in wording. The first 2(1) says that "no physician shall provide a surgical service," and of course (2) in the amendment says that "no physician or dentist shall provide a major surgical service." So we're talking in terms of a surgical service versus a major surgical service. The major surgical service under this amendment of course would have to be conducted in a public hospital. Those that would not be classified as major would of course be allowed to be carried out in an approved surgical facility.

3:10

When we start looking at definitions of minor, major, whatever, and try to look at a concrete definition of a surgical facility, it changes so rapidly, again, how do you start defining major, minor? There was a period of time, not that many years ago quite frankly, that if you needed an intravenous, for example, because you had an infection of some sort and you were required to be under intravenous for, say, a 10-day period, you had to be admitted to a hospital. You actually had to be admitted to a hospital and occupy a hospital bed for that period of time.

But now, with the changes in technology and such, you can do it under a program – I'm not exactly sure what it's called, but the concept of it is that you take your equipment home, and home care will come down and demonstrate to you how it's done. Then from there you're sort of on your own, with the assistance of a spouse or

somebody else. In some cases you don't even need that assistance, because since then I understand – I haven't actually seen it – that they've actually advanced from that requirement to drain the fluid in your arm or whatever two or three times a day to a system where there's some type of pump that just automatically injects that. That's a significant change in a procedure that at one time I guess would have been considered major, because if you've got to go in the hospital for 10 days, that to me is quite major.

Without question, one would now classify that as minor, because you go to the emergency room and two hours later you can be back home. You don't see a great danger. You don't see immediate danger and something going wrong, because it's not a surgical procedure. However, a surgical procedure being done in an approved surgical facility can be a whole different ball of wax because they're not fully equipped like a public hospital is. When you look at the University hospital, when you look at the Royal Alex hospital and look at the Grey Nuns hospital, they are fully equipped. If something goes wrong, they're there. You can be attended to immediately. You can be whisked down to the operating room. They've got different equipment.

I've experienced it firsthand, so I have a pretty good idea of what can happen. It can. In my go-round in the hospital a couple of years ago, one night I woke up at 2 o'clock in the morning and thought for sure I was having a heart attack. It was just pounding and all that. It turned out it was just a buildup of fluid around the lungs that a week later kind of worked itself back into my system, but it was very, very scary. Now, had I been lying – and in that case, of course that would not have been a surgical facility. I'm sure it wouldn't have been. However, when you go to emergency, you never know. That was very, very scary. Fortunately, they were able to respond immediately, which gives a person a great deal of comfort.

Now, I realize I've only spoken for 14 minutes, 13 minutes, whatever, and I could go on for quite some time, but we do have 14 different amendments that one has the opportunity to speak to. So to get to my previous commitment of addressing those young parliamentarians about the role of an effective opposition, I'll have to conclude. I follow, I understand, the Minister of Government Services, who is up there right now.

Thank you.

THE CHAIRMAN: The hon. Member for Edmonton-Glengarry. Okay. The hon. Member for Edmonton-Norwood. I have a couple of names here.

MS OLSEN: Sorry. We're fighting here for position. It's a jockeying.

Thank you, and I appreciate the opportunity to get up and speak to amendment A1. I have some concerns about this amendment. I see that the amendment does not carry forward the worst element of Bill 11, and that is talking about the private, for-profit hospital as exactly that. Instead, the government continues to call it an approved surgical facility, and that causes me some concern.

We just recently received a copy of a letter that was sent to the Health and Wellness minister, Ponoka-Rimbey. I'm going to quote from this letter. "Private clinics or 'surgical facilities,' as proposed under Bill 11, are considered hospitals under the Canada Health Act." He in his letter says, "I do not believe there is any reason for confusion here." Well, neither do Albertans. Neither do Albertans, Mr. Chairman. There is no need for any confusion here. A surgical facility is a hospital. Enhanced services offered in surgical facilities, then, consequently would be in a private, for-profit hospital, because somebody is making money.

Mr. Chairman, I find it very difficult to accept the notion that a

surgical facility is going to be operated independently and outside of the existing system, on contract, and that those people who are operating those surgical facilities on contract are not going to build in a profit margin. Very clearly this would say to me that that, then, is a private, for-profit hospital. To say otherwise, I believe, is to mislead Albertans, and I think the federal Minister of Health has identified that here in this very letter that he's written to the hon. Health and Wellness minister.

The issue of the interpretation goes back long before my time in this Assembly. At that time the federal Minister of Health, Ms Marleau, wrote to her provincial and territorial counterparts – at that time it would have been the hon. Minister of International and Intergovernmental Relations – and stated that

as a matter of legal interpretation, the definition of “hospital” set out in the [Canada Health Act] includes any facility which provides acute, rehabilitative or chronic care.

I guess I'm wondering what the problem is, why this government insists that these definitions are not solid. They know what the past history was. Certainly the hon. Minister of International and Intergovernmental Relations knows what the history was. Now we have that history outlined in a letter. I guess I'd better table the letter because I did refer to it and quote from it. I table five copies of this particular document, Mr. Chairman. I probably should table 64 of them so that everybody gets a copy of it and understands the definition, but I'm sure there are some lawyers in their caucus over there that can help them out.

So what is the problem? What is it that this government doesn't understand? This particular amendment A1 should include “approved private, for-profit hospital” instead of the camouflaged words “approved surgical facility.”

Mr. Chairman, I hope that the minister will be able to respond in a timely fashion to the definitions outlined by the federal minister and give us some feedback on what he thinks the letter really means, and we'll go from there. I'm not sure the minister understands that what he is putting forward is in fact a private, for-profit hospital. It cannot be seen any other way. It cannot be read any other way, considering there's going to be enhanced services and those enhanced services are going to have a profit margin.

Another issue that I have in relation to this particular amendment, Mr. Chairman, is the addition in 2(1) that

no dentist shall provide an insured surgical service in Alberta, except in

- (a) a public hospital, or
- (b) an approved surgical facility.

I'm wondering if the hon. Minister of Health and Wellness has any data from the Alberta Dental Association determining what is a minor or a major dental surgical procedure, what sort of discussions he's had with the dental surgeons, the dentists, the orthodontists, and what kind of support he has received in this regard. I think that's important to the discussion.

3:20

To just decide you're going to change the definition or the meaning of section 2(1), the provision of surgical services, without any documentation or discussion from the Alberta Dental Association is a concern for me. We don't know if they've been consulted. We don't know what their position is. Albertans don't know what their position is, and Albertans don't know what the dentists have to say about this particular issue. Does that mean that as it stands right now, the minister feels that some of the procedures being performed in those particular facilities by dental surgeons are now illegal, or are they performing, as far as he's concerned, illegal services now? To what extent does the major/minor definition go? We haven't seen any of that.

The other thing that we don't know is what the guidelines are for this particular debate or for this particular issue in this debate. I think that that has to be outlined, Mr. Chairman. We don't see any of that here. We haven't heard any of that. We simply have an amendment put forward from the government that purports to do something but in fact doesn't do anything. A surgical facility is still a private, for-profit hospital. An overnight stay is still an overnight stay. We don't see any of that defined here.

I was reading an article in the *Globe* on Saturday, and in the article a plan has been outlined. Discussions have occurred between the federal government and the provincial counterparts. There are a number of issues that would address health care reform where the federal government is willing to be a productive partner in health care reform. We know that there are some pretty good facilities operating right now in this province.

In fact, the CHOICE program has been mentioned. I've been there on a few occasions. It's in my constituency and is an excellent facility for seniors, where seniors get care but can go home. They get delivered to the centre and returned to their homes. Their needs are taken care of. They're interacting. It's far more rehabilitative to have seniors in a location where they can interact with other seniors and have their health care needs met by a gerontologist, who knows the issues with seniors. Certainly the seniors like it. That to me is something I'd like to see expanded across this province. I think it's also a very efficient and cost-effective way to deal with the senior population, and the seniors like it.

I see that in some of the discussions that have gone on in relation to – well, the *Globe* calls it “the peace pact that may save health care.” I think there's some reality to that. The whole notion of reform across this country with health care cannot occur just with Bill 11 in Alberta or some other bill in some other province. I think that in order for the minister to work in the best interests of all Albertans, he ought to look at working with all the provinces and the federal government. That's in our best interest. That's in my constituents' best interest.

I just want to highlight some of the things that have been talked about in terms of broad reform. Bill 11 is not a part of the broad reform. We mentioned the CHOICE program, but home care is another issue. Better home care is seen as a key to relieving the burden on overcrowded hospitals. I think that's been said time and time again in this Legislature, that home care is an absolutely essential service that needs to be broadened. That will help relieve the stress on the existing system.

Drug costs. I mentioned in my debate a couple of years ago that drug costs have soared. The costs to insurance companies therefore have gone up. Subsequent to that, the costs to the insured and the noninsured patients have gone up. We need to see something dealt with from that perspective and on a broad base. We know that scales of economy are important when we're talking about things like drugs. You know, maybe the regional health authorities with their ability to purchase costly drugs on a provincewide basis are going to be more effective than one regional health authority purchasing one expensive drug for their own needs. Maybe it needs to be on a broader basis.

There are all sorts of programs, like co-payment programs, and many of us are in independent insurance programs. Certainly in the Legislature we have Blue Cross, and there are other programs, but for those people who don't have drug plans and those people who rely on the government for their drugs, there are better ways of dealing with this. I think the federal Health minister has talked about a pharmacare program, and I don't see that as something we should close the door to in this province. Like I say, it's the bulk buy, and that's better for all of us who are purchasing any medication and especially for those people who can least afford it.

Increased accountability is another issue talked about. We absolutely need to see increased accountability. This province got what it wanted when it said: we want no strings attached; we want to be able to take the CHST money and run with it in a way that suits the needs of the province of Alberta. I think that's fair, but on the other hand, it's a two-way street. It's not just a one-way street. To be constantly banging heads with the federal government isn't going to solve the problems in this province in relation to health care. I think there has to be political will to go to the table and not continue to fed bash and to certainly pick up the issue as a positive and remember who we're all here to represent. I urge the government members to remember who they're here to represent. They're here to represent Albertans, and it's Albertans who are suffering from the erosion of our good health care programs. So I need to see some commitment from the government in accountability – we also need that – and it has to work both ways. That's an important issue.

Primary care reform. We've talked a little bit about that. I brought that up. I think the updates the government put out on their web site from my initial debate suggest that I wasn't listening to the January news conference that the Premier had when he talked a little bit about health care reform. Well, you know, I couldn't have been more glued to my set. I'm not one for wanting the Premier in my living room, but I did listen to that debate and that production that was put out at taxpayers' expense.

3:30

We're still waiting to see what initiatives this government is going to move towards in terms of primary care reform. By working with all of the provinces and territories and the federal government, then maybe this government might start moving along with more effective primary care reforms in a manner that's going to really impact Albertans, because we haven't seen that yet.

Long-term care. Well, we are waiting for the government to respond . . .

#### **Chairman's Ruling Relevance**

THE CHAIRMAN: Hon. member, the chair has some difficulty with where we're going. We're on A1, section A. Long-term care and reviewing it with all of the other provinces and so on I'm sure are important thoughts and considerations, but I'm not sure that they're germane to what we're on.

MS OLSEN: In talking about a public hospital and approved surgical facilities, I think they're germane, but I'll take your remarks. I'll heed them and move on to something that's more acceptable to you. I can save the rest of this debate for later and certainly move on to other issues.

#### **Debate Continued**

MS OLSEN: Let's talk, then, maybe a little bit more about the reason that this government is walking down the path of private, for-profit hospitals, and I can clearly say that today, Mr. Chairman. I feel that the letter I tabled in this Assembly today from the hon. Minister of Health, Minister Rock, speaks to that issue. I feel that we must look at the reason behind this. Were primary care reform and long-term care not issues that were in fact germane to this bill? I think they were. I think they do speak to the public hospital issue, and I think they do speak to the approved surgical facilities. Quite frankly, I would like to see that discussion happen, and I'm hoping that as we move through the amendments, we can have that discussion.

However, the private, for-profit aspect of it is clearly outlined. I

would expect the Minister of Health and Wellness to explain to us why he would not withdraw this bill now, based on this particular letter. I think we have to also be clear. The federal government is moving in a direction, and I think the direction that the federal government is moving in with this province clearly says: this surgical facility is a hospital; private clinics are hospitals.

With that, Mr. Chairman, I'll take my seat and share the podium.

THE CHAIRMAN: Would the committee grant unanimous consent to briefly revert to Introduction of Guests?

[Unanimous consent granted]

head: Introduction of Guests

(*reversion*)

THE CHAIRMAN: The hon. Member for Edmonton-Mill Woods.

DR. MASSEY: Thank you. It's my pleasure to introduce to you and through you to members of the Assembly a group of teachers from Hungary visiting Canada and at NAIT to learn more about our vocational educational system. They're in the public gallery, Mr. Chairman, and with your permission I'd ask them to stand and receive the warm welcome of the Assembly.

#### **Bill 11 Health Care Protection Act (*continued*)**

[Mr. Herard in the chair]

THE ACTING CHAIRMAN: The hon. Member for Edmonton-Norwood.

MS OLSEN: Thank you, Mr. Chairman. I'd like to welcome our guests to our Legislative Assembly. I met with them earlier, and I'm delighted to see them here.

I want to move on a bit in my discussion. Mr. Chairman, maybe you could just advise me as to how much time I have left. Thank you.

Mr. Chairman, the whole issue of public health care goes beyond this amendment, goes beyond this bill, and I'm waiting for the minister now to speak to us in a public way about how he's going to deal with Mr. Rock's letter and how he sees the position of this particular bill in relation to it. I think it's important because we are currently debating an amendment that talks about "approved surgical facility," and quite frankly we need to hear.

THE ACTING CHAIRMAN: I hate to interrupt you, but the timer did go. That was 30 seconds.

MS OLSEN: Well, there you go. Thank you, Mr. Chairman. I'll have ample time to carry on.

THE ACTING CHAIRMAN: I'm sure we'll hear from you again.

The hon. Minister of Agriculture, Food and Rural Development.

MR. LUND: Thank you, Mr. Chairman. I just want to make a few comments relative to the amendments that are before the House and dealing with where the surgeries can be done and what types of surgeries. Certainly in the Rocky Mountain House constituency I heard a number of concerns expressed about the whole issue of what is minor, what is major, and the fact that dentists are doing some things today in their clinics that would certainly fall under the

definition of surgery that we're talking about here and what can happen in a surgical facility.

I think these amendments clearly, clearly outline what can be done in a surgical facility and what needs to be done in a full-fledged hospital, with all of the bureaucracy and with all of the other facilities that go with a hospital. Certainly in listening to some of the comments of the opposition and their discussion about what is a surgical facility and what is a hospital, for the life of me I don't understand how they are having so much difficulty understanding the difference with a facility that does certain surgical procedures that are clearly defined, clearly administered under the College of Physicians and Surgeons, clearly showing that they have to have a certain backup, a certain amount of ability to handle that type of surgery. With this amendment it now clearly indicates that when you get into the more difficult surgeries, those would have to move to a public hospital, where you have even more facility to take care of a patient and handle whatever that surgery might be.

Mr. Chairman, we all know the way technology is moving. To try to define today a list of what could be done I don't think is something this Legislature should try to do. I don't think it's something that politicians should be trying to do. I think it is extremely important that this be done by the College of Physicians and Surgeons. We have to make sure that we allow some latitude with the College of Physicians and Surgeons, because with the technological changes, that list will change. It's going to change as well relative to what one facility in one place can do and what another facility in another area can do. That will happen. The fact is that we will have to have the College of Physicians and Surgeons determining what kind of equipment is necessary, what kind of backup is necessary.

Also, I think it's really important that the College of Physicians and Surgeons have the ability to outline – there may be some patients wanting a certain procedure in a facility allowed to do that procedure, but because of some other complications that that individual might have in their health, they wouldn't be allowed to do it in that facility. Certainly that is something we cannot decide in this House, and it's extremely important that the experts are the people that decide that. I think that with these amendments, that's exactly what will happen, and we will find ourselves with a very safe system that will provide a very good service to the public. We'll be able to move on and lower the waiting lists and certainly have a more efficient system than we currently have.

3:40

THE ACTING CHAIRMAN: The hon. Member for Edmonton-Centre.

MS BLAKEMAN: Thank you. I'm rising to speak to amendment A1, section A, put forward by the minister of health last night. I have to admit right off the bat that this amendment is a real struggle for me for a number of reasons. I've mentioned previously that I've had almost 400 pieces of correspondence from constituents now. I will be careful to mention that three of the pieces of correspondence were very much in favour of full support for Bill 11, and four and a half phone calls out of several hundred as well were in favour of Bill 11.

Those other almost 400 were not instructing me to put forward amendments or to support government amendments to the bill. Almost without exception they're saying things like – and I have to be careful here not to quote, because I do not have permission to table these letters. They're saying things like: we're against the bill; I'd like the bill withdrawn; I can't support the bill; it's not the answer to our health problems. As a representative of the constitu-

ents of Edmonton-Centre, it's a struggle for me because in even speaking to this amendment, I am in some ways going against the wishes of my constituents who are just saying: no bill; pull the bill, and that's the end of it.

I think one of the things that's become apparent to me as I studied the amendments overnight is that in particular with the clauses that have been raised – and A is one of them – that were causing people the most difficulty, this is not an amendment to remove the clauses. This is about tightening up those areas that were causing people concern, but it's not about removing them. Essentially, all of the issues and concerns that people have been raising are still in this bill. While there may be some changes inside of those individual clauses, they're not being removed, which is what my constituents are asking for. So as a good representative do I just say, "No; no bill 11," and sit down, or do I try raising in the context of the amendments the issues and concerns that have been identified in the correspondence I've received?

I'm familiar with the quotation that says that politics is the art of compromise, so I'm going to compromise. Having, I hope, clearly stated that the overwhelming majority of constituents that have contacted me have indicated nonsupport for this bill and for this bill in its entirety, I will nonetheless raise the points of concern and discussion that I am able to glean from this amendment.

Specific to amendment A1, section A. Actually, a lot of the areas of concern are contained inside of this amendment. I understand and I personally can have no fault with the attempt to clarify the initial part of section 2(1), which previously read, "No person shall provide a surgical service in Alberta, except." It's now been clarified to read, "No physician shall provide a surgical service in Alberta, and no dentist shall provide an insured surgical service in Alberta, except." That's a clarification, and in my opinion it's probably a welcome clarification.

I think one of the points that I had seen raised is that in law, as I understand it, a corporation can be interpreted as being a person. They're both entities, and you can take a corporation to be a person. That sounds bizarre, but I gather that in law that's possible. So I suppose that could soothe some people. I understand, of course, that dentists do do oral surgery and should have been specifically included under this, so being in favour of inclusion, as I am, and being on record as many times as I am for being in favour of inclusion, I can find no objection in that change.

We go on, and very quickly the concerns that have been raised come up again. It does go into, once again, that they shall not provide this

surgical service in Alberta, except in

- (a) a public hospital, or
- (b) an approved surgical facility.

So nothing was done with this definition that has caused so much concern for people.

I understand that the Minister of Agriculture, Food and Rural Development was wondering previous to my getting up why people couldn't understand that these things were very clearly there and that an approved surgical facility was very clearly not a hospital. I'm afraid I have to differ. There's nothing clear about this. You know, we've had correspondence flying across the country between our Minister of Health and Wellness and the federal Minister of Health, between our Premier and the Prime Minister, and between any other combination of those four people you want to talk about. So I would say that this is anything but clear. Certainly I'm sure that all of us in the Assembly have heard from constituents expressing concerns about "approved surgical facility" and their very real fear that this is a private hospital in everything but name. We've all heard a number of times the little children's nursery rhyme that if it walks like a duck and talks like a duck, it's a duck.

This amendment is doing nothing to deal with that. It's exactly



the same as it was in the original. I think that as we get more into the intricate levels of debate on this piece of legislation, the specific wording becomes ever more important. In some ways I'm glad that we have gotten to a more complex level of discussion on the bill. I mentioned before that my constituents were starting to express a concern that this was a war of rhetoric and that, the way it was expressed to me, certainly the government and I think in a few cases the opposition could be accused of just repeating the same statements over and over and over again and that it wasn't moving the discussion further in any way. People wanted to see real, substantive discussion about exactly what this meant.

As we do get further into these discussions, more information comes up, more clarifications come up, and more concerns are raised on those clarifications, et cetera. In that way I'm glad to have the opportunity to debate this bill clause by clause and in some cases word by word. That's what I'm doing this afternoon with this amendment A1, because it does allow us to bring all of those other points out and to try and work this out, if it's possible to work it out.

Back to the discussion about section 2(1)(b), "an approved surgical facility." Nothing has been changed with this, and people really are concerned. [interjection] Yes, it is part of the amendment. It's clearly written into the amendment. People really are concerned that this can mean a private hospital in the sense that taxpayer dollars are going to a profit margin, a medical entrepreneurial endeavour that is providing medical services. I think we have to be very clear about this. If I could make a suggestion – which I don't think will be accepted – it might help if the government did call it a private hospital, because then there would be fewer people trying to argue the point about what exactly this stands for.

So "approved surgical facility" is still in there. We now have the federal government going: well, that may be okay under your laws and regulations and the various acts and statutes that you have that deal with the medical profession, but as far as the federal acts are concerned, what is being discussed here would indeed be considered a private hospital. Then that opens up a whole other series of ramifications on the federal level.

3:50

One of the things that I would like to see happen less or not happen at all is a searching for scapegoats, a blaming, a looking to place blame on some level of government or another. I don't think it's helpful in this process. The fact of the matter is that there's only one taxpayer in Canada, and that person pays federal taxes and provincial taxes and municipal taxes. It's not helpful to them to have one level of government blaming the other level of government for everything that's wrong. So I would hope that we could try and get over that.

There is a real issue about the "approved surgical facility." You see, when I look at the definition that's available in the back of Bill 11 – and that's really strange. I've never seen a piece of legislation that has the definitions at the back. They're always at the front so you can read them all and you know what you're doing, so you know what the definitions are as you start to read through the bill. It's never been explained why the definitions are at the back of this bill. It's an interesting departure from tradition. However, there are definitions at the back.

When I look, "approved surgical facility" means a designated surgical facility and a surgical facility referred to in section 16." Okay, hang on; we'll go to section 16. Section 16 says:

No person shall operate a surgical facility at which an uninsured day surgical service is provided unless the surgical facility is accredited to provide that surgical service.

Well, I suppose it's clear to some, but it's not clear to a lot of the people that are contacting me. What we're really starting to talk

about here is that it depends on what you do as to whether you're classified as a public hospital, an approved surgical facility, or a private hospital.

Let's look at the "private hospital" definition in here. A private hospital, according to the act, is "an acute care facility." Now, that's an acute care facility. That's interesting. So it means no emergency care, and it probably has no intensive care. So there's no heart ICU.

DR. MASSEY: Intensive care unit.

MS BLAKEMAN: Intensive care unit. But there's also the coronary unit. There's a different set of initials for that one.

So it's an acute care facility that

- (i) provides emergency, diagnostic, surgical and medical services, and
- (ii) admits patients for medically supervised stays exceeding 12 hours,

but does not include a public hospital.

So that's the definition of a "private hospital," which these approved surgical facilities are not supposed to be. A point that have been raised in the past is that there are some existing public hospitals that all of us would recognize as public hospitals that in fact would fit under the definition of private hospitals right now because of what they are or are not offering as services. So it does start to get clear as mud. So begging forgiveness for the Minister of Agriculture, Food and Rural Development, it is not clear.

The whole idea of a private hospital is abhorrent to many Albertans and certainly to many of the people that have expressed views in Edmonton-Centre. It's absolutely against everything that they believe a public health care system should be. I don't know what causes this fear in people. I know from the seniors that I've spoken to – and I just spent a couple of hours at lunch today with 50 seniors at the Minerva volunteer appreciation lunch – certainly what some of them were expressing was that they were here before medicare and they know what it was like. It frightens them, and anything that appears to be eroding, scratching away, lessening in any way really frightens them and causes them great unease, and I have to accept that when they say it to me.

I'm sure we've all noticed that it's been the seniors that have been in here with us after midnight a couple of nights lending moral support, and certainly at the lunchtime rallies that have happened on the steps of the Legislature on Mondays and Wednesdays, 12:30 to 1, a lot of them have been seniors. Seniors are taking this discussion very seriously. They don't want anything to threaten public health care. This whole idea: well, no, it's not a hospital; it's not a private hospital; it's an approved surgical facility that does everything except this or that, and therefore it's not a private hospital – this really causes people concern.

Now, another whole area that's opened up in the words here from amendment A – and we're still talking about section 2 of this act; we haven't gone anywhere else; we're still on section 2 – is the nondescription of the major surgical services. When we get up to section 2(2):

No physician or dentist shall provide a major surgical service, as described

- (a) in the by-laws under the Medical Profession Act, in the case of a physician, or
- (b) in the regulations under section 25(1)(a.1), in the case of a dentist.

So what we have here is that no dentist shall provide a major surgical service as described in the bylaws of the doctors or of the dentists. That's the plain way to say that.

What we've got there is we get into the whole discussion of who decides what is a major surgical service and on what criteria that is

decided. I think this is another area where people have raised some very valid points, because we are aware that technology is driving the provision of medical services forward. We all have stories of the old days when a gallbladder surgery took three weeks in hospital. Now they zap them with sound waves or something, or they do an operation through your belly button instead of a huge, major surgery. So we know that medicine is advancing, and we want to be flexible enough in our system to take advantage of that and not be locked into an old system.

What people regard as criteria for determining the difference between major surgery and minor surgery is more than just the clinical medical model. I think what's important here is that we look at whole health, because it is more than just that clinical model.

My colleague from Edmonton-Norwood was talking about home care and then started to talk about long-term care, but that is part of what we need to consider when we look at these definitions, when we look at the amount of time someone spends in the hospital after surgery, when we look at the very specific medical criteria for what is the difference between major and minor surgery. We get some idea of the points that come up for discussion when we look at the changes that have taken place in even the last three or four years.

[Mr. Tannas in the chair]

Now, as everyone knows, I've got a lot of seniors in Edmonton-Centre, and I pay attention when they talk to me. What we hear a lot of people talking about is: they went for surgery – it was day surgery – and then they were sent home. There's a question about whether it was appropriate to send them home, not because of the purely medical definition but because of the kind of support system they had at home. Well, everyone says: "Don't worry about that; there's home care. Home care will be there for them. Home care will be there the instant they step out of the cab." Well, no. We have not increased the funding to home care to keep up with the demand.

THE CHAIRMAN: The hon. Government House Leader is rising on a point of order.

#### **Point of Order Relevance**

MR. HANCOCK: Yes, Mr. Chairman. The point of order is with respect to relevance. As I understand it, there was a substantial discussion last night about whether the amendment should be debated en masse or whether it should be debated clause by clause, and the opposition wanted it debated clause by clause.

4:00

Now, my initial feeling when we put in the amendments on the basis that we did was to allow the widest latitude for members to discuss and debate in this House the provisions of the act, and by putting all the amendments together, it would have allowed that wide latitude of debate. But the members opposite didn't want that wide latitude of debate. They wanted it narrowly focused on a section-by-section, clause-by-clause analysis. So I'm very curious as to where home care fits into a discussion of an amendment to the act which provides for the exchange of a new 2(1) and 2(2) for what was in the act before. The net result, if you read the two together, merely adds a provision for dentists and doctors.

Now, I would grant that they have the latitude to discuss in this section anything that's in this section, but home care is not in this section. The debate has been wide ranging and not narrowly focused. If the members of the opposition or any member of the House want a wide-ranging debate in Committee of the Whole,

which was our original preference and the whole concept behind tabling all of these clauses as one amendment and bringing them in and moving them as one amendment, to provide for that wide latitude of debate that the opposition seems to want to have now, we would agree to revert to that. But if they want the clause-by-clause analysis, Mr. Chairman, then I would request that you keep them to the clauses which are being discussed at the relevant time.

THE CHAIRMAN: On the point of order.

MS BLAKEMAN: Yes. My understanding is that in Committee of the Whole one can discuss things even inside of the amendment to look at things even word by word. That is certainly what I was doing in discussing the implications of major surgical services, which are indeed a part of this amendment, and in bringing forward the views of my constituents. Their concerns around the major surgical services part of that definition include home care and what kind of care is available for them after the fact. I probably shouldn't get into the debate again, Mr. Chairman. I'm sorry. But certainly there is no point of order here. I have not wandered far off discussing exactly those words that appear in this amendment.

Thank you.

THE CHAIRMAN: The chair would observe that, indeed, last evening we had a discussion as to whether or not these government amendments would be put through as a package, which they were moved as, or whether they would go clause by clause or section by section. The two opposition parties wanted it section by section, and because we did not have an agreement, that's the way we're going.

However, the Government House Leader is only following up on what I would say has been an intervention on the part of the chair on most speakers, that they were extending it far beyond. Although you may make the point that home care is an extension of the surgical services, I think we would all in fairness agree that that's a pretty big stretch.

The question would really be: do you wish to discuss the whole of the bill through all of the different amendments, or do you want to go one section at a time? If you're going one section at a time, then you have to stay within at least section 2 of the bill and therefore what is being amended there. The rest is getting to be quite a stretch. Yes, it does pertain to medicine. Yes, it does pertain to health in some way. But I have to concur with what the Government House Leader has suggested in that home care, tying it in there, there's absolutely no mention of it. I know it's important to your constituents and I'm sure to all the constituents of all of the members. It doesn't take away from the importance of what you're saying. It's just that there is a time to discuss certain things, and the certain thing that we are on right now is section 2 of the bill, and it's part A1, section A. So the chair would ask again to please stay within the parameters of what we're supposed to be discussing, which was the request of your House leaders last evening.

Edmonton-Centre.

MS BLAKEMAN: Thank you very much, Mr. Chairman, for reining me in. I will do my best to concentrate on the words in front of me and not allow those definitions to take me too far away, even though my constituents insist that that's part of it.

My time is up? You're kidding me.

#### **Debate Continued**

THE CHAIRMAN: The hon. Minister of Government Services.

MRS. NELSON: Thank you, Mr. Chairman. I wanted to just get in on the actual amendment that we're dealing with. I think it's still

A1, section A. I'm afraid I stepped out of the Assembly to meet with the Youth Parliament delegates. I was telling them exactly how I felt it was important to have the process move forward when you bring in policy from a government and then put it into the frame of legislation and take it through the House. They asked me: well, what if you find something is wrong? I said: well, the government then has the opportunity to correct that through bringing amendments forward. I used the example of Bill 11 as one of those processes, where the government in committee would bring forward an amendment called a government amendment to a government bill, and that process would then be debated.

I did tell them that we were in the process of starting the debate on the government amendment. However, I didn't tell them that we'd spent two and a half hours last night on A1, section A and an hour at least today on A1, section A. I guess when you focus on that and you look at the section that we are amending, I've highlighted in my document the changes that have been made with this government amendment – I'd like to just clarify that so members opposite maybe won't spend three and a half to four hours – by simply inserting the terms that deal with the dental surgeons, being a part of this and clearly governed under this, plus the physicians. Surely to goodness it doesn't take three and a half to four hours to determine that they should be part and parcel of this bill. Maybe it's a little difficult.

Mr. Chairman, just for clarification, the original section 2(1) read, "No person shall provide a surgical service in Alberta except in . . ." All that's being transferred in the amendment is: no physician shall provide a surgical service in Alberta, and no dentist shall provide an insured surgical service in Alberta, except in . . . The next two subsections are the same, and then we go down to 2(2), "No person shall provide a major surgical service, as described," and we're substituting "no physician or dentist." We're just taking out "no person," and we're putting in "no physician or dentist." This is not real rocket science to put this in. Of course we have to acknowledge the bylaws of the governing bodies of these two groups. So all we're doing in this section is taking out the word "person," recognizing the dentists and the physicians and their governing bodies. The other sections of this amendment stay the same.

This is not a long one. This is probably one of the easiest amendments. To have gone now almost four and a half hours to decide whether you're putting physicians and dentists in there instead of "person" – surely to goodness the constituents of even the opposition would not want them to waste that much time to put the dentists into the bill.

So my argument, Mr. Chairman, is that surely we can move on to the other eight amendments or sections, that are now going to be A(1), A(2), all the way through at the request of the opposition. I think it would be a little embarrassing if I had to go back to my constituents who have also expressed concerns – and I would like to get into an actual dialogue on that at third reading or even part of this. My constituents would have no problems with substituting "person" with "physician or dentist." So surely the members opposite could go back to their constituents and have them agree that that would not be a contentious amendment, and we could reasonably move on with this debate.

4:10

THE CHAIRMAN: The hon. Member for Edmonton-Gold Bar.

MR. MacDONALD: Thank you very much, Mr. Chairman. I have a lot of concern about this amendment A. I was listening with keen interest to the hon. Minister of Government Services, and I am like the majority of my constituents whenever we have this long consultation process with Albertans, and this was outlined in the document *We Are Listening* provided to all Albertans.

Now, this came out in February, and it was a document on this

public health policy that has turned into this Bill 11. If the government had been listening to Albertans, I don't think that on the first day of committee we would have – the government says that there are eight amendments; other people say there are 14 amendments. We're dealing with A1, section A right now, and I'm grateful we had the opportunity to break these up. I think that was a very prudent and wise decision on behalf of the chair last evening.

But if *We Are Listening*, the document, was fact and not fiction, then none of these amendments – A1 or it doesn't matter – would have been necessary. How can we have faith in the process when suddenly the Legislative Assembly is flooded with amendments? I can understand the hon. Minister of Government Services and the framework of the legislation, but I have concerns about this, Mr. Chairman, when we talk about an "approved surgical facility," as is in this amendment.

My colleague from Edmonton-Norwood presented to the Assembly earlier this afternoon the concerns of the federal Minister of Health, Mr. Allan Rock, about clinics, surgical clinics, and hospitals and just how strongly he feels about it and how he feels that in the definition of the Canada Health Act it is very important not only in this amendment to talk about the addition of dentists, but we also need to discuss the definition of an approved surgical facility. An approved surgical facility, Mr. Chairman, is another form of hospital.

Now, we can say that it's a public hospital, we can say that it's an approved surgical facility, or we can say nothing. That is one of the most contentious phrases in this bill. I would encourage the government that if they were sincere with their amendments, an approved surgical facility would simply be called what it is and what everyone in the province knows it is, and that's a private hospital. If a physician or dentist under the bylaws of their respective professional bodies wants to practise in that private hospital, then that would be entirely up to the individual.

Mr. Chairman, whenever we talk about the Medical Profession Act, as is outlined in this amendment, we realize that the College of Physicians and Surgeons advises on what constitutes major and minor surgeries. Now, earlier in the debate this afternoon in committee the hon. minister of agriculture talked about we should leave this decision of what's major and minor to the College of Physicians and Surgeons. I believe the theme of his speech was that this does not belong in the political arena, that it's not a political decision. Yet at the same time, members of the government, which he is an active participant in – and I think this is a double standard – are complaining about judicial activism and how judges are making decisions that rightfully belong in this Legislative Assembly.

Well, Mr. Chairman, I believe that the citizens of Alberta want us to make this decision on what's major or minor surgery or at least do it in co-operation or in full discussion with the experts, which certainly would be members of the College of Physicians and Surgeons, but we, all hon. members of this Assembly, should be involved in that decision. We shouldn't simply want to pass the buck, so to speak, to the College of Physicians and Surgeons. We've been trying to hand off this political football for so long. It is time for us to accept the political responsibility and deal with what is major and minor surgery.

Hon. members across the way, when we were in second reading on this bill, discussed how technologies are changing, medical technologies in particular, and as these technologies change, the definition of major surgery and minor surgery would also change. So we must accept our responsibility as legislators, I believe, and we cannot just simply pass this off to the College of Physicians and Surgeons.

Now, the college, I would remind all hon. members of the Assembly, Mr. Chairman, is not accountable to the public. Further-

more, it was established to set standards for medical practices, not to accredit for-profit, commercial enterprises, that are the private hospitals that are disguised in this legislation as approved surgical facilities. For instance, let's say that one of these approved surgical facilities was going to locate up here on 100th Avenue in the city and it was going to have out on its marquee, "an approved surgical facility" – I just can't see that happening, Mr. Chairman.

In closing, I would like to remind all hon. members of this Assembly that the decision as to which surgeries are minor and therefore open to contracting out in these approved surgical facilities in reality is left to the hon. Minister of Health and Wellness. I understand there's going to be this consultation process. Whether it's going to be open or secret, I'm not so sure. If the hon. minister could inform the House as to whether this consultation process with the College of Physicians and Surgeons is going to be open or secret I would be very grateful.

With those few brief remarks on amendment A, Mr. Chairman, I shall cede the floor to another hon. member of the Assembly. Thank you.

THE CHAIRMAN: The hon. Member for Calgary-Cross.

MRS. FRITZ: Thank you, Mr. Chairman. I'd also like to speak to the amendment that's on the floor before us today, and in doing so, I would really like to say that I sincerely appreciated the points of view of my constituents, as well, whether it was through letter writing or e-mails or phone calls or personal contact. My constituents were very passionate and to the point, and one question that they always ask me, which this amendment addresses, is: what types of surgeries will these clinics be able to perform?

In addressing that question, I had the opportunity of asking the College of Physicians and Surgeons for their bylaws as to what surgeries are performed now as an approved medical service and are being performed in a diagnostic or treatment facility. A diagnostic or treatment facility, as we already know, means a medical facility. That means that it's supervised by a medical director, and that also means that it's accredited by a resolution of the council. The council takes their work very, very seriously, and I'm certain that this amendment they are taking seriously as well.

4:20

The council then gave a list of the types under these bylaws. They gave a list that I could give to my constituents of what were approved medical services that can be done, as I said, in these facilities. That list included diagnostic imaging services, medical laboratory services, pulmonary function diagnostic testing, neurophysiologic diagnostic services, sleep medicine diagnostic services, vestibular diagnostic testing. What's really interesting and was interesting to my constituents especially was

the use of drugs which are intended or which may induce general anaesthesia or sedation requiring the monitoring of vital signs, including all uses of intravenously administered sedatives or narcotics, except in emergency circumstances.

We heard here earlier, Mr. Chairman, just when the previous member was speaking, that technology changes, practices change, and what that will mean for the future. I think this amendment addresses very much the vision of health care when we talk about the surgical facilities and the public hospitals. Currently there are 52 nonhospital surgical facilities that were approved by the college for day surgery.

Now, Mr. Chairman, when I reflect on this, as I said, you reassess your own viewpoints. You know, you think you have a certain belief in everything that you know about your health system and that it's going to remain status quo. This whole Bill 11 has caused all of

us to reassess that, which is why amendments come forward. But then you also stand rooted in your years of knowledge you have about the health care system as a whole and the faith that you have within the system. So when I was looking at that, I asked the college as well: what are the types of procedures that we were doing and accomplishing 10 years ago in a public hospital that are now being performed in nonhospital surgical facilities? That list was extremely extensive, and I was very surprised when I looked at it.

I won't go through all of them, but there are a number that I would like to address. For example, today in a nonhospital surgical facility you can do an arthrotomy of the knee, with meniscus repair, using an arthroscope. You can have eyelid surgery, including removal of tumors on the lid, which used to require a stay in hospital 10 years ago; plastic surgery on the eyelids, like a blepharoplasty; lesions on the jaw removed by oral dental surgeons – and I'm pleased to see that this amendment includes oral surgeons – also carpal tunnel surgery and removal of ganglions.

You know, Mr. Chairman, the changes, as I said, that were addressed just by this previous speaker – what comes to mind for me for a public hospital and surgical facility is just one, and there are over a hundred on this list under the bylaws that are being done currently. The one change I know even right now is current discussion because of the screening that's being done for colon cancer. Colonoscopies can be done in these medical surgical facilities, but with colonoscopies they will no longer be doing fecal occult testing to the extent that they are, but they may actually be using colonoscopies more than they do now for screening. I think with the change in the future that perhaps nurses will even be doing colonoscopies for physicians, and that means that you may have a longer stay. You may need nursing observation which would require an over 12-hour stay in a clinic. So I think we really do need to keep in mind that these facilities are being governed in a way that sets very, very high standards through the college.

I must say that I really did appreciate the question from my constituents about what types of surgeries are being performed now in the nonmedical facilities and what can be performed in the future, because I had been completely unaware myself as to the extent of the numbers that are being done. An example I think that fits in with what is currently being done now of the kind of procedure with a stay longer than 12 hours that could be done in a surgical facility would be the nasal or facial procedures that would require, as I said, nursing observation overnight or even orthopedic procedures such as ligament repairs of the larger joints on healthy patients that require observation overnight. You know, that should be said for surgical facilities as well, that these patients are healthy.

So I am pleased to see this amendment here, and I am pleased that my constituents did address this important issue with me.

Thank you, Mr. Chairman.

THE CHAIRMAN: The hon. Member for Edmonton-Glenora.

MR. SAPERS: Well, thank you, Mr. Chairman. [interjection] Well, I appreciate hearing that from the Minister of Government Services.

Earlier today we heard that perhaps we're spending too much time on this amendment. You know, history will be the judge of that. The fact is that what amendment A does is really set the plate for this dinner of private surgery. It's very true that we're spending time on this amendment, but it's only because it's through this amendment that the whole privatization scheme that so many Albertans are opposed to is created. It's not simply, as it's been represented, a matter of substituting the word "person" for "physician" or "dentist." It goes much further than that.

In fact, I quite enjoyed the hon. Member for Calgary-Cross in her

comments just now, because I think it brought some new information to the debate in terms of the breadth and scope of services that are provided. I do recall that a list of such services, I believe, was tabled by my colleague from Edmonton-Meadowlark. It's nice to hear the recognition of the variety of services that are going to be made available. I also wanted to commend you on the pronunciation. I dared not go down that path because I always get tongue-tied when I try to say things like arthroscopic surgery. So thanks for bringing that into the debate. It underscores why we're taking this amendment so seriously.

The fact is that amendment A divides the world into two places, places that have private hospitals and places that don't, and then Alberta becomes a place that does but will be calling them approved surgical facilities. We've had lots of conversation about approved surgical facilities in this House.

One of the private hospitals that's actually been referred to in the Assembly is the Shouldice Hospital in Thornhill, Ontario. I note that whenever the Premier talks about Shouldice, he talks about the Shouldice clinic. In fact, if you take a look at their own literature, they call themselves the Shouldice Hospital. The Shouldice Hospital is a licensed hospital, and it is licensed under the Ontario Private Hospitals Act. So I'm actually quite pleased that the Premier relies on the Shouldice Hospital as an example of the kind of thing that he's thinking should happen in Alberta, because what the Shouldice Hospital is is a licensed hospital under the Private Hospital Act; i.e., it's a private licensed hospital, which is exactly what the Official Opposition has been saying all the time, that what Bill 11 does and what's reinforced in amendment A is create private hospitals in the province of Alberta. The government for political reasons has chosen to call these private hospitals approved surgical facilities, but by their own words, by using the example of the Shouldice Hospital to bolster their argument, they are admitting that in fact what they are talking about are private hospitals.

4:30

Mr. Chairman, if you'll permit me, while I am talking about the Shouldice Hospital, I have received some new information just this afternoon about the operation of the Shouldice Hospital, and I would like to update the comments that I made on Wednesday, April 5, I believe it was, when I had an opportunity to first speak to Bill 11 at second reading, but it is relevant to the amendment.

When I was speaking at second reading, I entered onto the record my understanding of how the Shouldice Hospital operated and how it billed and I believe made reference to how the administrative costs, or what I called the profit, were legislated, and it had some relationship to the professional fees paid to the surgeons who operate in the Shouldice Hospital. In fact, I have found this afternoon that that's not the case, Mr. Chairman. According to the Shouldice Hospital, there is no relationship between the professional fees and the overhead costs, and that's because there is no contract with the government of Ontario. Isn't that interesting?

The earlier information which had been provided to members of the Official Opposition regarding the Shouldice clinic was predicated on the notion that there was, in fact, a contractual relationship. Again, I find this very interesting, because in clarifying my own understanding of how the Shouldice Hospital operates and having the opportunity now to put that clarification on the record through this debate on this amendment, I've learned something brand new about the Shouldice Hospital, which again makes me question why the government would use it as an example.

The Shouldice Hospital as a licensed hospital in the province of Ontario operates without a contractual guarantee from the government of Ontario, entirely different from what's being proposed in

Bill 11. I find that fascinating. So the private surgical facilities here under Bill 11 would be dependent on a contractual relationship; in other words, a minimum or maximum number of services that could be . . . [interjection] Should I wait for the minister? Okay. [interjection] Would the minister of environmental protection like to put something on the record? He's saying that there should be continued dribbling or driveling, and I'm just wondering whether he wants to get in *Hansard* that he's making some insightful commentary on Bill 11. His constituents would be thrilled to hear his insightful comments on private health care. So go ahead, Mr. Minister. Take it away.

#### **Chairman's Ruling Factual Accuracy**

THE CHAIRMAN: The chair would observe . . . [interjection] Hon. minister. [interjection] Well, you do so in tones that we can't hear.

The chair would observe that there is no minister of environmental protection in the Chamber. The titles of certain ministers have changed. There's no longer a portfolio called environmental protection. It's the Department of Environment.

I would also encourage you to continue with the debate, and we'll try and deal with those people who would like to interject.

The hon. Member for Edmonton-Glenora.

MR. SAPERS: Thank you very much. My apologies to the minister who is responsible for the environment. I was referring, of course, to the Minister of Agriculture, Food and Rural Development, who was making noises and inappropriately interjecting at this point. But since he won't take the occasion to rise and put his comments on the record, I'll just continue with my comments.

#### **Debate Continued**

MR. SAPERS: The issue with the Shouldice Hospital is that they operate without any kind of a contract. In fact, in the words of one spokesman for the Shouldice Hospital that I was talking to today, they could do every hernia surgery in Ontario or no hernia surgeries in Ontario and they would still operate as a private hospital – and that is exactly what they are, a private hospital – without depending on any kind of government guarantees.

What the government of Alberta wants to do is handpick a few private clinic operators and then give them some kind of platinum card guarantee that they're going to get patients. They're going to guarantee them a certain minimum number of patients and therefore a certain dollar volume of services. I find it, as I was saying before, extraordinary that the government would continue to use the Shouldice Hospital as an example when it really doesn't reflect what the government is doing at all.

But that shouldn't really surprise me, Mr. Chairman, because as you've heard before, this is not the only misinformation that the government has been repeating and repeating and repeating regarding its private hospitals plan. So it shouldn't surprise me that they would distort what happens at the Shouldice clinic. As I said, I'm glad I had this opportunity to correct my own understanding about the manner of billing and compensation that reflects how the Shouldice clinic operates.

The Minister of Government Services should not be surprised with the robust nature of the debate on this amendment because this is a keystone section of Bill 11. I would suggest to that minister and all government members that this debate is going to continue on this amendment for some time, until we are satisfied that it makes good public policy sense to proceed. I think that if members of the

Official Opposition can't be satisfied that it would make good public policy sense to proceed, then we'll use the opportunity in committee to make our arguments to try to convince members who would otherwise support the government of that conclusion.

When we think there's enough support to defeat the package of amendments or at least this amendment, if they can't be further corrected, then I guess we'll allow it to get to a vote. But until then, I don't think any government member should be operating under the impression that debate will be swift on these government amendments. The government amendments, in my reading of them, don't do a lot to deal with the deficiencies of the bill. So we will carry on with debate on this amendment as we see fit, and I look forward to additional opportunities myself to participate.

Thank you.

THE CHAIRMAN: The hon. Member for Edmonton-Strathcona.

DR. PANNU: Thank you, Mr. Chairman. I'm pleased to rise and start my part of the debate on this most important of all bills that this Legislature has ever seen come before it over its 95-year history, in my judgment at least. Bill 11 is indeed a piece of legislation that has roused unprecedented concern and opposition to it by Albertans.

At second reading on behalf of the New Democrat opposition I spoke to why the principles underlying this Bill 11 will lead Alberta and Canada down a blind alley. During committee stage I will explain why Albertans are not going to like what's at the end of this blind alley. Albertans in poll after poll have expressed a great deal of concern about this bill, including section 2 and the amendment that we are debating now. Amendment A1, section A deals with this very critical section of the bill, the section of the bill that the hon. Member for Edmonton-Glenora has called the keystone section of the bill. I agree, because it's in this section that for the first time we learn that there will be an approved surgical facility, which is a new entity being created by a sort of definitional fiat by this government in this bill.

4:40

Albertans in poll after poll have told this government that they don't want an expansion of private, for-profit health care. They don't want private, for-profit hospitals to be operating in this province. They have told the government, of course, that instead of costly privatization experiments, governments should be doing something more constructive rather than just hoping that private, for-profit hospitals will repair the damage from the government's own policies, certainly by way of first underfunding and then closing hospital beds in the hundreds and hundreds and hundreds, if not thousands, and also underfunding regional health authorities so that they can't even put into operation on a regular basis all the operating theatres that they have and thereby creating backlogs, long waiting lines and lists, and causing pain and suffering as a result of all of this.

Albertans were hoping that this bill would provide a serious and honest answer and attempt on the part of this government to relieve Albertans of the unnecessary problems that they have been facing when they get sick, when they need medical care and need to go to publicly funded, publicly administered, publicly delivered services and the locations where these services are delivered, that is the hospitals.

Mr. Chairman, this amendment A, interestingly enough, retains in it the very part of the section which Albertans are opposed to in the most strenuous way. That is, of course, it retains section 2(1)(b), "an approved surgical facility." After all the efforts that Albertans have made through a variety of ways, forums and meetings and vigils and

petitions and letter writing campaigns and phone calls and e-mails to MLAs' offices and to the Premier's office and to the office of the minister of health, they find that the government has failed to respond appropriately and positively to their concerns.

Mr. Chairman, when you look at what's an approved surgical facility as it's defined in this bill and when it appears in section 2, with which this particular amendment deals, and you ask what is an approved surgical facility, you very quickly come to the conclusion and realization that it's different from a regular hospital only in the most minor – most minor – of ways. In other words, it's no different from a regular hospital that is defined in the Hospitals Act of this province and in the Canada Health Act.

Albertans were hoping that this sort of definitional trick that's represented in the way in which this particular entity is to be created, if this bill ever passes, will be different from a hospital. They are offended by this so-called amendment. I'm sure the minister has been serious about bringing this amendment forward to address the very concerns that Albertans had about the idea of the approved surgical facility.

This amendment is really not a serious attempt. In spite of his serious effort to accommodate the concerns of Albertans, Mr. Chairman, the amendment, I guess, specifically now includes reference to physicians and to dentists, and that's all it does, but that wasn't the primary concern of Albertans. So why make another attempt to yet again mislead Albertans into believing that some substantive change has in fact been made by way of this amendment to respond seriously and honestly to their concerns?

Albertans are continuing to express concern. I heard today, Mr. Chairman, from some of my own constituents and some other Albertans from outside my own constituency expressing extreme frustration with the effort of this government to in a sense stonewall this whole debate by bringing in these amendments, which really are no amendments. They really have no substantive content. This particular amendment falls short and in fact does absolutely nothing to assuage or to meet the concerns of Albertans about, what they see correctly, I think, an attempt by way of this section to approve and give legal status to the idea of private, for-profit hospitals.

Much has been made, Mr. Chairman, on the side of the government of the idea that this approved surgical facility is not really a reality; it's an idea that's offered as a choice to RHAs. It's argued that it's no more than enabling legislation. I just wonder how this enabling legislation and this amendment that sticks to that very basic idea that Albertans continue to object to, want excluded from this bill, should assure them that private, for-profit hospitals will not come into being and having come into being will not drain away, siphon away, badly needed public funds within the public hospitals themselves.

These people are concerned about and oppose the surgical facility alternative as proposed in this amendment and in this bill. They know from the evidence that's available to them, evidence that is produced by economists, by health care specialists, by university-based scholars, published in the most reputable scholarly journals in the world, which simply shows that if you send public dollars to a private, for-profit facility, another name for a hospital in this bill, it's going to cost you a lot more – a lot more – yet create all kinds of other problems given other sections in this bill which deal with enhanced services. I obviously won't talk in detail about enhanced services.

4:50

But the fact is that these facilities will be licensed now, if this bill were to be passed by this Assembly, to do what our public hospitals have never done as a rule; that is, sell to Albertans medical services

that are not insured. Nevertheless, that will be proposed to them as something that they should consume. If they're treated as consumers rather than as patients, surely then they'll become the subject of high-pressure marketing techniques to buy these services. If that doesn't happen, then of course the so-called approved surgical facilities, in order for them to survive, will need payment for their services at a level that will be at no comparison to the costs which are incurred for doing the same surgical procedures in publicly owned, publicly operated and administered hospital facilities.

That's why the whole idea of having a private, profit-driven surgical facility doing what can normally be and should be done in facilities where we have already put public wealth, public resources in bricks and mortar, in all kinds of technologies and machinery, in all kinds of infrastructure – why would Albertans not object to a proposal as contained in this section 2, to which this amendment A speaks, when they know that this proposal will lead to enormous wastefulness, enormous drain, if you wish, of public resources?

So, Mr. Chairman, it really is a disappointment, a disappointment to me and to Albertans that this amendment has failed to address the most central, the most critical of concerns that Albertans have expressed – expressed through polls, expressed through their letters, expressed through public forums – about the fact that they consider this particular proposed development most undesirable and a most serious threat, not only a threat to the responsible way in which fiscal matters should be handled but a threat to the very idea of public health care that they so proudly own up to and identify with.

Mr. Chairman, it's an amendment – and I'm speaking to this approved surgical facility section of it – which I cannot lend my support to. I can't see how I, against the wishes of the vast majority of Albertans and the vast majority of my own constituents and based on my own judgment, can support it.

I go to section 2, which is part of amendment A:

No physician or dentist shall provide a major surgical service, as described

- (a) in the by-laws under the Medical Profession Act, in the case of a physician, or
- (b) in the regulations under section 25(1)(a.1), in the case of a dentist,

in Alberta, except in a public hospital.

But what this amendment doesn't do is make any attempt whatsoever to indicate what this bill will mean when it says major surgical service. How is that to be determined? It seems to me this failure to define, a failure to even make an attempt to identify and give examples of what might be considered major surgical service is a cop-out. It's to leave the door wide open to let the surgical facilities engage in a contentious debate with some other authority, in some other forum to see whether or not the surgery they want to do, the surgery that they make an application to this entity to have approved in order that they could do it, is major or minor. It leaves the area of defining major surgical procedure service wide open to contention, perhaps even to legal challenge, and to something that may lead to divisions even within the community of experts who is responsible for providing us medical surgical services on which we all depend for our own well-being when we are in difficulty, when we are in need.

This amendment, therefore, Mr. Chairman, falls far short of what the vast majority of Albertans expected to see the minister and the government bring forward in this House. They are aware of the fact that the government itself has been wavering over whether hip surgery is major surgery or minor surgery. They know that government doesn't mean to seriously address the issue of whether or not these surgical facilities will be allowed to do minor or major surgeries. It simply wants to sneak its way around this whole issue and let the private providers who are in the business of making profit

get into the battle of defining what's major and what's minor.

Therefore, Mr. Chairman, I will not be able to support this amendment A, as proposed by the minister of health last night in his submission to the Legislature.

Thank you.

THE CHAIRMAN: The hon. Government House Leader.

MR. HANCOCK: Thank you, Mr. Chairman. I wanted to speak just ever so briefly to this amendment. Quite frankly, I'm very proud of section 2 of this act. When we reflect back to the policy that was put on the table last November, it talked about:

No person shall provide a surgical service in Alberta except in

- (a) a public hospital, or
- (b) an approved surgical facility.

One of the changes that was made in translating that policy into legislation, into this act, was to add subsection (2) which said:

No person shall provide a major surgical service, as described in the by-laws under the Medical Profession Act, in Alberta except in a public hospital.

What I believe the addition of that subsection in the act did was to respond to the concerns of Albertans and the concerns of Edmonton-Whitemud as expressed to me in the town hall meeting which I held – we call them community focus meetings in Edmonton-Whitemud – on January 13th, where people said that they were concerned about the types of services that would be provided in a surgical facility.

In translating the policy into the act, we were able to, in the course of our caucus discussion, bring forward some of those concerns and have them drafted into the act. One of the very important ones is subsection (2), which said that major surgical services must be done in a public hospital, and what is major would not be a political decision but would be a medical decision, a medical decision as determined by the College of Physicians and Surgeons.

That's something the constituents of Edmonton-Whitemud specifically asked me to bring forward and that I was able to bring forward, as did others in our caucus, and have it translated into the act. So that's a very, very important section and something that's been entirely overlooked by the opposition in their quest to have everything determined to be a private hospital and very clearly is not a question of everything being a private hospital, a very clear and distinct difference between what is a hospital and what is a designated surgical facility or an approved surgical facility under this section. Specifically, then, instead of putting in an artificial designation about how long one might stay in this place – because, after all, we're not talking about hotels, where overnight stays are the order of the day. We're talking about a surgical facility, which is a medical facility, and the question about how long one stays in a medical facility is a medical question. Whether it's appropriate for a person to stay in a medical facility is obviously a question which must be determined by the College of Physicians and Surgeons as to what is medically appropriate and whether the facility itself has the type of instruments, the type of technology, the type of people, the type of medical staff which would make it safe and make it reasonable to do the procedure in that facility and to stay in that facility for postoperative follow-up and observation.

5:00

So instead of putting an arbitrary or irrational definition about 12 hours in the act, what we've clearly done is put in subsection (2) the concept that major surgeries must be done in "a public hospital." The College of Physicians and Surgeons on a medical basis determines what's major surgery, and it is open to them, of course, in their bylaws to determine whether something needs a 12-hour stay or a 24-hour stay. If that's how they define what's major or minor,

that can be done in the context of the bylaws. That's an important thing to bring forward, and I just wanted to take this opportunity to put on the record that in fact we have listened to what Albertans have said, that we've listened to what the constituents of Edmonton-Whitemud have said in the drafting of this bill and put right into the original drafting of this bill subsection (2).

All we're talking about now – and the hon. Member for Edmonton-Strathcona indicated that we were trying to tell Albertans that this was a substantial amendment. Mr. Chairman, the amendments that were put forward by the hon. Minister of Health and Wellness, which include sections A to N, which will be dealt with by the House, are indeed substantial amendments, but A1, section A, is not substantial. A1, section A, is actually a very small and minor amendment.

The only people who are saying that it's a substantial amendment are the people who are taking some four hours now to debate what in essence is taking out the word "person" and inserting "physician or dentist" because in the original drafting of the bill it wasn't made clear; in fact it left out the concept of surgical facilities that happen in dental offices. That's the only impact of this amendment. The only people who are trying to pretend that this is a substantial amendment are the opposition by debating it for four hours, when the only real issue here at this stage on this amendment is to replace "person" with "physician" and to add the line "and no dentist shall provide an insured surgical service in Alberta," and then in subsection (2) by replacing "person" with "physician or dentist" and adding subsection (b), "in the regulations under section 25(1)(a.1), in the case of a dentist."

So that's really the only thing that's happening with this particular portion of the amendments which were put forward, and it bears no further discussion. It really doesn't need four and a half hours of debate, because that's not really substantive. So any proceeding ad nauseam on that one would be irrelevant.

I did want to take the opportunity to point out the important fact that subsection (2) in the amendment is something which was brought forward as a result of input that we received from the constituents of Edmonton-Whitemud and others and the constituents of St. Albert and the constituents of many, many other constituencies in this province and many members in this province.

I just wanted to point those things out, Mr. Chairman, before I move that we adjourn debate on Bill 11.

THE CHAIRMAN: The hon. Government House Leader has moved that the committee do adjourn debate on Bill 11 at this time.

[Motion to adjourn debate carried]

MR. HANCOCK: I would move that when the committee rises, we report progress on Bill 11.

[Motion to report progress on Bill 11 carried]

## Bill 21 Appropriation Act, 2000

THE CHAIRMAN: The Hon. Government House Leader.

MR. HANCOCK: Thank you, Mr. Chairman. It's not necessary to move it in committee, but I would just like to indicate that we've had a month of debate on the budget. We now have it in committee for clause-by-clause analysis, if any is necessary. I would hope that we would be able to accomplish that this afternoon.

THE CHAIRMAN: Okay.

The hon. Member for Edmonton-Glenora.

MR. SAPERS: Thanks very much, Mr. Chairman. I share your frustration; believe me. The problem that we've got here is that this vote is going to be dictated by the clock. That means that at 5:15, if I'm not finished speaking, I won't get the benefit of the last eight minutes of debate time, that I otherwise would have been entitled to, because you'll be compelled to interrupt me. Now, of course, we had anticipated this and had some understanding about what may happen this afternoon in the House, and it didn't happen. This leaves me in a bit of a conundrum because I have some things to say about the budget process and about the implications of Bill 21.

Of course, one of the themes that you've heard so often from the Official Opposition is how much we resent the fact that we cannot fully do our jobs because of the budget debate process. We can't fully represent our constituents because the government has engineered, in fact the former Treasurer when he was the former Government House Leader engineered a process that curtailed our ability to fully participate in the budget process. Now we see that through some kind of procedural timing the government has once again limited final comments on the appropriation bill on some \$17 billion worth of appropriations to about seven or eight minutes of discussion. I'm not fast enough to do the math about how many tens or hundreds of millions of dollars a minute that is, but it certainly is an insult to the process and to the taxpayers that we would be left such meagre time when it comes to the government's most significant policy, that being its budget, its spending policies. Mr. Chairman, I must say that I am very disappointed and very disheartened that we find ourselves in this position yet again.

Now, Bill 21, the appropriation bill, is the final step in something that started that day when the Treasurer stood up with his well-rehearsed speech and talked about the new vision. I have some questions about that new vision. Where was the plan to alleviate the shortage of health care professionals? Where in this appropriation is the money to hire 2,200 teachers and teachers' aides and classroom aides? Where is the money, in fact, for the new classrooms, for the refurbished schools? How does the government expect to hire and recruit these professionals? Where's the vision for the future of public education in this province? Where would we find that articulated in this funding policy?

Where's the plan to deal with housing shortages and homelessness? I understand that there was only an additional \$3 million in new funding, so where's the plan for that? Mr. Chairman, what about shelters for adults? A 5 percent increase in funding there will hardly be adequate with the growth we've experienced, particularly in our urban centres in this province.

Where's the plan for postsecondary education? How are we going to make it more affordable? I was told today that fully 49 percent of the students at the University of Alberta are there with student funding of some kind, student financing of some kind, and that the cap of \$40,000 is becoming insufficient. So it's not bad enough that so many of these students are going to be graduating with \$40,000 worth of debt. For many of them that means they also can't then go on to graduate studies. Because they don't have the money and they've already reached their lifetime cap, they can't go on. Where's the plan to deal with that?

5:10

Where's the plan to deal with those students who the Students Finance Board determines come from households that are too wealthy because their family happens to have more than \$10,000



worth of disposable income? Where's the plan to allow those students to carry on, Mr. Chairman?

How are we going to make sure that our children have the skills that they need to compete in the global economy? The Minister of Innovation and Science is talking about all of these new strategies for information technology and for moving ahead in the global economy, but we don't see all of those things that have to come behind that policy in terms of preparing our children to meet that future head-on. Where are the plans for that?

It certainly seems to me that the government is adrift, and when you get to read this budget in the detail that I've had an opportunity to read it in, you understand by looking at the business plans that are attached to the budget, you understand by looking at the performance measures that are in the budget – you get a picture of a government that once again understands the cost of everything. You know, they're good accountants, this government, but they're lousy planners. They know the cost of everything, and apparently they know the value of nothing or at least of very little.

The only thing that the government appears to continue to value is their budget numbers, and they seem to lose sight of what those budget numbers are supposed to support. Of course, the primary reason why you would have a balanced budget is so that you can afford to pay for the programs that are so important and so vital to Alberta and its citizens. To have a balanced budget as a goal is shortsighted. To have a balanced budget for the purpose of being able to pay in a sustainable way for core programs and services seems to me to be a much more laudable goal, a much more visionary goal.

Mr. Chairman, we see in this budget the coming of a flat tax, and I hope that the departure of the Treasurer who brought in this flat tax, who seemed to have the currency or the muscle in cabinet to convince his colleagues that this flat tax was a good idea, the fact that he's now moving along to pursue some other things means that the government will pause and reconsider this flat tax initiative and will in fact come to the same conclusion every other jurisdiction that's looked at a flat tax has come to, and that is that the flat tax is not the best way to give evidence to tax policy. It's not the best way to ensure stable funding. It's not the most fair way to impose tax policy. In fact, it's wrong-minded, because, particularly as a result of federal government tax initiatives, many, many Albertans, instead of getting a tax cut as a result of this flat tax or this 11 percent single rate, are going to instead receive a tax increase.

Mr. Chairman, the budget that we are presented with in the appropriation bill that flows from the budget does not deal adequately with the whole issue of user fees. It doesn't deal with it adequately at all. The government is in the position, after being embarrassed after their intervention in the Eurig estate decision, which flowed out of Ontario, to have to rethink its entire flat tax proposal.

I see that you are moving to interrupt.

THE CHAIRMAN: I hesitate to interrupt the hon. Member for Edmonton-Glenora, but under Standing Order 61(4) I must put the question proposing the approval of the appropriation bill on the Order Paper for consideration by the Committee of the Whole.

[Motion carried]

THE CHAIRMAN: The hon. Government House Leader.

MR. HANCOCK: Thank you, Mr. Chairman. I would move that the committee now rise and report Bill 21.

[Motion to report progress on Bill 21 carried]

[The Deputy Speaker in the chair]

THE DEPUTY SPEAKER: The hon. Member for Calgary-Egmont.

MR. HERARD: Thank you, Mr. Speaker. The Committee of the Whole has had under consideration and reports Bill 21. The committee reports progress on Bill 11. I wish to table copies of all amendments considered by the Committee of the Whole on this date for the official records of the Assembly.

THE DEPUTY SPEAKER: Does the Assembly concur in this report?

HON. MEMBERS: Agreed.

THE DEPUTY SPEAKER: Opposed? So ordered.

[At 5:18 p.m. the Assembly adjourned to Monday at 1:30 p.m.]

