Legislative Assembly of Alberta

Title: **Tuesday, May 9, 2000** **8:00 p.m.**
Date: 00/05/09

[The Deputy Speaker in the chair]

THE DEPUTY SPEAKER: Please be seated.

head: Government Bills and Orders
head: Third Reading

Bill 11
Health Care Protection Act

Mr. Klapstein moved that pursuant to Standing Order 47 the previous question be now put.

[Debate adjourned May 9: Mr. White speaking]

THE DEPUTY SPEAKER: Edmonton-Calder.

MR. WHITE: Thank you, sir. Continuing along from whence I left off before the break, I was going through the whys and wherefores for Alberta and the arguments put by those in the Legislature here that are in support of this bill. One of the rationales for support of this bill was so as not to have the public purse pay for bricks and mortar, as it were, for the deliverance of health care. That argument holds very, very little water in a province that has an overabundance of hospital beds, an overabundance of useful hours in operating theatres, and a woeful shortage of that which is not bricks and mortar, which is the surgeons, the nursing staff, and the like.

Now, to carry that argument to conclusion, the bricks and mortar should be provided. Perhaps someday way out in the future that may be so, that the private sector may be able to build these highly specialized beds, as it were, or highly specialized facilities, but certainly in the short term that argument does not hold and should not hold.

There is one argument, however, that does hold some water in the argument when speaking in favour of this bill that the government speaks of, and that is that any private-sector operator would not be paying union wages to the staff. Now, that's the upside. The downside is that to get good staff, you have to pay them, and the going rate is the union rate. In fact, in operating theatres those highly specialized staff are in woefully short supply at the moment, and if you ask any of the physicians that also happen to be surgeons in this province, they will tell you that that good help is hard to find.

Now, recovery staff and the ICUs and the like of course are also in very short supply. I suppose that for the cleaning staff, the secondary and tertiary staff, there would be some savings in using the private sector as opposed to public-sector union staff, but personally I believe it would be folly to hang an entire bill on the basis of the secondary and tertiary staff and the differential in their salaries.

The "why" follows also to the political why. There is a major downside and a major fallout, and I'm sure it's not lost on those members of the government and it certainly isn't lost on the members of the opposition that all of a sudden we're popular and there's a speaker speaking in the barber shops of what closure is and what it does. There's an amazing amount of interest in this particular bill and in fact the whole process. The argument has moved a long way in the political capital area from a discussion of Bill 11 to a discussion of arrogance and a feeling that this government, in this member's view, is not listening.

Of course, the government will say that in fact they are listening and listening very well, but the public is saying that. When that gets down to the old grassroots level and they're talking about it in cabs and they're talking about it in between halves of the kids' soccer games and that sort of thing, when people are standing about just having a chat, that's dangerous for a government. I don't understand how this government would allow themselves to be put in that position and be reduced to those kinds of arguments, having to spend in the order of 2 million, 2 and a half million, 3 million, whatever, dollars of government money to try to sell this bill and coming up very, very short.

Looking at the polls that even we get copies of – even though we don't have the budget to pay for them, we get copies of them – the support for the government on this particular bill is dwindling and dwindling rapidly. I don't see the rationale for it. Then to have the Premier stand day in and day out in this Legislature and instead of presenting an argument in favour of the bill or the policy, as it were, when questioned, the Premier strikes back at all the things that Leader of the Opposition did or didn't do some seven to 10 years ago, in a totally different era of government, a totally different setting, and the government is not saying anything about . . . [Mr. White's speaking time expired]

THE DEPUTY SPEAKER: The hon. Member for Banff-Cochrane.

MRS. TARCHUK: Thank you, Mr. Speaker. While I know Bill 11 has been thoroughly debated and there's not much left unsaid, I would like to add just a few comments. I have been involved with and had an interest in health care for a number of years, sitting as a health unit board member for five years, chairing a regional health authority for a few years, and now chairing our standing policy committee on health and safe communities. Over the years I've watched health care evolve and marveled at the many exciting advances in the field, but as well I have struggled with some of the issues surrounding sustainability and have come to understand fairly well the challenges facing health care today.

I've witnessed the increasing role that the private sector and private health care providers have played over the last 20 years in our health system, a trend, I believe, that will continue with or without this bill. Our government needs to establish clear rules regarding the circumstances under which contracting may occur and ensure that private surgical facilities do not operate outside the control of the public system.

In some ways I looked forward to the public debate because I thought it could accomplish a number of beneficial objectives over and above determining criteria for regulating private surgical facilities, and to an extent it did. I've always thought that if we truly wanted to experience health reform and not just restructuring in this province, we needed a better understanding of what currently exists. Without that understanding, we can't be clear on where it is we want to go.

While there has been much confusion and misinformation around the motivation and intent of Bill 11, I do think that Albertans for the most part are now more knowledgeable about our current system and some possibilities for the future. The debate has also forced this province and it's people to articulate their values with respect to health care, and I think that regardless of perspectives Albertans have clearly affirmed a commitment and a very strong commitment to protecting and improving a quality, publicly funded and administered health system that is accessible to all Albertans when they need it.

Because of the mixed messages sent to the public from a variety of sources with different agendas, we have had a public reaction to far more than Bill 11. Health care is of utmost importance to all of

us, and discussions on issues can get emotionally charged and involve passionate responses. In the midst of debate a number of issues have been raised that have little if anything to do with the bill but are nonetheless extremely important to Albertans. These issues need not be lost, and in fact I think they have given government the opportunity to reaffirm Albertans' priorities and continue to work on other initiatives that will also benefit our health system and impact waiting lists.

Mr. Speaker, with both the policy statement of last fall and subsequently Bill 11 I have encouraged constituents to get involved, read the bill, ask questions, and let me know what they think. As I am sure is the case in every constituency across the province, I have heard from many and from many different perspectives. But when all is said and done, most constituents support the Canada Health Act, they do not want a two-tiered system, they do not want patients being charged for insured services, they do not want queue-jumping, and they do not want the role of private surgical facilities enhanced if there is not a net benefit to the public system. Bill 11 reflects those positions while also allowing us to look at innovative ways of delivering health services so people get the care they need when they need it.

Our job does not end with debate on this bill. We all need to ensure that the Health Care Protection Act does exactly that: protects our public health care system.

8:10

In closing, Mr. Speaker, the challenges facing health care exist from one end of this country to the other. We are not alone. But I do have confidence that Alberta is the province in the best position to successfully meet these challenges. Bill 11 is but one part of our government's plan to meet these challenges. Let's leave the rhetoric and our differences behind us now and work diligently towards the success of that plan.

Thank you.

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

MS CARLSON: Thank you, Mr. Speaker. First of all, I would like to spend a few moments speaking to the motion that was brought before us that "the question be now put." That is certainly a form of closure, and it is quite surprising that we would have seen it in this Legislature only days after the Premier told us that that wouldn't be happening. Unfortunately, we saw it and saw it brought in by a surprising member, the Member for Leduc.

Last week I was speaking to some of the Member for Leduc's constituents, and some of them were very upset about the progress on Bill 11. One of the women in the group said that she was sure her MLA would be voting the way the majority of the people in that constituency wanted, and that was against Bill 11. She was quite surprised to find out, then, that that particular member had supported the caucus decision to not have a free vote on the issue and to follow the party decision rather than the constituents' wishes. Then she diligently observed the voting last week, when not a single government member voted against any aspect of the bill at the committee stage when closure was brought in.

Then what happens this week? After only one of our speakers at third reading the Member for Leduc brings in another form of closure by asking that the question be now put. So not only is this particular member not going to be representing his constituents and their wishes, Mr. Speaker, the ones that I talked to at any rate, he is fully supportive of closure on the democratic right of MLAs to speak on behalf of the people of this province. That is quite appalling. What that means is that we don't have very much time left to speak on Bill 11, so we have to make some choices in terms of which issues we will address.

I still have hundreds of letters and e-mails and questions put to me by people in the constituencies throughout the province and amongst those who have gathered outside the Legislature during this particular debate. To choose who to represent here this evening in terms of actual quotes is tough, Mr. Speaker, but I think I'm going to start with the young people, the students. Many of those students will be voters in the next election and are taking a far greater interest in politics in their 17th and 18th years as grades 11 and 12 students than I ever did at that age. Of course, we didn't have private health care being rammed down our throats either at that time.

I certainly would like to applaud those young people and their interest in the process, and I'm going to share a few of their comments with the government caucus at this late hour on this bill in the hopes that perhaps when MLAs go back to their constituencies and they think about the job they have in representing people and that new crop of voters coming up ready for next year, they will think about how important it is to represent the people first and the party second.

This person's name is Gregory Joseph Trumble, and he attends Holy Trinity high school. He says that he was surprised that the Premier would do such a thing as bring in Bill 11. "Instead of fixing the Public Health Care, he introduces this Private System that is supposed to cost less money." He wants to know, "Where is his 'proof'!" I want to know that, as do people sitting in the gallery and most Albertans. "This bill does not get my support," he says, "and neither does [the Premier] get my support in the next election."

Now, Greg is part of a social 30 classroom at Holy Trinity school that took the householders that the government sent out, went through them line by line, clause by clause, and had a serious debate in their classroom. When they had gone through almost three-quarters of all of the work they were going to do on the bill, they asked me to come in and explain some sections to them. In that class of over 30 students – and over 30 students in a social 30 class is also an issue that we will address when we get to education as being an issue in this province, Mr. Premier. Of those students, there were at the end of the day about four of them who were undecided on the bill and one or two who liked certain parts of it, but the majority of them were opposed.

At that point I asked those students who were interested in it to write me, regardless of their position on the bill, and that I would do my best to reflect those wishes here in the Legislature. These are the letters that I'm speaking from now.

The next person is Angelena Charbonneau, who is also from that school. She says:

> I do not support Bill 11 . . . We have a democracy. The majority of the people get their way. Unfortunately, most people support [the Premier] because he promises better health care, better education, etc., to the people who can afford it.

She says that "everyone deserves to get equal health care." I think everybody in this province believes that, Mr. Speaker. "No one should be told they have to wait 6 months" because they have less money than others, who only have to wait two weeks or shorter time periods. She says, "It just is not fair." There she is specifically speaking about the current situations that we have with MRIs, cataract surgeries, and those kinds of surgeries where we now see that people can queue-jump.

Mr. Speaker, the Premier has talked about there being no queue-jumping allowed with this bill, but what he's talking about there is people moving in the same line from the back to the front. Of course, there's another form of queue-jumping, and that's when you

move from the long public health care lineup to a much shorter private health care lineup. That also is queue-jumping, and those who can afford to pay get to the front of the line a lot faster than those who can't. That will continue to be a serious concern with this legislation regardless of what this government has tried to convince people of otherwise.

Randy Chua has this to say: "There was no evidence to back their claims up." This is the government. When he couldn't find anything, he became more interested. "Could you please continue to tackle the issue of where they are receiving their evidence from?" You know, Mr. Speaker, we've repeatedly asked for that evidence to be tabled in this Legislature, and unfortunately it has not been forthcoming.

This government has ranted and raved over the past couple of weeks about the number of hours accumulating in debate on this bill. Mr. Speaker, the fact is that in spite of the number of hours accumulating here, we have not seen one shred of evidence yet tabled in this Legislature to prove that private health care will either cost less money for the average taxpayer or will shorten waiting lines or improve our overall service. In fact, the evidence does not exist. That is why this government wants to move off this bill as fast as it possibly can, because they don't have any evidence to support their claims.

Randy then says, "Ask them why they want private hospitals if they are not even certain whether they will benefit the people." Well, that's a very good question, Mr. Speaker, and one, again, that we have not had an answer to through this legislative debate. That's a question I heard from many people, from people outside of the Legislature too. If it won't benefit the people, the question remains: who does it benefit? That's a question that remains outside, looming large, yet to be answered. I guess over time we will see who gets rich out of this scheme, but it certainly isn't going to be the average Albertan taxpayer. There is certainly no indication at this time that they will receive better service as a result of what's happening here.

The next letter is from Olivia Rasa. She says:

> If [the Premier] doesn't even believe in the normal health system not designed for the rich, then why would I want to go to the regular hospitals also? If it's not good enough for him, then why would it be good enough for the rest of the Albertans and certainly not good enough for me. I oppose Bill 11, and I speak on the behalf of the people who oppose this bill by saying: no, we don't want it. So get rid of it and just fix up what our problems are right now. Don't just push it aside and replace the problem. Deal with it first. It is the first stepping stone.

I think that's a very good point. Why hasn't the Premier addressed the outstanding issues in the public system right now?

The primary issues facing us are shortages of doctors and nurses. That leads to beds being not opened that are currently available within the hospital system. Why don't they just address that critical problem first? That problem is not going to go away once private hospitals are introduced. In fact, the problem is only going to get worse, Mr. Speaker. They've had an opportunity, since they initiated the cuts and since they saw that first wave of nurses and doctors leaving this province, to address that very real problem.

We are in an absolutely critical shortage in terms of doctors in rural Alberta, and the stress and strain on nurses in this province is unbelievable in this time period. They are dealing with a workload that is practically beyond human capacity to absorb, yet this government refuses to deal with the issue directly and head-on. They're tinkering around the edges. They're in consultations. They're talking to everybody they can think of. But what we don't see are more people being trained, more people being put in the field, or systems being set in place to attract nurses and doctors from other locales.

8:20

It's a critical issue. It's the first issue that they could have tackled in terms of addressing this problem. Let's fix the problems we have first. Let's get those hospital beds open. Let's ensure that they have adequate resources to run them. Let's figure out what that costs. Let's figure out what problems can be eliminated, what efficiencies can be found in the meantime, efficiencies that don't harm people in terms of not providing sufficient resources or doubling workloads on existing staff. Let's address those current issues first and then see where we are in the health care system.

All of those problems will continue to remain regardless of what they do by setting up private clinics, Mr. Speaker. Not a single one of those problems is going to go away. In fact, those problems will all get worse because now the private systems are going to be competing for those same resources. What happens when you have a competition like that? You drive costs up, and that's not what Albertans want to see. They do not want to see health care costs increase. I think that those are very real concerns.

To go on with what Olivia was saying, she says:

> I want you to inform [the Premier] that in 2 weeks I will be turning 18, which means when election time comes around I will remember what [the Premier] has done to us and I will refuse to ever vote him back in. We young people are the voice and vote of the future. The true question is: now will you listen to it?

Well, I think that's also an excellent question and one that the Premier needs to discuss.

The next letter is from Jason Doucette, who happens to be the president of the Holy Trinity student council. Mr. Speaker, he sent me a copy of a letter that he had originally sent to the junior minister of health. The junior minister of health refused to respond to it because he did not believe that Jason was from his constituency, because Jason wrote on behalf of the high school, a high school that does certainly service the students who do live in his constituency. He made a mistake in that, because Jason Doucette does in fact live in the junior minister of health's constituency, and Jason is not very happy that he could not get a response from this particular minister.

What he said in this letter to the junior minister was that he's got a few concerns about what's happening.

> The bill states that government will support the private facilities and the patient will just pay for upgrades. As a result, won't the budget for the public health care decrease? The people who are not as fortunate as others will have to go to public health care and have a lower standard of treatment because of the decreased budget.
>
> Also, who is going to make sure that the private facilities don't get paid by both the patients and the government? Since it is a private facility, the doctors will turn into salesmen.

A very real concern when they're pushing upgraded services, where the money is for them. It's an issue for people using the system.

> They will try to sell the most expensive upgrades for the facilities to make profit.
>
> Finally, the main concern I have is the future compliance with NAFTA. The U.S.A will start introducing their own facilities here. This is a step closer to the American system. Are private facilities worth the risk of opening business up for the U.S.? I believe that private facilities have no place in Alberta and Canada.

I'm sorry; I made a mistake earlier, Mr. Speaker. This letter is actually from Joel Tambaoan, who is the president of Holy Trinity student council. We'll get to Jason's in a minute.

MR. SMITH: Another mix-up.

MS CARLSON: It's not me who made the mix-up, Mr. Minister. It was the junior minister of health, who refused to respond . . .

THE DEPUTY SPEAKER: The hon. Deputy Government House Leader is rising on a point of order.

Point of Order
Referring to Proper Titles

MR. HAVELOCK: Yes. Thank you, Mr. Speaker. I know that the member is well aware that there is no junior minister of health in this Legislature. It's the Associate Minister of Health and Wellness, and I'd ask that she simply refer to him by his appropriate title.

Thank you.

MS CARLSON: Mr. Speaker, on the point of order. We've had many occasions when that particular minister has been referred to as the junior minister, and it has been accepted by this Legislative Assembly as a practice.

THE DEPUTY SPEAKER: No, the chair does not recall such an occasion, unless it slipped by. We've had, over the years, people refer to members as the hon. member without purpose and that kind of thing. That is not allowable. You know the protocol, hon. member, and it's just a general reminder to you to remember that as opposed to defending what's not defensible.

MS CARLSON: Thank you, Mr. Speaker. I will keep that in mind.

Debate Continued

MS CARLSON: When this person sent this letter with very excellent concerns and questions – NAFTA concerns, upgrade concerns, and private facility concerns – tell me why that particular minister wouldn't respond. We're talking about a key person in the community. This is the president of Holy Trinity student council, who is reflecting the concerns of the council and therefore the concerns of the students and of the constituents of Mill Woods, many of whom come from that particular member's riding. Yet what this minister said is:

> If your residential address is within the Edmonton Mill Creek area, please complete the following and return your E-mail. Comments, concerns, ideas gathered from this address are used . . . Unfortunately, without an address, constituency status cannot be established.

He won't answer the questions per se, and that's exactly what happened here. They weren't answered. He missed the boat because this is a constituent of his who's not very happy about what happened.

Okay. Jason Doucette. He says that he is going to be voting in the next provincial election and that he has several concerns about Bill 11. "We have several problems with our present day health care system. I also know that it needs work." So people are acknowledging that the system isn't perfect and that that's where the attention should be put first.

He says:

> Allowing the government to support the private facilities will not solve our problems. We want everyone to have equal rights even in private facilities, also to have an image of doctors who help us, not as salesmen who will try to sell upgrades to make a maximum amount of profit for the facility.
>
> Another concern. By allowing Bill 11 to pass, we may create a situation for the USA to get involved with our health care system. We would be losing more and more of our Canadian identity. I believe that private facilities have no place anywhere in Canada.
>
> Please reply as soon as possible.

This is from Jason Doucette of Holy Trinity high school. Very real concerns, Mr. Speaker.

Throughout this debate I've been in nearly every grade 6 classroom and a number of the high school classrooms in my constituency, and I always ask the questions: who knows about Bill 11, and what do you think about it? In the classrooms I'd say about 10 percent of the young people feel that they don't have enough information to make a decision, which is a very fair comment. In all of the classrooms I've been in, less than 10 people support the bill. Most of those people support the bill because they have had someone in their family, generally speaking a grandparent, who has died because they couldn't get fast access in the current system. They think that Bill 11 will solve that problem.

Well, the fact is, Mr. Speaker, I didn't have the heart to tell any of those kids that this bill is not going to solve that problem. In fact, it may increase the problems. Until we have addressed the critical issue of having enough doctors and nurses and opening up an adequate number of hospital beds, any kind of beds to properly service the people in this province, we will continue to see situations occur where people die because they don't get fast enough service.

The rest of the kids that I talked to are very strongly opposed. In fact, one of the young people that we had here at Mr. Speaker's forum left me a note on that particular issue. This young person said the following: "I also would like to wish your party the best of luck in defeating Bill 11." This is a person from rural Alberta, not someone from my constituency.

> I know it's unlikely but I know your party will give it your best shot. I hope that your party will at least be successful in making needed amendments to this bill.

Once again, closure was brought in, so we couldn't bring in the amendments that we had brought forward.

> I fear if the bill is passed as it is, it will lead to American style health care, where the rich can afford the best care while the poor suffer.

This is an unsolicited letter from a young person who lives in rural Alberta who wanted somebody in this party to express his concerns. Just a few of the letters I have gotten from young people in the constituency.

The Member for Edmonton-Mill Woods and I put a posting in the Mill Woods newsletter where we asked people to respond to a number of questions on this. Here are some of their responses. On surgical clinics: do you believe there is a difference between an overnight surgical facility and a private hospital? The comment is: no, it's only a difference in name but with the same nature.

8:30

Do you believe Bill 11 will ban private hospitals? [interjections] No. Comment: actually, Bill 11 is a door which will lead us to private hospitals.

Do you believe that private hospitals will cost less?

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: Hon. member, we allow one member to address the Assembly at a time, and we ask the member to speak through the chair. We don't invite other hon. members to chat back and forth or to engage in conversations with the gallery.

Hon. member.

Debate Continued

MS CARLSON: Thank you, Mr. Speaker.

Do you believe that private hospitals will cost less and reduce waiting lists? No. Comments: just think about where the profit of private hospitals comes from, if they cost less; only the rich will have no need to wait; waiting lists for the poor will be longer.

Should decisions of the Alberta minister of health be open to court

challenge? Yes. The impact of the decisions affect us all, so it should be open to the public to debate and not the government only to work on in their own way.

Who benefits from the provisions of Bill 11? It's so obvious; the only parties that will have benefits are not average Albertans.

Do you believe Bill 11 will ban private hospitals? No. It will only encourage them.

Do you believe that private hospitals will cost less and reduce waiting lists? No. Private hospitals will not be able to buy supplies in the large volumes that the public system can to keep the costs down; also, they will be marked up with the goods retailed.

Should decisions of the Alberta minister of health be opened to court challenge? Absolutely. No one or any position is above the law. That would be a dictatorship.

Who benefits from the provisions of Bill 11? The Premier's friends and backers. That's what they said. [Ms Carlson's speaking time expired] I've got a lot to talk to yet; unfortunately my time's gone.

THE DEPUTY SPEAKER: The hon. Minister of Municipal Affairs.

MR. PASZKOWSKI: Thank you, Mr. Speaker. I'm very pleased to rise and add my support to Bill 11. Throughout the Bill 11 debate there's been a lot of talking: roughly 2,500 minutes, 43 hours, as a matter of fact, of discussion on this one bill. Despite all that talk we've heard from the opposition, there's little if any evidence of forward thinking, dealing with the problems, dealing with the issues of health care that have come forward as forms of solutions. The ideas on their part as to what needs to be done to meet Albertans' health needs not just today but in the future are totally absent, totally lacking. If there was any sincerity in the opposition's positions, we should be discussing those now, because now is the opportunity to deal with the long-term needs of health care, and that indeed is what Bill 11 is dealing with.

That's the purpose of Bill 11, and ultimately that's what the discussion should have been centering around: the needs of tomorrow and the betterment of health care for tomorrow, not just today. That's what we should be talking about, as I said, and that's what I plan on spending a little time on. Indeed, through the process of the discussion there has been a lot of good come forward, and part of that has allowed us to be involved in dialogue with our constituents. It has allowed us to search out the opportunities of change and the ability to preserve our wonderful health care system and to maintain that health care system for the future.

Mr. Speaker, I'd like to spend a few moments now sharing with you some of the thoughts and some of the ideas that constituents have brought about as a result of the discussions that we've had. We did have, as a matter of fact, three open meetings within the constituency where people were able to come forward, discuss their thoughts and their ideas, and bring forward ideas as well on the preservation of the system, the needs for change, and how to better the existing system.

My constituents have told me that we need to improve access and the quality of the publicly funded health care system. That was one of the most critical elements that constituents talked about. Indeed, I've received more calls, Mr. Speaker, from constituents who are caught in lineups, from constituents who are ill, from constituents that are caught with cancer, with heart problems, with pain and have need to be dealt with than I have regarding the concerns of Bill 11 that have been flaunted out there, the fear mongering that's happened. Ultimately the people of my constituency have not bought into the fear mongering and certainly do not believe in that approach as well. I think it's important that we as Albertans and everyone realize that by and large Albertans are forward-thinking people and that Albertans will deal with the future in a constructive manner rather than in a fear-mongering manner.

What they've also told me, Mr. Speaker, is that we need to improve our management system to enhance the quality of service so that we maintain our high level, our high calibre. Indeed, this is something that's critical, that we provide as efficient a system as we possibly can so that we can allow as much of our efficiency to flow back into the health care system. That in part is what Bill 11 is about as well.

My constituents are adamant that we need to increase our emphasis on wellness and our efforts to promote disease and accident awareness and preventative action. Indeed, this is important as well because being proactive and preventative saves you money, which you can infuse back into the system. Consequently, that's something that my constituents have asked me to work towards as well.

I'm constantly being told to work with my colleagues to foster and develop new ideas on how to improve health care, an effort that my constituents have demonstrated a willingness to become part of and to work with as well. They've also told me to protect the publicly funded health care system, a sentiment that I and all my colleagues totally agree with.

Mr. Speaker, there is only one other issue that the residents of Grande Prairie-Smoky raised with me: to maintain and increase our focus on waiting lists for necessary procedures. Bill 11 in a small part, albeit a significant one, is addressing this ultimate problem in a solving-method process.

In my discussions with my constituents in all parts of the riding, away from the misleading statements of the opposition, it's quite evident that Bill 11 is a critical measure in addressing my constituents' concerns. Bill 11 basically does the following things: pays for all insured medical services; controls and prohibits extra billing; states very clearly that there'll be no private hospitals; allows for surgical clinics for minor procedures, thereby addressing concerns around waiting lists and congested surgery beds; and prohibits queue-jumping. Is there something wrong with that? Is there something that's so wrong that we would spend 43 hours debating that? Is there something wrong, that would hurt Albertans, with those types of initiatives? Obviously, my constituents have not bought into that.

Mr. Speaker, the need to deal with the issues in health care are not unique to Alberta. Pressing needs exist everywhere, not just in Alberta. They exist in Canada, and they exist all over the world. This government has demonstrated its leadership and, in fact, courage to deal with pressing issues facing health care. This government is trying to be creative, to find ways of preserving this outstanding health care system. We will find creative ways of doing it, and we will see that Albertans are well looked after as far as health care is concerned in this province.

Just before closing, I'd like to share with you some articles that are fairly interesting, which I will table after I've completed this. I want to discuss an article from a Norwegian newspaper where the minister for Norway – and by the way, Norway is the bastion of social programming. There is no country in the world that provides greater social programming. Indeed, the delivery of health care services, the minister points out, is something that's very critical to the country, and concerns are clearly identified in the delivery of top-quality health care service. That's what we're trying to do here, and that's what they're trying to achieve in Norway. Indeed, the minister in that social programming country is indicating very clearly in this article that he is looking at private health care delivery as well as the public health care delivery to provide the most efficient type of service and the highest possible quality. I'll be tabling this.

8:40

As well, I want to read from an article regarding the Romanow revolution.

> To many minds, including Kiefer Sutherland's, Saskatchewan is the birthplace of medicare, and Alberta is its graveyard. Thus Kiefer et al have joined forces to protest Bill 11, the proposal to formally regulate private health care clinics in Alberta . . .
>
> Don't tell Kiefer, grandson of the legendary Saskatchewan CCF/NDP leader Tommy Douglas, but on Feb. 22, 1999, Saskatchewan proclaimed the Health Facilities Licensing Act. Since then, private, for-profit corporations may perform a wide [variety] of medical procedures in Saskatchewan . . .
>
> The Saskatchewan law is still new, so the number of investors who will accept this invitation is not yet known.

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: I'm sorry to interrupt you, hon. minister. There was a debate going on that was informal and unrecognized, and I was standing to say to one of the hon. members who offered to read something in the paper to another hon. member that in fact we only have one person speaking at this time, and that would be you, hon. Minister of Municipal Affairs.

MR. PASZKOWSKI: Thank you, Mr. Speaker. I think it's only fair that every member in this Legislature has an opportunity to speak. They have an opportunity to speak at second reading, committee, third reading, many times in committee; as a matter of fact, 43 hours of speeches so far. So I think that there is no lack of time. Indeed, everyone's had an equal opportunity, and I would appreciate that opportunity, as well, from others.

Debate Continued

MR. PASZKOWSKI: It goes on:

> Saskatchewan will continue its practice of sending many patients to private clinics in the U.S.
>
> Unlike Alberta's Bill 11, which permits only minor private surgeries, the Saskatchewan law allows private clinics to perform any "diagnostic or therapeutic medical procedure" normally done in hospitals. Saskatchewan didn't bother to include anything like the reassuring Section 1 of Alberta's Bill 11, which reads "no person shall operate a private hospital."
>
> Under Alberta's bill, the provincial College of Physicians and Surgeons has the final say over which private procedures will be allowed. In free-wheeling Saskatchewan, the health minister need only be convinced that there is a "need" for the private clinic, and that it would be "effective and efficient."
>
> Why did Kiefer and the Bill 11 dissenters – not to mention Allan Rock, the federal minister of health who decried Bill 11 – let Saskatchewan enact its law without a peep of protest? Kiefer has an excuse: Saskatchewan is once again run by the Tommy Douglas party, so he's going easy on his home team.

What is Allan Rock's excuse?

In closing,

> Mr. Romanow has some refreshingly honest diagnoses of medicare's problems – and some exciting prescriptions for change. His private clinics act is bolder than Alberta's Bill 11, and more respectful of free enterprise. Let's hope the protesters stay in Alberta and let him get on with this important work.

Thank you, Mr. Speaker.

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

MRS. SOETAERT: Thank you, Mr. Speaker. In a way, there is so much to be said and a short 20 minutes to do it, and I think . . . [interjection] I know, and I've heard: oh, we've had 46 hours of debate. Well, you know what? How much is enough when a bill is this bad?

I was looking at this and thought that, in a way, this is a very historical time in Alberta. In a few years social studies books in high schools and classrooms around this province will read about the change in Alberta and what happened to publicly funded health care in Canada. This bill is not just about Alberta. This is affecting changes across Canada, and there have been people expressing concern across Canada. We're changing something here that is not just a little focus on Alberta or Edmonton or Calgary or Spruce Grove or St. Albert. This is affecting everyone across Canada, and that's why so much has been written and so much concern has been expressed about it. We're changing something fundamentally here that changes Canada. They're going to read in social studies books about that historical moment in Alberta when, despite peoples' protests, despite actually thousands of people protesting outside the Legislature – yeah, there were thousands, 2,500 one night. That's historical in Alberta. They may laugh at those people outside . . .

MRS. SLOAN: More than at their last party convention.

MRS. SOETAERT: Certainly more than at their last party convention.

They may laugh at those people outside, Mr. Speaker, but I certainly don't. I have met people who have said: "You know, I have never been involved in politics before. I have never taken a stand. I've never written a letter. I've never signed a petition." Because you know what? In Alberta we're pretty lucky. We have a great economy, we have a beautiful province, and most people have jobs and are busy with their families. At the end of the day they may go and vote every four years, but they don't really get involved because life is pretty good in Alberta.

But this bill has awakened a sleeping giant, and it's the people of Alberta. They said: "You know what? I don't like this bill." They have asked and asked in as many ways as they know of. They've e-mailed, they've faxed, they've written letters, they've phone called, and they've signed petitions. At least 100,000 different people have signed petitions regarding health care in this province. Never before have I seen anything like this. The last I heard about a protest inside the Legislature was the farmers of Alberta. I think it was over 50 years ago, about grain prices or something. I read it somewhere, and I'd forgotten about it. It would be interesting.

So this is an historical moment in Alberta, and we're going to read about it a few years from now. Maybe our grandchildren will read about it, and we'll be there and we'll say: I remember that moment. Chapter 1 will be the destruction of health care in Alberta, and chapter 2 will be the Liberals trying to fix it, because that's what's going to happen. Absolutely that's what's going to happen, and we're going to.

You know, I saw somebody leave this Legislature yesterday when she heard that there was this motion before us that would only allow us an opportunity to each speak once more. She was in tears when she left. She said: "I've never been involved. I've now been in a protest. I've now signed a petition. I've now written a letter." And in tears she told me: "I can't believe they're actually going to go through with this." People over there laugh, but she was in tears. I said: "You know what? You can't let it get to you this much. You can make your mark during election time, and we can work at making it better after that election, because we will."

It's interesting that I've heard from over on the other side saying: oh, they're fear mongering. Now telling the truth is described as

fear mongering. Telling the truth is now called fear mongering, and that's very disappointing.

MRS. SLOAN: It's called delusion.

MRS. SOETAERT: It's delusional on their part, absolutely.

It would be interesting to know – because when I get groceries, when I walk through the mall, when I'm at something in my community, at church, people come up to me and say: "Colleen, you keep fighting them. Don't let them get away with this. Are you going to stop that bill?" I get that all the time, so how can Conservative MLAs not be getting that too? I've honestly had 900 phone calls, e-mails, letters, faxes, and we've documented them all. Sixty-four are in support of this bill, and all the rest are opposed. Now, I don't think my riding is that different than anyone else's, and in fact mine is a good portion of St. Albert. Those are the same people we are talking about in that community, so I fundamentally disagree with the Member for St. Albert in what she has said on this bill.

8:50

You know, it's mainly men sitting around having coffee first thing, and they solve most of the world's problems at 10 o'clock in the morning in a couple of malls in my constituency. They're the ones who say to me – well, actually I can't repeat some of the things they say; they're rather blunt. Even if they support the bill, because there has been the odd person who does, they're very offended by the way it's been pushed through, very offended by the fact that they haven't been heard, that even if the majority of people don't want this, they are pushing ahead with this. One guy said to me, "How is this going to affect those of us who can't pay for those private clinics?" They know what's going on.

This government spent the money to send them the bill and then has the audacity and the arrogance to say: well, they don't understand it if they don't support it. I find that very insulting. They can read the bill. They don't like it, and that's certainly what I have been told. I was sitting there the other night and saying: what if I were a government member and I had to support this? What would I do in my constituency? I know if I wanted my mom and dad to vote for me again, I couldn't support this bill. I couldn't.

It's a time in history that I find distressing for my constituents and for me. I'm disappointed that this is going through. Many things I haven't agreed with. Many things I have agreed with. This is probably the first thing that I'll have a very hard time living with, the passage of this bill.

What does this bill do? It allows overnight stays. We know that. People define that as a private hospital, and I don't care how many times you describe it and how many times you want to call it a private surgical facility, people out there know that it's a private hospital. So don't kid yourselves. They know that. They know that it promotes a two-tiered health care system. They know that. They also know that it won't clear waiting lists, it won't cost less, and it won't lead to a more efficient health care system. They know that. It also puts – and this is what is wrong, most definitely – the interest of private, for-profit operators ahead of the public interest, and that's wrong. That's fundamentally wrong.

What we should see in this Legislature is a piece of legislation that does make things better. For one thing, I would like the MRI issue addressed. I got a call just on Friday from a constituent of the Member for St. Albert, but I got the phone call. This young man is a carpenter. His wife works at a job. They are trying to make mortgage payments. They have two children. They work hard in their community. He needs an MRI, and then he needs surgery. Because he could physically wait three months, because he could – though he's in pain and he's on pain killers, he isn't as urgent as others on the list – he has to wait three months for a public MRI. Or he could get it done – in fact, I think he got it done today – for 600 bucks at a private clinic, except there was a special advertised in the paper for $495 at another clinic. Can you believe that? We're now having specials at MRIs.

They were trying to get higher up on the public list because if he doesn't work for three months, they lose their house, but that wasn't a criterion to move up on the list. Your physical well-being is, not your financial well-being. They borrowed the $600 for the MRI so that he could have it done today so he can get on the surgical list sooner, because he cannot be not working for three months. People can say that you should plan better, et cetera, et cetera. But you know what? That's not the real world, and if we believe that everybody has three or six months planned ahead to pay for their mortgage, then we're pretty naive. Most people don't do that, and most people can't do it. So that did not address the MRI situation for that constituent, who's very upset about the politics behind getting health care.

This did not address long-term care. I had a question in the Legislature the other day about how far away people are from family when they need long-term care. Yes, they may have great physical care, but if you're going to be away from family when you are in your last stages of life, why bother? I want to be near my family, and I want to be near family members in their last stages of life. I can imagine how sad it was for the woman I spoke about, and I know from personal experience how difficult it's been for my family members to drive miles and miles to see their mother because that was the only place their could get for her. This bill did not address the issues. All it did was promote private operators.

Did it promote standards across RHAs? Of course not. Of course it didn't. We're going to have different standards in Calgary and Edmonton, and rural Alberta is losing especially from this bill, absolutely losing. Do you think we're going to be able to keep doctors in rural Alberta when they can get paid more in the private system in some city? Absolutely not. Member for Redwater, you should be worried about that. Absolutely you should be worried about that. You know what? I also worry that in these private clinics there's no backup emergency acute care facility.

Some of the operations that are now going to be allowed there are unsafe. I got a letter just on the weekend from Ellen Tarvis in my riding expressing that very concern, that some of the operations that are going to be allowed now will not be safe. She's just not thinking this out of the top of her hat. This is fact. This has been documented in different studies, that private facilities do not give the same – they're not as safe as public facilities. So this has not been addressed in this bill.

I spoke a bit about the loss of democracy in this bill. I think that's probably as big an issue – no, it's not as big. But in the minds of people they've felt betrayed by a government who didn't listen to them. They don't want this. They've asked time and time again. And if my constituency is like everyone else's, they've asked each MLA in here not to support this, overwhelmingly asked them not to. I don't know what answers Conservative members are giving that they can convince their constituents that really it's good for them. They're saying that they don't want it, and to condescendingly preach to them that "Really, you just don't understand it" is wrong. So I'm disappointed about what this means to democracy.

There's an issue, just an example about private health care and the direction we're going in this province, that I'm very, very concerned about and very, very opposed to. An example was a Mr. Cameron. He was 82 years old and went to Seattle to visit his daughter. Well, he fell and broke his hip there. He had travel insurance, but no bed

was available here. He couldn't be evacuated at the time, so his condition deteriorated. He needed surgery in Seattle, and the cost of the operation was $55,000 Canadian. Now he has to sue the insurance company, who are reneging on the contract. Alberta health care has written a cheque for $472 to close the account, and appeals to the minister have fallen on deaf ears. It's solutions to the problems faced by Mr. and Mrs. Cameron and patients across the province today and tomorrow that should be debated in this Legislature, but we're not.

Instead we debate Bill 11, and Bill 11 is not about health care. Bill 11 is about money. The underlying principles in this bill are all about money. Bill 11 is about who gets the money. Who gets the money because of Bill 11? Bill 11 is about who pays the money. Who will be paying for this because of Bill 11? Taxpayers' dollars will be paying for more, and individuals will be paying more. Bill 11 is about how public money is spent. I thought this government was out of the business of being in business. Wrong. Bill 11 is absolutely about being back in the pockets of business. Bill 11 is about diverting public money into private bank accounts. Absolutely. To investors, board members of those private institutions, private surgical facilities: absolutely that's where the money is going.

9:00

And what's missing from the bill? Well, just about everything that would ensure that the Camerons, for example, their children, their grandchildren, and those who follow us will have the public health care system they deserve.

You know what? Bill 11 should be scrapped. And they sit there saying: "Forget it. We're taking a vote tonight or tomorrow night, when everyone can show up, and we're going to push this bill through. We really don't care what you say or what people in Alberta say." It should be scrapped. [interjections] And they say: wrong, wrong. I'm absolutely right. You have not listened to your constituents when you support this bill. Absolutely.

You know what we should be doing? We should be acting on a commitment to prevention. And you know what? The minister talked about that. We should be talking about prevention. Is that addressed in this bill? No, it isn't. We should be supporting healthy children. That's not addressed in this bill. I've often talked about fetal alcohol syndrome and what that could mean. If we addressed that issue in the province, do you know what that alone would do to health care dollars?

Let's build an integrated community health network. Let's create those health care teams who can co-ordinate programs and care. Let's join with other provinces and the federal government and work out a better system, not a private system. That's been proven time and time again not to be the most efficient. Let's activate a best practices network. Let's base health care changes on proven, high-quality research, and we can do that in Alberta. We've proven it. We're leaders in that, yet we ignore that in this bill.

Let's establish appropriate world-class facilities. We can do that. We are pioneers in Alberta, willing to be innovative and creative, and we can do it in health care. We've proven to have done it in health care in several different ways. In cancer treatment, in all kinds of things we are leaders. Yet we have this before us that puts us backwards. It absolutely puts us backwards.

Let's put caring back into home care, and let's take geography out of health care.

I realize that I don't have much time left.

AN HON. MEMBER: That's good.

MRS. SOETAERT: I hear "That's good" from over there. I know it's tough to listen, and I know it's tough to hear concerns, but they're not even my concerns as much as they are concerns of the people I represent.

I've heard people in here say: I'm not a politician; I'm a representative of the people. I am a politician – I think it's the same thing, quite honestly, Mr. Speaker – and I represent my constituents, and they don't want this. I hope every member of this Assembly represents their constituents and votes against this bill.

THE DEPUTY SPEAKER: The hon. Member for Dunvegan.

MR. CLEGG: Well, thank you, Mr. Speaker. You know, I was debating whether to talk on this bill at all, but I got a holler from across the way today – he's not in here now – from the hon. Member for Edmonton-Glengarry. He asked me why I don't speak. So I thought: well, I will just speak a little bit.

You know, when my dad was living, he always said, "Glen, don't talk too much, because when you're talking, you're not learning anything." I've followed that advice pretty good, and when I sit here and I hear the opposition speak 10 and 12 times on the bill, there's only so much I can absorb. But there isn't too much to absorb, because it's the same repetition over and over again.

Now, let's just take a quick look at the bill, because I don't want to speak very long. There are two main things this bill does. Yes, it does allow overnight stays at surgical clinics. There's no question about that, and what is truly the matter with that? What is truly the matter?

You know, I get about two phone calls a month. [interjections] See. They're laughing already. But just wait a minute; you won't have to laugh long. I get about two phone calls a month from people that have to wait five and six months to get into an active hospital. They get to Edmonton – by the way, it's a six- or seven-hour drive. I drive it every week. They get out here to an active hospital or a public hospital, whatever you want to call it: "Well, didn't somebody phone you? We tried all day yesterday to phone you and tell you that it's been canceled." It's been canceled for a very good reason. It's been canceled because of emergencies. That's what happens in our public hospitals. It happens to many. It's not bad to have something canceled if you live within the radius of a hundred miles of Edmonton or Calgary, but we are 572 kilometres, to be exact, from Edmonton.

The public hospitals have done a wonderful job. Nobody's even arguing about that. I'd be the last one to argue when I have one daughter who is a nurse and another who is the head of medical records in the Mistahia health region. I'd be very foolish to talk about them not running a good show. They are, and all the active hospitals are, but you can see that surgical clinics can do a more efficient job because they can schedule these surgeries . . .

MR. LUND: Without interruption.

MR. CLEGG: Thanks, hon. minister of agriculture. Without interruption from emergencies. The public or the active hospital, whatever, handle them, and they must handle them, and that will never go away. We'd obviously like to never have emergencies, but there always will be.

Where do a lot of the people that come out here to a surgical clinic go? They can't stay overnight. Where do they go? Well, they obviously go to a hotel room, and then they have to go back to the surgical clinic the next day because they can't stay. I see nothing, absolutely nothing the matter with an overnight stay.

The second thing this bill does, which should have been done long

ago, is put some legislation and regulations on our surgical clinics. There is nothing there today. Oh, Ty Lund could probably start up a surgical clinic. Obviously, he couldn't operate.

Speaker's Ruling
Referring to a Member by name

THE DEPUTY SPEAKER: Hon. member we've already had several interventions tonight on this. Here we call each other by our constituency name or by the office that we serve. I know it was a slip of the tongue.

MR. CLEGG: Well, the hon. minister of agriculture and the Member for Rocky Mountain House. I mean, everybody in Alberta knows him. Thank you, Mr. Speaker.

Debate Continued

MR. CLEGG: Everything beyond that is what's going to happen, what might happen, what may happen. That's the crunch of this bill.

You know, I always give credit where credit is due, and the Liberals and the NDs along with many unions have done a wonderful job of telling Albertans about Bill 11. There is only one problem. They haven't told the truth about it. They have sent out brochures, and I just happen to have a little brochure. I read it so often because I can't believe it. I'm not going to read it out because I'm sure they've read it before. But there's no truth in it. That is what the bill said. You know, everything the Liberals do, they backtrack. I can tell you that Albertans are very, very clever people, and when this bill is passed and they know what this bill is really all about, they will be in favour. There is no doubt in my mind.

9:10

You know, when I ran in the 1997 election, you know that the Liberals did? They talked two doctors in the Dunvegan constituency into going on strike. Ironically, that night there was a candidate's forum in Fairview. Of course, the first question is: "How come the doctors are on strike? You're not treating them right. You're not doing this." Well, the Liberal and the NDP got up and said, "Well, if the government would treat those people right, they wouldn't be on strike." I got up, and I said: "They shouldn't be on strike. It's not ethical to be on strike. We have a signed agreement with the doctors in this province, and they should commit to that agreement we've got." There were about 400 people there. Twenty-five people – that's about all there are that are NDP and Liberals in Dunvegan – got up, and they got a little clap. When I said those words, 375 . . . We are small business in Dunvegan. Let's remember that, just remember that.

My researcher said: don't you want a speech? I said no, because I get mixed up. I also get mixed up when I don't have the words.

You know, it's pitiful when we have people going around Alberta scaring our senior citizens. I'm pretty near scared. I am a senior citizen. I'd be almost scared too if I listened to that kind of stuff. We in the province of Alberta without a doubt – without a doubt – have the best seniors' programs of anywhere in Canada and probably the world. Probably the world. Go to any other province and ask them. We have the best programs. We have wonderful health care.

In closing, I just want to say something that I know is going to happen in the years to come. What we have in health care are many what I call universal programs. I can tell you that we will never, ever afford a universal program at the rate we're going today. In 10 years – and I'll talk federally. If you wanted me to talk provincially, I will do that too. Eighty-five billion dollars federally for our health care in Canada. At the rate we're going, at 10 percent a year – I went to school a long time ago but inside of nine years it'll be at least $170 billion.

Now, I can't sit here and say that Alberta can't afford this 10 percent. We all know that we can afford that 10 percent, and we also know that the federal government can afford it as we sit here today. But I happened to come here in 1986, and we lost 3 and a half billion dollars from '85 revenue to 1986.

What will happen? And it will happen, people. It will happen. It won't happen tomorrow or next year. I don't know when it'll happen. Then we will not have a health care plan. I talked to our minister of health. I just want every minister of health in Canada to get together with the federal Minister of Health and sit down and make sure that we can cover people's needs when it comes to health care. Not their wants. In a universal program you can never satisfy everybody's wants. Never will. It'll never happen. It'll happen and happen, and all of a sudden the whole thing will fall.

You know, it reminds me of a story. As hard up as we are in the north there, we do it quite often. If I'm in the middle of downtown Fairview and it's 30 above and I'm giving away lemonade, everybody that goes by takes a drink of lemonade, but if I charge them a dollar, all of a sudden nobody is thirsty. It's no different than in our health system. What we've got to do is make sure that we take the abuse out of the system. This bill does not do that. This bill does not do that. [interjections] That's why I say that when she's talking, she's not learning anything. She should be listening. She should be listening.

In closing, I just want to say that the Liberals have a great policy, but their policy changes as the wind blows. They've got a different policy when it's from the south than they have when it's from the north or the east or the west. Well, I'm sorry; Albertans won't buy this stuff. People will not buy it, because people in Alberta are very clever. When this bill is all passed through, well, the whole world isn't – we don't have to pay for anything. It doesn't matter whether we go to a surgical clinic or whether we go to a public hospital, we're not going to pay anything. If you need it, this government will be there. It will be there to protect Albertans' needs – that's what this government is here for – and do it in the most efficient way, because someday it'll have to be done that way.

Thank you.

DR. NICOL: Mr. Speaker, before I begin, I'd to ask for unanimous consent to revert to Introduction of Guests.

[Unanimous consent granted]

THE DEPUTY SPEAKER: Hon. member.

head: Introduction of Guests

DR. NICOL: Thank you, Mr. Speaker. It's not too often that I get to introduce one or two people from southern Alberta, but we have five guests in the gallery this evening, and two of them happen to be from southern Alberta. The first is Cheryl Lamb, from Lethbridge. The second is Colleen Sinclair, from Taber. They're with their friends from Edmonton, Susan Duncan and Dianne Godkin, and also Don Crisall, from St. Albert. I'd like to ask them to stand in the public gallery.

head: Government Bills and Orders
head: Third Reading

Bill 11
Health Care Protection Act
(continued)

THE DEPUTY SPEAKER: Then to speak, the hon. Member for Lethbridge-East.

DR. NICOL: Thank you, Mr. Speaker. It's a real pleasure to rise this evening to speak in third reading on Bill 11. This has been a bill that has probably brought more discussion to my office, more discussion to the street-side, more discussion to the cafe, more discussion to meetings that have nothing to do with health care than any other issue that we've faced since I began to represent Lethbridge-East in 1993. I think it's even well up on the scale compared to the debates about the cuts in education and in health care in 1994 and '95. This is something that everybody wants to talk about.

Mr. Speaker, I think one of the things that's really unique about the debate that's going on right now with Bill 11 in the community and among the people that I speak to is that a lot of them, with all of the debate, with all of the publications, with all of the advertisements still don't truly understand what the bill really means to their health care system. So they want to know things like: what does it do to queue-jumping? What does it do to two-tiered health care? What's it going to do to access? These are the kinds of things that they don't truly understand in the implications of this bill at this time.

I think the Member for Grande Prairie-Smoky a little while ago talked about, you know: one of the things we have to talk about is looking for innovative, new ways to provide health care. Well, Mr. Speaker, I think this is something that Bill 11 tries to do, but it only tackles one very, very small area. The debate goes around how we deal with access to our health care system, how we deal with the waiting lists in our health care system. These are the two issues that really are at the crux of the concerns of most Albertans. They want to know whether or not they're going to get timely and complete health care from the public system. I would suggest that Bill 11 doesn't really go far enough in addressing those kinds of issues. What it does is not really provide the regional health authorities or our health system at a provincial level with a lot of options.

9:20

What it does is say: okay, we're going to define the role for private surgical facilities; we're going to define the relationship between a regional health authority and a private surgical facility. But it also talks about this supposedly giving us a real change in access, a real change in the waiting lists. Mr. Speaker, I would suggest, as I did in my debate at second reading, that the issue here is that unless we have more overall capacity in the system, no matter how we organize the structure of that system, it's not going to reduce waiting lists or improve access. That capacity right now is defined by the number of dollars that are available for regional health authorities to allocate to the provision of particular services.

It doesn't matter if they say: okay, we've got X dollars to provide for a postoperative bed in a public hospital. If we're going to take those exact same dollars and put them into a contract to provide that recovery bed or the operation itself in a private surgical facility, we don't have more capacity. How can we say that this is going to reduce waiting lists, how can we say that it's going to give us greater service, when all we're doing is transferring a dollar out of a budget through a contract to a private operator?

Mr. Speaker, we talk about how this kind of process has to be looked at in the ability it's going to give us to really enhance our services. If we look at how the original bill was defined, it really doesn't talk about how regional health authorities can improve that efficiency. We've heard references to the fact that private operators are not going to be unionized. They're going to be non-union providers of these services, so their labour will be cheaper.

Mr. Speaker, we've seen a number of cases where competing businesses have started in this province, in our country with non-union members, and it doesn't take very long until they're unionized, especially when you get into the areas where the majority of the providers of that service are members of unions. They have to operate to the same standards of staffing. When we look at that, we're going to see that there's no real chance to get the efficiencies except maybe in a very, very short-run situation.

What we've got to start doing is looking at whether or not we can really rearrange and deal with some of the dollar leakage that exists in our system. We put in restrictions in our education system that talk about how much of the total allocated budget a school board can use in administration. We don't put the same thing into health care. Why not? We hear all kinds of discussions about the inequities that exist in the number of administrative dollars that are being provided to different regional health authorities. Mr. Speaker, service is defined by the frontline dollar, the dollar that's actually there to service a patient when they have a need. We can't have this kind of false expectation created when we say: we're going to give you that greater capacity just by having contracts out. Those contracts are going to cost the same as providing that service through the public system. This bill doesn't provide an increase in service.

Mr. Speaker, from a third reading perspective we also have to look at how we're going to deal with the effectiveness of this bill when it gets operational. What we're going to see is that the government has promised us that this bill is going to get rid of queue-jumping. But when we look at the bill, it doesn't do it completely. We've heard numerous references already to the idea that you can go outside the insured service component and pay for support diagnostic services and get on the queues quicker. That constitutes queue-jumping. By paying, you get in ahead of someone else who doesn't have the money to provide that diagnostic service.

Mr. Speaker, you know, I ended up a couple of weeks ago being the topic of a few headlines by saying that we need to have more clarity in the context of how we talk about this bill. I look at the little packet of amendments that came out, and right in here it says, "no person shall . . . provide an uninsured surgical service . . . for the purpose of" queue-jumping. Yet when we look at the news release that came out with that very same set of amendments, the news release says that you cannot get faster service "to an insured service through the purchase of an enhanced product or service or an uninsured service." They left out surgical. By "uninsured service" this would imply that that would cover the possibility of going out and getting an MRI because that is a noninsured service. So if you read the news release, you believe: wow, they've plugged the hole in this bill. But when you actually look at the bill, they haven't.

So, you know, misinformation doesn't allow us to provide our constituents with the kind of debate that's necessary to conduct a thorough review of their wishes when it comes to how we act on their behalf in this Legislature. This is the kind of thing that we have to start looking at a little more closely, because more and more we're seeing our constituents become actively involved in the processes that we conduct here on their behalf. We see people wanting to have copies of legislation when they come to our office. They want to be able to read the bills. They want to be able to read the relevant news releases, the newspaper articles, the interpretations of them. We have to be able to give them accurate information that has a consistent set of definitions and a consistent set of even connotative interpretations; otherwise, we end up with the kind of debate we've had over this bill, where no matter how many people you talk to, they each have 10 reasons why they can source their information to be right. That's not helpful when it comes to us providing constructive debate here in the Legislature on behalf of our constituents.

Mr. Speaker, this bill in its context, in its ability to provide options I don't think really addresses the issues that we have to look at in the context of our health care system. We have to start looking at how we can deliver those services. Again, the Member for Grande

Prairie-Smoky was up shortly before me, and he talked about some of the things that his constituents are saying. Those are the same things I'm hearing in southern Alberta, in Lethbridge. People want to see us be more proactive, deal with preventative health care, deal with systems that allow for the introduction of vaccines, the introduction of education, and the idea that this is when it's appropriate to use a health care system.

We've never talked about possibly reorganizing some of our emergency wards or some of our health care access systems to where we do a set of education components and possible prescreening so that we're sure that people that come in there really have a functional need. We all saw the article in the paper about three weeks ago where they were tracking some individuals in Alberta. To prevent the disclosure of individual activities, they reported that 25 people in the province had used emergency in the last year to the tune of twice a month on average. It's hard to imagine how anybody could be using an emergency ward at that level: the idea that you are going to have that many emergencies even if it's weekends or evenings. Now, is it possible that these individuals are effectively using the emergency to get after-hours doctor care? Well, if that's the case, then we need to look at longer hours in our physician clinics. We need to start looking at some of these options that will provide us with more cost-effective ways of delivering our health care system.

Mr. Speaker, the thing that I guess I find the most lacking in Bill 11 is the clear definition of the way the minister will determine whether or not the contract is in the public interest. We see the section there that talks about all the different things the minister is going to look at when they decide whether or not they will approve a contract, and they talk about the public benefit. Well, how do you define public benefit in that kind of a context, especially when we look at all of the different innuendos and connotative definitions of that term that have gone out to the public in the last three months since this debate about Bill 11 started? If we take it back to the idea of Bill 37 last year, this kind of thing has been going on. How do we define cost-effectiveness?

9:30

As an economist and a previous faculty member out of a faculty of management, one of the things that we learn in there is that there are a number of different ways of reporting costs. There are a number of different ways of doing the comparative cost analysis. Do you look at it from the short-run perspective or the long-run perspective? You can get a completely different decision whether you look at it in those contexts. How do you handle the concepts of amortized costs? Just using simple little different discount rates can completely change the decision you make. If we're going to talk about this, we've got to be sure we get our definitions and our terms so that we know that the public costs are truly being reflected in the total context.

Mr. Speaker, when I talk about this in Lethbridge, a lot of times I talk about the internal rate of return that comes from a business. Well, even if we use the concepts that a lot of people are talking about now in public accounting where they have to deal with an internal rate of return so that we can deal with cost-effectiveness as public spenders, then what we're doing is transferring that money out of one pocket, say the minister of health, back into general revenue, because we've accounted for the discount on our capital investment.

If we deal with it in the private sector, we take that same volume of dollars and transfer if off to some financial institution. It goes to a bank; it goes to a bunch of shareholders. That's gone from the public use. We don't have the option of taking it back out of general revenue and putting it into an expanded health care system, maybe even a tax cut, some of these kinds of things that would really give us an effective way of addressing how we spend those public dollars.

This bill, in the section where the minister has to make the decision about cost-effectiveness, doesn't outline any of that. Until we know how the minister is going to do that, how are we ever going to judge whether or not we're getting value for our dollar?

Mr. Speaker, what would be wrong with a public debate before a contract can be let, where the parameters that are being used to reflect these decisions have to be presented and debated in a public meeting in the community or in the health authority region where the contract would be undertaken? If it's going to be for a service that's available on an across-province level, then we should have a full provincial debate on it.

These are the kinds of things that this bill doesn't address. Mr. Speaker, I guess we have to look at how we're going to be able to make the people of Alberta feel comfortable, and at this point this bill does not do that.

Mr. Speaker, we have to look at it also from the perspective of whether or not we've actually been able to look at the power that exists with the government in terms of how they're going to be able to actually implement the bill. There's a lot of power that falls back onto the regional health authorities. We already have had an admission from the government that there is excess capacity in the current system, and I will commend the government at this point for bringing in the amendment that says that they have to use existing capacity. But they always put a whole bunch of adjectives in front of that. So again we're caught with the idea that depending upon how you interpret those adjectives, what we're going to have is a lot of interpretation of whether or not the existing capacity is used.

Mr. Speaker, we heard earlier references to Saskatchewan and how they were sending some of their citizens off to other provinces or to the U.S. There are probably a number of procedures in a small population base like the less than a million people that are in Saskatchewan where they cannot create an effective system to deliver that service themselves, and the most cost-effective way for them to do it is to take public dollars and transfer the patient to where it can be provided efficiently.

This bill doesn't address the idea of specialized surgical facilities under the public health care system. Why can't we have the kind of efficiencies that can be created by specialized surgical facilities operated inside the public system? We keep hearing: well, you know, these surgical facilities can specialize. Why can't we in the public system specialize? These are options that we have to be able to look at.

Mr. Speaker, until we see some of those issues addressed, I have to admit that I'm still going to vote no on this bill.

Thank you, very much.

THE DEPUTY SPEAKER: The hon. Member for Clover Bar-Fort Saskatchewan.

MR. LOUGHEED: Thank you, Mr. Speaker. As Albertans and Canadians we like our health care system. It's evolved to meet changing needs since it was introduced some 35 or 40 years ago. The way it has been funded has changed as well. What was once an equally shared program between the federal and provincial governments has now changed to become mostly a provincially funded program. Thirty percent of Alberta's health care budget goes into health, and 5 percent of the federal budget is dedicated to health care. Put another way, the province pays about 87 percent of the cost of health care, and the federal government pays about 13 percent. It's similar in other provinces as well.

We also like the way it appears to be unique in the world for its

level of service to all citizens of the country, and for its adherence to the five principles of the Canada Health Act. "Universality": all insured Albertans are entitled to all insured services provided in the province. "Comprehensiveness": all medically necessary services are insured. "Accessibility": access to all insured services is provided uniformly, and reasonable compensation is paid for services provided. "Portability": health care services can be utilized in other provinces. "Public administration": health care is publicly administered and publicly funded.

We reject the American-style, two-tier health care system, where citizens can obtain different levels of care based on the kind of money they have or the kind of insurance policy they or their employer has purchased on their behalf. Following the principles of the Canada Health Act, our system is equal and free, but we know it's not a cost-free system. It's paid for through our tax dollars, through resource revenues, and also medicare premiums, which provide about 10 percent of the cost of health care here in Alberta. We know the total cost of health care provided under the Canada Health Act and Alberta health care is about $6 billion, and that's for about 3 million Albertans. If we do the math, that means that approximately $2,000 is spent on every man, woman, and child, in this province every year.

Let's consider some aspects of our current health care system. There are about 5,000 different surgical and medical procedures identified and regulated by the medical profession, and most are paid for by medicare. About 150 of these procedures are currently being done in privately owned surgical facilities operating here in our province. There are 52 of these clinics currently operating in Alberta, and that situation is not unique to Alberta, as other provinces also have privately owned surgical clinics.

The doctors are paid by Alberta health care for the operation, say a cataract removal, the same amount of money whether the cataract is removed in the Fort Saskatchewan hospital, the Royal Alex, or the Gimbel eye clinic. The costs of the building and support staff is paid also in both cases by Alberta health care through the local health authority. These costs are called facility fees, and if patients had to pay facility fees in private clinics to pay for the building and staff, then Alberta would lose transfer payments from the federal government.

We know, too, that the private sector plays a large role in the delivery of health care and that the public system pays for some parts but not others. There are chiropractors, opticians, optometrists, dentists, pharmacies, drug companies, ambulances, physiotherapy, child psychologists, walk-in clinics, medicentres, and long-term care facilities for older seniors.

9:40

We recognize, too, that there are challenges in the delivery of health care. Recently the federal minister challenged the provinces to be innovative, to reduce wait lists, to increase the number of doctors and nurses available, and to implement more home care to reduce hospital stays. These challenges are the same in every province, but Alberta is ahead of the other provinces in addressing the issues. Because of our early willingness to address budget problems like deficits and debt and use windfall resource revenues to reduce interest rates by paying down the debt, Alberta is in a much better position than other provinces to be able to pay for ongoing quality health care.

There are several initiatives. Health care spending will increase by about 20 percent, or $1.1 billion, over the next three years. More doctors, nurses, and specialists will be trained and recruited. Waiting times are targeted for reductions. There will be increased home care support, wellness will be promoted, and the prevention of accidents and diseases will be emphasized.

The government has put forward the following six-point plan to improve our health care system: first, improving access to publicly funded services; second, improving the management of the health system; third, enhancing the quality of health services; fourth, increasing emphasis on health promotion and disease and accident prevention; fifth, continuing to foster new ideas to improve our health system; and sixth, taking steps to protect the publicly funded health system from external threats.

Bill 11 is one step to help protect our health care system, because there is a lack of legislation to regulate and control any private surgical facility or even a full-fledged private hospital. As it is now, a private hospital could start up and do major surgery, like heart bypass, for a huge fee to the patient, and there is nothing that could be done about it. As has happened before, a clinic could start up and charge a facility fee when you went in for cataract surgery. In these cases, Alberta would be fined under the Canada Health Act, because we as Alberta citizens cannot pay for medically necessary surgeries or services like bypass surgery, hip replacement, back surgery, and so on.

So legislation had to be created. The legislation could have outlawed all surgical clinics, but that would be unlike other provinces and would mean closing down the 52 clinics currently operating and serving Albertans. Instead, the decision is to regulate privately owned clinics so they operate only to benefit Albertans and the publicly funded system that we have.

Let's look at what Bill 11, the Health Care Protection Act, says. The preamble of the bill states that the government of Alberta is committed to those five principles of the Canada Health Act. All medically necessary services will be paid for by Alberta health care. No one will pay for medically necessary services or pay to get to the front of the line.

Clause 1 outlaws the operation of private hospitals in Alberta. That is, there will be no private hospitals in which Albertans can purchase any of the approximately 5,000 medically necessary services, like setting a broken arm, back surgery, or angioplasty.

Clause 2 states that the surgery can only be done in one of two places. The two locations are either a large public hospital, or if the surgery is not major, it may be done in an approved surgical facility. The College of Physicians and Surgeons will accredit these surgical facilities and determine what procedures can be provided. In addition to the 150 different day-surgeries currently being performed, there is a possibility that some surgeries, like gallbladder removal, small joint and ligament repair, or hernia repair, which require a few days' stay in hospital, may also be performed in these approved facilities.

The third clause prohibits queue-jumping, and fines of up to $10,000 can be levied if someone pays to get ahead in line or receives a payment to permit someone to do so.

Other clauses prohibit the payment of facility fees by patients and restrict the charges for enhanced goods like bifocal soft lenses for cataract surgery to the actual cost plus some small percentage for carrying charges.

Additional clauses state that before contracts with surgical facilities are made, there must be a demonstrated need for the services and there must be a net benefit to Albertans by way of reduced waiting lists or more cost-effective delivery. Also, the efficient use of existing capacity in public hospitals is to be accomplished prior to any contracting out of surgical procedures.

Although concerns have been expressed that Bill 11 will lead to two-tier health care, private hospitals, or American style HMOs, the bill legislates against queue-jumping, profiting from sale of enhanced goods or services, or patient payment for medically necessary services. For those reasons the bill is rightly called the Health Care Protection Act, and I believe that our health care system will

not be destroyed or less efficient, as some have predicted, but will be better in the future. Therefore, I support this bill.

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

MRS. SLOAN: Thank you, Mr. Speaker. Well, to begin this evening I'd just like to share with the Assembly a bit of a nursing assessment that I performed relative to the will within the government caucus on Bill 11. It was particularly provoking to me to sit and watch I believe the last three or four speakers speak from preprepared speeches on this bill, indicating to me that they don't trust themselves to speak from the heart on this bill. They don't trust themselves to speak from the letters, the correspondence, the e-mails and conversations they've had from their constituents. They come forward with this cited and recited rhetoric about why Bill 11 is good for public health care in this province, and 99 percent of citizens don't believe it. It's a sad, sad state.

There are several other things that I've observed in my nursing assessment of the government caucus relative to Bill 11. You know, as a registered nurse over the years your assessment skills go beyond just the external, the physical and the mental characteristics that a patient might exhibit, and you start to develop an instinct. You develop an instinct that tells you when a patient is about to go sour, an instinct that anticipates that a patient perhaps is about to die. One of my instincts in this Assembly as I've watched the debate on Bill 11 is that there is an undercurrent of struggle and discomfort, where individuals are being placed in a position of having to defy their ethics and their principles and their beliefs. You can see it. You can see it in their eyes, you can see it in their postures, and you can see it in their physical frame, Mr. Speaker.

The reality is that politics can sometimes – in today's context, in the context of this bill – be a very destructive thing. My assessment leads me to believe that in fact there are many in this Assembly that do not support this bill, and politics is placing them in a position that they must support it.

On a positive note, I've never seen a bill that has mobilized, galvanized, and energized Albertans like Bill 11. It has been an absolute treat to watch how this bill has politicized this province. For that, Mr. Speaker, I have to stand here today and say that I am grateful. Political democracy in Alberta is alive and well. I have to commend those Albertans, so many, who have written to me, who have called, who have spoken to me in the grocery store aisles and hockey rinks, at private and public functions, at wedding receptions, at community events, and in health care settings about Bill 11. While I can't name all of those individuals and how insightful and wise their reflections and impressions of Bill 11 have been, I would like to share just a few remarks that were made by grade 6 students.

I know members earlier this evening have talked about being in grade 6 classrooms during the course of the debate on this bill. There is something that is so pure about a child's reading and assessment of issues, and I have been astoundingly impressed by the level of understanding that students in this province have of this legislation.

9:50

One grade 6 student, who happens to live in my household, upon my indicating at one point that I was growing very tired of Bill 11, said to me: well, we're all tired of Bill 11, Mom. Her advice to the Premier was that he should just admit he's made a mistake, that we all have to learn in life that if you've made a mistake, it is best to admit it, to take actions to change the mistake you've made, and to move on.

Another grade 6 student said: what can we do? How can we get it through to the government that we don't support this bill? Of course, we respond by saying that they can write letters, which many of the grade 6 students have. They can come out to events, debates on the bill. Then, of course, there's always the election. They're in a position where they're too young to vote, but they can certainly volunteer and take an active part in that process.

My all-time personal favourite, Mr. Speaker, was a grade 6 student in Belgravia-McKernan who said to me: I'm putting my faith in the Lieutenant Governor. I thought: that's amazing. He has the knowledge to understand that this bill will never be proclaimed without the signature of the Lieutenant Governor. He was putting his personal faith in her to stop this bill. Now, I'm not in a position to anticipate or predict what might happen, but I can stand this evening and say that all across this province, regardless of what age groups, in classrooms, in seniors' homes, in all places where Albertans go about their business, people understand this bill well, and they do not support it.

I spoke this afternoon in question period about a web of deceit and deception and of the desperation that's accompanied this bill in its journey across Alberta and through this legislative process. As I think back over my time in health care in this province and my time in this Legislature, really there's been that strong web all along. In 1993 we were told that we needed to cut a quarter of the system's funding because health care expenditures were out of control. Well, we have now clearly had the analysis completed and publicly circulated that that was not the case, but that was the information we were fed, and so it went. The system was cut. Health care professionals were laid off. Hospitals were closed. Beds were closed. Operating room theatres were closed.

And lo and behold, Mr. Speaker, today where we find ourselves is in a position where thousands of Albertans are waiting to access the system and cannot. That's no stroke of magic or stroke of accident. That is a result of the reckless, unplanned, and misguided cuts of the 1990s. It is the legacy of this government, but rest assured that the wool covers our eyes no more. We see with complete clarity the callous disrespect, the resolved arrogance, and the steeled intent to shape our system, our public health care system, into one that incorporates a private tier of care.

Along that theme I cannot refrain from mentioning the large full-page ads that this government has placed in newspapers across this province titled: "Bill 11 – What's the Real Story?" It goes on to list a number of supposed facts, and I'd just like to challenge a couple of them. The second fact in the government ad says, "Bill 11 is similar to legislation already in place in other provinces, including Saskatchewan." I would now like to cite from a release that was issued by the Saskatchewan government specifically on Bill 11: Saskatchewan health legislation touted as similar to Alberta's controversial Bill 11 was designed to discourage private clinics rather than promote them, says a Saskatchewan government official. We passed it with the intention of preventing private clinics from setting up, said Mark Stobbe, communications director for Saskatchewan Health; our intent is to maintain a totally public system.

He added that since the Health Facilities Licensing Act was implemented last year, no private clinics have been licensed to provide for-profit surgical or diagnostic services. Completely the opposite of what Bill 11 will do, but Stobbe said that Saskatchewan's law was passed to try and keep private clinics out. He said that the government was unable to legislate an outright ban on private clinics, so instead it has adopted regulations so strict that no private health care clinic has set up shop in the province. The legislation was passed in '96 but not implemented until last year.

Further, as a contrast, the private clinics that operate in Alberta

will offer publicly funded cataract surgery and abortions to regional health care authorities. In contrast, no private clinics in Saskatchewan offer medically required services funded by medicare, Stobbe said. He said that private eye clinics in the province provide laser surgery, which is not covered by medicare, but unlike Alberta these clinics cannot provide cataract removal, a publicly funded service that is only performed in Saskatchewan hospitals.

In addition, Mr. Speaker, there are no private MRI clinics in Saskatchewan. The proliferation of private MRIs in Alberta has been one of the fastest growing industries in health care. In addition, Saskatchewan hospitals don't charge patients extra for add-ons like fibreglass casts or titanium hips.

Clearly, Mr. Speaker, a discrepancy. And how are Albertans to decipher it when the government says it is a fact that Bill 11 is similar to legislation already in other provinces, including Saskatchewan, and the Saskatchewan government says not so? Is that not deception? Is that not deceitful? Is that not a desperate act? I would suggest that it is.

Now, the other fact that I would like to challenge in this ad is the ninth fact: "Bill 11 has absolutely no implications for the health system under the North American Free Trade Agreement." Again, clear evidence and analysis – I will quote from one such analysis, titled A Legal Opinion Concerning NAFTA Investment and Services, Disciplines and Bill 11: Proposals by Alberta to Privatize the Delivery of Certain Insured Health Care Services. This analysis was done by Steven Shrybman, a solicitor from Vancouver, B. C. I would just like to quote the following summary:

> We have in this part examined the implications of present Alberta proposals if they are ultimately judged to fall outside the ambit of Annex I and II reservations. But for exceptions concerning government procurement and funding, this would leave all other provincial measures fully exposed to NAFTA . . . The risk here is that the province's experiment with private sector delivery will escape whatever bounds it may have intended. This would allow US and Mexican investors and service providers unrestricted access to the contracts that regional health authorities would be tendering.

Even if there is just one, even if the government just has one legal analysis before it that suggests that the facts are contrary to what is contained in this ad, is it not deceitful? Is it not deceptive? Is it not an act of desperation that they put out in a public ad that there are no implications for the health system under the North American free trade agreement? I suspect they have more than this analysis to suggest that, but because their intent is clear, the article, the ad I'm speaking from this evening clearly chose to mislead, deceive Albertans in Bill 11's intent.

10:00

Now, on this very point I'd also like to cite from *Hansard* comments made by a member of the government side relative to the intent of Bill 11, and I'm speaking from the *Hansard* of May 3, 2000. The hon. Member for Leduc said as follows:

> The private sector can now do Workers' Compensation Board, military, and RCMP work as well as uninsured work, all of which is outside the Canada Health Act. In addition, they will likely be able to do publicly paid for, insured work coming from other provinces. What we could well have is publicly paid for, insured work from other provinces being done in an Alberta facility to which Albertans would not have access, so it seems reasonable that we should have a method of providing access for Albertans. Bill 11 does this through allowing for contracts between private providers and health authorities, which leaves both access and payment for insured services within the public system.

Then he goes on to say:

> It seems to me that for the first time in Alberta we have a private facility that is capable of competing in a significant way with the public system on a basis that heretofore has not existed through the small-scale 50 or so private clinics which are now in operation.

What I took him to mean, Mr. Speaker, is that he envisions we're going to have maybe double the number of clinics. He was saying, you know, that we have a small scale of 50 now. Well, what would he consider to be an adequate number? A hundred? Two hundred?

He also envisions, if I'm interpreting his comments correctly, that these clinics could compete amongst themselves or compete across Canada to do a particular type of work. Is that what Albertans want in their health care system? Is that what Canadians want in their health care system? Absolutely not. They do not want the market in their health care system, and I don't know how many times people need to say that before the government hears the message. They do not want for-profit market approaches taken in respect to health care services. But clearly this member – and he may not be alone; he may not have concluded this entirely on his own accord. The conclusions may have been offered to him by someone closer to the inner sanctum, perhaps someone who even has an interest in the field, but they are envisioning this enormous market for contracting, selling health care. It's so abhorrent to me that we would find ourselves in this state.

Now, just to give you a flavour, I want to quote from one more article. This article was written by a former managed care insider, Linda Peeno, and it's titled: Managed care and the corporate practice of medicine. She's describing what it's like to work and try and provide care to patients within the managed care system in the U.S.

> Under the rubric of managed care, the practice of medicine radically shifts from physicians bound to patient best interest to individuals and organizations bound primarily to corporate best interest.
>
> We have the only health care system in the world in which care is limited or denied systematically by those who stand to financially benefit from its withholding . . .
>
> Statistical norms replace individual patients. Utilization reviewers replace individual physicians. Cookbook guidelines replace complex diagnostic evaluations. Economic rationales replace clinical judgments. Cost savings replace compassion. Add to this the grave lack of ethical, legal, and safety protections for patients subjected to this new kind of practice, and it is little wonder that our country is outraged by managed care.

Speaking about the U.S., Mr. Speaker.

Let me go on further just to describe how it impacts at the bedside and patient level.

> Except for rare cases in which a physician has completely rejected managed care, almost every medical decision by a physician is now affected in some way by the changes wrought by managed care. Doctors no longer practice autonomously. Their contracts, financial arrangements, utilization targets, practice structures, medical protocols, and referral and network rules expose their new partners . . .
>
> Even when a physician strongly resists these pressures, his or her practice of medicine is changed fundamentally. The most financially successful plans control medical decisions from beginning to end – from defining the disease to deciding the treatment.

Now, Mr. Speaker, maybe government members think we are not going to have private insurance companies, but if the system evolves to the place where the hon. Member for Leduc envisions it will go, where we will have widespread and open competition between these private companies, whatever we want to call them, approved surgical clinics or private hospitals, we will have private insurance companies. We absolutely will, because we do not have enough wealthy people in this province to afford this type of care otherwise.

I regret this short time is completed, Mr. Speaker. I again state my opposition to Bill 11.

Thank you.

THE DEPUTY SPEAKER: The hon. Member for Redwater.

MR. BRODA: Thank you, Mr. Speaker. It indeed is a pleasure to rise this evening and speak in support of Bill 11, in support of public health care, and in support of the principles of the Canada Health Act. This is an issue of paramount importance to my constituents and to the citizens of Alberta, and they deserve to know the truth about how the Health Care Protection Act will maintain, protect, strengthen, and sustain the publicly funded and publicly administered health care system in Alberta and how it will respect the five founding principles of medicare that are enshrined in the Canada Health Act.

Mr. Speaker, allow me to begin by outlining what Bill 11 does not allow. It does not violate the Canada Health Act. It does not create a parallel health system. It does not allow for facility fees to be charged for insured services. It does not allow for queue-jumping. It does not necessitate private insurance premiums. It does not permit the contracting of insured surgical services without the facility first being accredited by the College of Physicians and Surgeons and approved by the Minister of Health and Wellness. It is not a NAFTA Trojan horse that makes Alberta health care vulnerable to American interests. It will not veil agreed-upon contracts in secrecy. It will not harm the public health care system, and most importantly it will not create a two-tiered, American style health system.

Mr. Speaker, that's quite a long list of clarifications, but by no means is it a comprehensive response to the malicious misinformation campaign that has been supported by the Official Opposition and their fear-mongering union backers who have their own private agendas and selfish motives for spreading absolutely false propaganda.

Mr. Speaker, I have the opportunity of speaking to my residents at every opportune time, and I heard the Member for Spruce Grove-Sturgeon-St. Albert say that she has received about 700 letters or e-mails. You know what? I've probably received about maybe 50 since March 2 and maybe about 40 phone calls. Guess what? Of the 40 phone calls, some that have been left on my message centre, there is no name and no phone number. On Easter weekend I thought: oh, my God; here are about 70 e-mails that have come in. Seventy e-mails. You know what? Not one of them was from my constituency.

10:10

In fact, Mr. Speaker, the principles of the bill are really no different than those supported by the Leader of the Official Opposition when she was health minister back in 1991. In that year she brought forward to the government caucus a discussion paper outlining possible legislative options to regulate nonhospital facilities. The paper states, and I quote: it has been suggested that more could and should be done to maximize the benefits of substituting ambulatory for inpatient services, particularly minor diagnostic, medical and surgical procedures under certain clinical and administrative guidelines. End of quote.

Mr. Speaker, I don't know about you, but it sounds a great deal like Bill 11 to me. The opposition leader suggested and supported it then, so why is she spreading such a great deal of misinformation about Bill 11 now? You know, Bill 11 has become not about Bill 11; it's become political. It's political rhetoric and what-ifs. What-ifs. That's all we are hearing from the opposition.

Alberta has long believed that the private sector can play an important role in supporting the publicly funded system as long as it is a publicly funded system that pays for the insured services and administers the overall delivery of health care to Albertans. So here we have Bill 11 before us and the opportunity to retain the valued service provided by the private sector while responding to a serious gap in our health legislation.

British Columbia, Saskatchewan, Manitoba, and Ontario all have similar types of legislation providing an appropriate framework. Now it is the responsibility of this government to establish similar protections found in those jurisdictions.

Earlier I gave a brief outline of what Bill 11 doesn't allow. For the benefit of those who clearly don't understand Bill 11, I would like to, for one last time, explain what the Bill clearly does accomplish. It will prohibit private hospitals in Alberta. It will prohibit major surgeries outside the public hospitals. It will prohibit facility fees for medically necessary surgical and physician services. It will prohibit queue-jumping through payments by individuals to get faster service. It will regulate private surgical facilities. It will set out clear rules and limits for the sale of any enhanced products or services that are not medically necessary. It will prohibit any surgical facility from providing insured services unless that facility has a contract with a regional health authority and unless the Minister of Health and Wellness has approved the contract. It will set out the criteria the minister would consider in approving or rejecting a proposed contract. It will require that any contract be open to the public. It will set significant fines for any person contravening the provisions of the act. It will help reduce waiting lists, and most importantly it will ensure that no harm comes to the public health system as a result of contracting out. Contracts can only be entered into when there is a clear benefit to the public system, such as access to publicly funded services, quality of services, flexibility for the regional health authorities, cost effectiveness, and other economic considerations.

These are some of the bill's many provisions that will serve to maintain, protect, strengthen, and sustain the publicly funded and publicly administered health care system in Alberta, affirming the government of Alberta's commitment to the Canada Health Act and ensuring equitable access to publicly funded health care for all Albertans.

Mr. Speaker, I would like to take a moment to remind all members of the Assembly that this bill is the result of a well-documented, long-term process that was not only transparent in nature but one that welcomed the input of Albertans, who were always part of the process and who were always given the opportunity to be well informed. So I find it difficult to understand how anyone could suggest that we have not consulted Albertans on this bill, not kept Albertans informed, or for that matter that we have not listened to Albertans on this bill. The simple truth is that we have. From the very beginning and all the way through we have never stopped listening. I am pleased that some of the input we have received over the course of this consultation process has resulted in some of the well-thought-out amendments to the bill during Committee of the Whole, 14 amendments to strengthen the bill, which the opposition voted against, including adhering to the principles of the Canada Health Act.

The amendments reflect the broad and diverse input received from many Albertans: in particular, key groups such as the Alberta Medical Association, the Alberta chambers of commerce, the College of Physician and Surgeons, the Alberta Association of Registered Nurses, and the Alberta Dental Association. As well, the college will be involving other health professions such as nurses in developing the standards for inpatient surgical services, and under section 25(2) the college will be consulted in the development of the regulations.

[Dr. Massey in the chair]

Mr. Speaker, we have listened to Albertans, and we have responded. Bill 11 in its amended form will provide strong protection for our publicly funded health system, strong protection for Alberta patients, and will help Alberta build a stronger foundation for our health system of the future.

In conclusion, Mr. Speaker, this legislation, the Health Care Protection Act, is designed to protect and strengthen public health care by building on its solid foundation. In short, there will be no two-tiered American style health system, no American style, for-profit hospitals in Alberta, only one publicly funded health care system that uses every opportunity to serve Albertans better. I would ask, Mr. Speaker, that everybody stop and think and really think hard about this one. Why would I, the Premier, or any of my colleagues want to destroy the system we have? For what gain? Think about that one. You know, I use the system, my family does, and so do my constituents. If we as government can do something for our constituents, for the people of Alberta, I think this particular bill is a bill that must go through.

Thank you, Mr. Speaker.

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

MR. MacDONALD: Thank you very much, Mr. Speaker. It's a pleasure to rise this evening and finally get a chance to deal with Bill 11 in this motion. I am disappointed in the fact that we have to have a form of closure or censure on all further discussions on Bill 11.

Now, earlier today we heard one hon. member from this Assembly, I believe the Associate Minister of Health and Wellness, state: at some point you've got to look at what they call redundancy and repetition. This is in relation to the justification for using censorship on this bill. I have to say that no one has had an opportunity to have a look at the amendments to the Hospitals Act that are tucked away conveniently in the back of this bill, the consequential amendments. Now, the glib assurances of the associate minister of health regarding the use of closure on this is similar to a pyromaniac operating a fire truck. It just doesn't make sense.

We look at why nursing homes are now going to be removed from the Hospitals Act. This has not been part of the discussion. Does this mean that there's further privatization of the nursing home industry in this province? Last year I had the opportunity, Mr. Speaker, to ask the Premier regarding the $666 million, or 19 percent of the entire health care budget, allocated to these health care service providers. I really didn't get a satisfactory answer. I basically was left with the impression that the regional health authorities were going to look after all this. Well, it's evident in this consequential amendment that the minister of health is washing his hands of this duty or this responsibility in regards to contracts with nursing homes. So this means a further expansion of the private, for-profit providers, and we all know what's going on in America with a lot of these private, for-profit operators. I need to tell all hon. members of this House that they support this bill at their political peril.

10:20

We hear the comments from the hon. Member for Redwater. He's a little bit confused. As I understand his remarks, Mr. Speaker, he can't understand why Albertans would say that they haven't been consulted or that we're not listening to Albertans. Well, excuse me. The front door is locked. The hardwood doors to this Legislative Assembly are locked, so how can you say we're having an open consultation with Albertans or we're listening to Albertans? You're not. You're not.

This bill now, Mr. Speaker, is beyond debate about public health care. It's a debate about the arrogant use of political power. This is where the debate has gone, and Albertans understand that. They understand, and for the first time in a long time, perhaps in three decades, the veneer or the teflon is off the government of this province. You have been exposed by Bill 11. The symbolism of the two-inch thick hardwood doors and your separation from the people of Alberta will not be forgotten before the next election.

Now, this is an historic bill for another reason. It was mailed to every home in the province. Many people read this bill, and they made up their minds regardless of the propaganda campaign – the first stage, the second stage, and we're now in the third stage of the propaganda campaign, all paid for with taxpayers' dollars. Three million dollars would have purchased an MRI for the hospital in Fort McMurray. That $3 million would have been better spent; there's no doubt about that.

Everyone made an effort to read this bill. Unfortunately, even some hon. members of this Assembly, if they read it, misunderstood it, because they were confused. This is not about allowing over 12-hour stays, they claimed. Of course it is. Whenever you have a bill that allows a surgical centre to keep someone overnight, it is in reality a hospital.

We can hear all these remarks about how this bill prohibits this, how it prohibits that, but no one, Mr. Speaker, is believing the government members anymore. They can spend taxpayers' dollars and buy newspaper ads; they can buy television ads. It's not working. If all hon. members of this Assembly think that the crowd is going to disperse and forget about what they have seen in the last five months from this government, you are mistaken. You're going to have to have hardwood doors in front of public forums in the next provincial election. You're going to have to have security guards, because people are going to want to ask you questions. They're going to want to ask you: why did you use closure on this bill three times? Mr. Speaker, the people in Rocky Mountain House are just as concerned as the people in Edmonton-Gold Bar.

Now, Mr. Speaker, the hon. Member for Dunvegan, I believe, spoke about the health care system and how concerned the government was and how Bill 11 was going to be able to fix it. Well, I'm afraid this government created the mess. The biggest argument this government had whenever they demolished a hospital in Calgary was who was going to get to push the plunger. This was the focal point of the discussion.

Now, we've created this shortage, and we thought we were going to create a lack of confidence in the public health care system, but essentially what we've done is created a lack of confidence in this government's ability to administer and manage a public health care system. Everywhere I go people say: Mr. MacDonald, Hughie, it's time for a change. Three decades in power: it's time for a change. It's time for a change in Calgary-Varsity. It's time for a change in Rocky Mountain House. It's time for a change in Edmonton-Whitemud. Mr. Speaker, it's simply time for a change.

It's also time for a change in St. Albert. Yesterday evening I had the pleasure of listening to the hon. member's comments regarding her public forum that she held. Present at this public forum was Donna Wilson, a professor of nursing from the university, Dr. Kevin Taft, and the Reverend Bruce Miller, I believe. She was talking about how she had to suffer – suffer was the word she used – through their remarks and their defence in the whole discussion around Bill 11.

I think for all hon. members in the House and particularly for nighttime reading for a number of government members, as the debate on this bill winds down and between now and the next election, they should read, as it becomes available in *Hansard*, the 10-point critique of Bill 11 that was developed and presented by

Donna Wilson, professor of nursing. She goes on to discuss this bill, and I agree with her. She says:

> The title of the bill is not accurate. The bill only focuses on where surgery can be done. Surgery is only one small part of a wide range of health care needs. And one of the biggest disappointments of this bill, despite what is said on page 4 . . . about queue jumping, is that Bill 11 does not stop worried Albertans from buying an MRI or any other diagnostic test, and then using the information from this private test to jump ahead of other Albertans who are waiting for health care.

Donna Wilson goes on. Her second point:

> The preamble . . . indicates the importance of the Canada Health Act as a "foundation" for Alberta's health system, but preambles are meaningless unless they are included in the actual bill. For instance, Bill 11 does not have a section that specifically says the Canada Health Act supersedes Bill 11. Bill 11 thus implies that only a "basic" foundation of health care will be publicly funded, and that private companies will be able to provide more than that basic amount. The Canadian health care system was never intended to be a system where only the basics were provided, instead it was intended to be a system where all medically necessary care would be provided without private charges.

Now, the Member for Calgary-Varsity can take this information – he still has time at the last minute to change his mind and do the right thing and say no to Bill 11. He can be with the crowd outside that says: kill the bill. He can improve his electoral chances. Perhaps after the next election he'll be one of the ones left standing. He could be a leader yet, Mr. Speaker.

Now, professor of nursing Donna Wilson also had some comments about the private hospitals in Alberta and the so-called surgical facilities, which everyone but the government knows are really private hospitals. No one is buying their line, no one but themselves.

I find it quite odd, Mr. Speaker, that Bill 11 has turned into a reflection of the current government. When we finally do have this election and the government members as they campaign are not separated by hardwood doors, are not separated from Albertans, they're going to realize what a mistake they have made. They have made a mistake.

10:30

Now, we look at what the College of Physicians and Surgeons has had to say about this bill. The hon. Member for Redwater said earlier, I think, that it seemed to him it was the narrow vested interests of unions that were against the bill. But we have to mention the College of Physicians and Surgeons. We have to remember various church groups, senior citizens, and former Conservative MLAs. We can't forget them. I believe that when we get to the former Conservative MLAs, we stop and think as to why they would be opposed to Bill 11 and why they would put pen in hand and write letters to the editor. It is because they're not locked behind closed doors. They're not taking a guarded tunnel to and from work. They're talking to people. They're talking to people in grocery stores and gas stations, and they understand that Bill 11 is the wrong bill at the wrong time.

Donna Wilson goes on at great length in her critique of Bill 11. I only have a little time left, and I have a great deal to say, Mr. Speaker, so I'm going to offer to all hon. members of this House a copy of her critique. I think I'm going to e-mail one specifically to the hon. Member for St. Albert.

We all heard earlier the reasons for contracting out. We heard the greater-efficiency reason.

MR. BONNER: Bogus.

MR. MacDONALD: You bet it's bogus. We heard the bricks and mortar argument. Bogus. We heard that it will relieve the pain and suffering of Albertans. Bogus. What has happened is Albertans have discovered who caused the pain and suffering to start with. The government. The veneer or the teflon has been removed.

That this can just be an experiment, that this is just an experiment: that's another bogus argument. Totally bogus. Now – and this is the last one – there's no two-tiered health care in Alberta. Totally bogus.

We look at the bill. We open it, and here we go. In section 2 is the two-tiered system. We're looking at "a public hospital" or "an approved surgical facility." That is two-tiered. That is two parallel streams.

[The Deputy Speaker in the chair]

Now, there is no cost-benefit analysis that's ever been done to support the arguments of any of the hon. members from across the way, Mr. Speaker. This is flying by the seat of the government's pants, so to speak. I have heard concerns expressed regarding costs, and these concerns relate to the provision of public health care. All Albertans have heard that, and they're not buying the argument from the hon. Member for Dunvegan and the hon. Member for Redwater. They just don't buy it. There is not a shred of evidence that private hospitals will stretch our tax dollars further in providing health services to Albertans. There's no evidence. If there was a cost-benefit analysis, I'm sure the Premier would be proud to stand up in question period and table it, not only for the benefit of all hon. members but for the benefit of Albertans. That evidence is not there.

In fact, all the evidence that has come to light as this debate has progressed indicates just the opposite. Under Bill 11 more of our public health care money will be given to subsidize investor profits and pay for the higher overhead and the administration costs, and this in turn is going to mean less money available for hip replacements, for cataract removals.

This bill just doesn't make sense, because it certainly doesn't benefit the folks of Alberta, the couple that used to be referred to by the Premier himself as Martha and Henry from Rimbey. I'm expecting the letter from Martha and Henry from Rimbey in the *Edmonton Journal* any day, and they're going to say that they're disappointed in their Premier, that they're disappointed in their government. They're going to say: it's time for a change. They're going to encourage not only the citizens from Rimbey but from Breton, from Bentley, from Drayton Valley, from Rocky Mountain House, from Leslieville, from Caroline, from all over Alberta. They're going to say that it's time for a change because the government did not do the right thing.

The hon. Member for Redwater talked about this bill not being a Trojan horse, but this bill is a Trojan horse, and there's another comparison that fits. Bill 11 is just like putting an untreated pine shake on your roof. The government is pushing Bill 11 just like it pushed the manufacture and use of pine shakes. The government's backers stand to make big bucks off Bill 11.

I'm very disappointed, Mr. Speaker, that my time is up.

THE DEPUTY SPEAKER: The hon. Member for West Yellowhead.

MR. STRANG: Thank you, Mr. Speaker. I'm pleased to have the opportunity to rise in the Legislature today to talk at third reading of Bill 11, the Health Care Protection Act. This is a piece of legislation that is important for all Albertans and has attracted attention in my constituency. During the month of March I had the opportunity to meet with constituents of West Yellowhead at community meetings in Edson, Jasper, and Hinton. I heard from them in letters, telephone

calls, and e-mails. These people had a number of concerns about the legislation and how it would affect them personally, their loved ones, and how it would affect their communities. They also told me about how much they appreciate and respect our public health care system. It is a belief that is dear to all Canadians. The residents of West Yellowhead also expressed their thoughts on other issues which, although outside the realm of Bill 11, are nonetheless relevant to the debate on health care.

Mr. Speaker, from one end of the constituency to the other people are asking about plans to recruit more doctors to rural areas. They want to know if they can continue to be looked after in their local hospitals, without having to travel far from home. Most of all, they want to know how Bill 11 will affect them. From the comments I received, it is very clear that Albertans believe in a publicly funded, publicly administered health care system. Many of the citizens of West Yellowhead also believe that our health care system does need attention and that changes are necessary.

10:40

Mr. Speaker, I admit that I have encountered opposition to Bill 11 as it was originally tabled, but I strongly believe that the amendments tabled by the Minister of Health and Wellness will go a long way to address these concerns. Time and time again I have assured the residents of West Yellowhead that Bill 11 bans extra billing and that it will not mean they will have to pay the next time they visit a doctor's office. All you will need is your Alberta health care card. I have and will continue to respond to all of those who ask.

One of the most urgent concerns, particularly by the seniors, is the ability to jump the line to get medical attention. By defining the rules on the purchase of enhanced services, many of these folks believe we are creating a two-tier system. These concerns are addressed by the amendment that strengthens the prohibition against anyone paying to jump the queue by making it also illegal to get faster access to an insured service through the purchase of enhanced product or service or an uninsured service. This is an important amendment.

Cataract services were one of the points most frequently mentioned where queue-jumping could take place. With the foldable lens now paid for by the Alberta health care system, as announced on April 11, people cannot use the system to move themselves to the head of the line or purchase extra as a way to get a standard procedure done.

Mr. Speaker, another issue raised was on the pressure to purchase enhanced or extra services, particularly at vulnerable times, when you or your loved one is a patient facing a medical procedure. I've heard from many people who felt that the sale of extra services is an affront to our public system and is motivated by private, for-profit medical organizations. I am pleased to read the amendment tabled to prohibit a public hospital, a surgical facility, or a physician from charging more than the product cost and a "reasonable allowance for administration" for the sale of enhanced medical goods or services in conjunction with provision of insured service. This effectively eliminates the profit motive.

In the provision of enhanced products this amendment strengthens the requirement already in the bill that patients have the enhanced product explained to them in writing before surgery, then signed . . . [interjections]

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: Hon. members that have already spoken need not enter into the debate. At this time we have the hon. Member for West Yellowhead, who wants his turn, not those two members who are actively engaged in debating one another. Thank you.

West Yellowhead.

Debate Continued

MR. STRANG: Thank you, Mr. Speaker.

This effectively eliminates the profit motive in the provision of enhanced products. This amendment strengthens the requirement already in the bill, that patients will have enhanced products explained to them in writing before surgery, then sign approval of any enhanced goods they wish to purchase. They have the opportunity to change their mind.

Mr. Speaker, another comment that I heard loud and clear from West Yellowhead constituents was the need to open existing surgical and medical facilities before looking to contract with the private sector. I have checked with the WestView regional health authority and was told that all operating theatres are open and being utilized. Often the constituents are moved to Edmonton for procedures. These people are familiar with the valuable service that could be available if surgical facilities in the public system were open and available.

I believe that the amendments ensuring that the review of the efficient use of existing capacity in the public hospital be considered as part of the determination of whether we would benefit in contracting out a surgical procedure addressed these comments. This will require all health authorities to ensure that the existing capacity is efficiently used before contracting out surgical services. It means that investments made in the public health system will not stand idle while dollars are put to work in the private sector.

I heard at the meetings and through phone calls that people are concerned about medical professionals and doctors who have their feet in both the public and private systems. They are referring to doctors and medical administrators who operate and serve in the public health system yet have investment and interest in private surgical clinics. Mr. Speaker, I believe that this is addressed by another amendment that strengthens conflict of interest regulations to ensure that provincial standards for physicians are maintained. Conflict of interest regulations for others working in the health system are also tightened. I am pleased to read that extra protection will be placed with an amendment to the Regional Health Authorities Act and to the Cancer Programs Act. Health care authorities will be required to adopt conflict of interest bylaws for board members, agents, senior officers, and employees of the authority. If the bylaws are not followed, the facility could be in jeopardy to the point of losing its designation.

Mr. Speaker, the last concern I'd like to put forth is with regards to NAFTA. There were a number of comments made by constituents that if Bill 11 becomes law, our health care programs all across Canada will be jeopardized, and it will open the door to American style, two-tiered health care system. A well-respected international business lawyer with experience in international law as well as having served on the Canada/U.S. NAFTA trade dispute panel has found that Alberta's and in fact Canada's health care is protected by several carve-outs in the NAFTA agreement. Furthermore, NAFTA obligations do not apply to provincial or state procurement of goods and services. Bill 11 does not alter delivery of public health care services in this province. All medically necessary procedures and services will continue to be delivered by the public system: one health care system where all citizens have equal access to services.

Outside the scope of Bill 11 the election of members of the regional health authorities was and continues to be the concern of citizens of West Yellowhead. I have continued to inform them that

changes have been made in the area and that during the next municipal election the election of two-thirds of the regional health authorities will take place. This is an opportunity for Albertans to exercise their democratic right and elect representatives that will serve the interests of not only their communities but their regions as well.

Mr. Speaker, I heard from a gentleman in Edson who publicly stated that he read the legislation and couldn't find anything wrong with it. He felt that this bill had potential. He stated quite plainly that the government doesn't always run things well and that he didn't know if they do anything great but that this legislation had potential. The point, he said, was to save money and shorten waiting lists.

We have one public system. Let's use it. Ultimately, it's the consumers, the patients, the users, Albertans who use public health care systems that we must protect, and I believe Bill 11 does that.

Thank you very much, Mr. Speaker.

MR. DICKSON: Mr. Speaker, the Scottish writer, Thomas Carlyle, made an observation. Mr. Carlyle lived between 1795 and 1881, and he made an observation that I'm mindful of as we now get down to the waning hours on Bill 11. He made the observation that "man seldom, or rather never for a length of time and deliberately, rebels against anything that does not deserve rebelling against."

10:50

As I reflect on this and I hear such contradictory statements about this particular bill, I want to spend a couple of minutes making some observations. The first one I'd make is that we've heard some comment about whether closure has been invoked by the government, and this question that the previous question be now put that we're now debating: what does that mean? Let me say this: we don't have to go any further than *Erskine May*, the 22nd edition. It's one of the authorities we use in this Assembly.

If you go to page 410 – and the hon. Government House Leader can confirm this, and if I don't have it absolutely word-for-word accurate, I want him to stand up and set me straight. This is what I read in *Erskine May*. It says: "The 'previous question' may be used to produce the same effect as the closure." It's in chapter 19, and the heading is Methods of Curtailing Debate. It's sandwiched in between sections entitled The Ordinary Closure, page 407, and Allocation of Time Orders, page 410.

If the Government House Leader looks at page 410, he can be absolutely satisfied that what's happened on this third reading is indeed a form of closure, full stop.

THE DEPUTY SPEAKER: Is the hon. Government House Leader rising on a point of order?

Point of Order
Questioning a Member

MR. HANCOCK: Yes, Mr. Speaker. I wonder if the hon. member would accept a question.

THE DEPUTY SPEAKER: The hon. member is reminded that you only have to say yes or no and that you don't have to give reasons.

MR. DICKSON: I would never refuse such a request. Of course.

THE DEPUTY SPEAKER: The hon. Government House Leader on your question.

Debate Continued

MR. HANCOCK: Mr. Speaker, my question is this. While *Erskine May* is sometimes used in this House as a text of almost last resort, *Beauchesne* is much more pertinent, and 518 of *Beauchesne* says that "the House has adopted a number of procedures to limit debate, or to preclude the moving of amendments, and to provide for the wise management of its time." I'm wondering if the hon. member has read 518 in chapter 12 of *Beauchesne,* which is much more a text of this House.

MR. DICKSON: Mr. Speaker, I've read it, and I prefer the quote in *Erskine May*, thank you very much. I propose to proceed with my comments.

On April 4 of this year I had the privilege of being the seventh speaker at second reading on Bill 11. At that time, Mr. Speaker, I made the observation after hearing the six speakers previous to me, and I said:

> Each one of those speakers has argued that this bill either is a wonderful thing, part of a well-intentioned experiment to make our health care system work better, or a very dangerous experiment that will prejudice our public health care system and, ultimately, patient care.

Well, in the intervening time – and the Minister of Justice will have to the minute the amount of time we've spent debating this bill – are we any clearer in terms of what we know about this bill?

We know a lot of things. You get insight in curious places and perhaps unexpected places. Last weekend I had the privilege of going to Banff. I listened to the Member for St. Albert, in fact, on May 4 tell us that there was going to be a very important conference in Banff, the annual conference of the Canadian Association of Statutory Human Rights Agencies. In fact, I attended that Sunday night and Monday afternoon. There were some 300 participants. Forty percent of them were from outside the province of Alberta, so from other provinces and Canada.

Do you know what the discussion was in the hallways and during the coffee breaks and at any time we weren't dealing with items on the agenda? Mr. Speaker, it was Bill 11. It was Canadians saying: why would you go there? There were people who could not understand why a provincial government in this country would be so misdirected, would be prepared to experiment in such a dangerous fashion with such a bedrock service delivery program in Canada.

It was interesting. These were not stupid people. These were people who run a host of agencies. There were university lecturers. There were people who know how to read a piece of legislation. I want to say to any member in this Assembly who suggests that Albertans who oppose Bill 11 are simply too stupid to be able to read a bill and understand it or not smart enough to look at what's going on around the world, to look at the failed experiments in Western Australia and New South Wales, to look at the places where it hasn't worked: that would be preposterous. These people absolutely could not believe it. They were fascinated as I attempted to describe the weak and transparent arguments that have been put forward to try and defend this bill. It was an interesting insight in terms of how people in other parts of Canada view our experiment.

Now, I've received a great deal of feedback from constituents, and I have been absolutely fascinated to hear member after member from the same city I'm from, from different Calgary constituencies, say: oh, you know, this is not a big deal; I've had a few people who phoned, and they just either didn't read the bill or don't understand it. I've heard a great number of attempts to rationalize, to minimize, to denigrate, in some cases, those citizens who have registered their concern.

Well, let me tell you my experience in Calgary-Buffalo. On my web site, www.garydickson.ab.ca, we put out a question for constituents. This is after people had received the bill. I said: do

you support Bill 11? Overwhelmingly, the response was: absolutely no. I put out an annual report that I do every year to constituents. We produced, I think, 26,000 copies. We sent them through Canada Post to every door in Calgary-Buffalo and, the post office tells me, a few in Calgary-Fort because they mixed up one of the address codes. In that annual report I asked a series of questions, and not surprisingly, the first question was that I solicited the feedback from those Calgarians about how they felt about Bill 11. Now, this was post mail-out of the bill and post some of the multimillion dollar media campaign engineered by the government of the province of Alberta.

I must say again how disappointed I am that this province gives a budget of $8 million – $8 million – to the Public Affairs Bureau, which then turns around and uses that money on such a spurious campaign as we have seen to distort the truth of Bill 11, to propagate a series of myths. When the Member for St. Albert rose in this Assembly to talk about duplicity, referring to the opposition, I couldn't help but think that it is not the opposition that is spending millions of dollars to try and con Albertans. That's exactly what's going on, Mr. Speaker: trying to con Albertans. How do they do that? What they do is that they use mischievous titles. They offer explanatory notes that are misleading to the point of being wholly inaccurate.

Anyway, I digress. I was talking about some of the feedback I'm getting in Calgary. A lot of the feedback I've been getting is not just from Calgary-Buffalo but from the other 20 constituencies, or many of them. I've had the chance to go the Red & White Club, where Christine Burdett and the Leader of the Opposition and the Member for Calgary-Glenmore were talking about the bill. It taught me something else when I was in the Red & White Club in Calgary. Firstly, it's notable to see 800 angry Calgarians on any occasion on any issue in terms of what's happening in the Alberta Legislature. The other thing that was so interesting was that the thing that drew people to their feet was when somebody stood up and challenged the former Provincial Treasurer going to run the CRHA.

What also got people to their feet was when people talked about the refusal of this government to allow elections, as they had promised on March 11, 1997, to allow Albertans to vote for the people who are going to spend their 3 billion tax dollars going through the regional health authorities. What that brought home to me but is not apparent, I think, to all members from their comments is that the public debate has eclipsed Bill 11. We're no longer debating in this province what's in or what's not in Bill 11. Is there anybody who has not yet got it, Mr. Speaker? What has finally come home to roost is the boneheaded decision to blow up the General hospital, when two of those buildings are as modern as the Foothills hospital; the nonsensical proposition that you close the Holy Cross hospital after spending $32 million in renovations, and you offer it for sale for $4.5 million; the preposterous notion that we close the Grace hospital, which then reopens as a private facility. The Holy Cross hospital is now reopening as a private surgical facility.

11:00

People understand what's going on, and they don't like it. They are registering their concern. Yes, when people come here night after night after night and stand on the steps of their Legislative Assembly and register their concern and come to our constituency offices, it is true that they're not always talking about specifically what's in Bill 11. But you know something, Mr. Speaker? The message they're delivering is one that any of us ignore at our peril, because they're saying that the bloom is off the rose.

People are now starting to scrutinize this government's record of bad judgment, of poor decisions, of lack of planning. I understand that government members may not like that, but that's part of the reality, and I say good for Albertans that they're registering their concern, because I think for too long people have been prepared to give the government the benefit of the doubt. Mr. Speaker, I think Albertans, whether its at the rallies at McDougall Centre that have been happening night after night and afternoons or the people standing on the steps of this building, are registering in a most eloquent and the most powerful possible way that they're not prepared to give this government the benefit of the doubt any more, and I say good for them.

Mr. Speaker, the Member for Lacombe-Stettler said something interesting today. She talked about fear mongering. You know, I thought to myself: what's fear mongering? I've listened to colleagues in this Assembly, people I have a great deal of respect for. I heard the Member for Calgary-Cross, who is a registered nurse. She has a well-deserved reputation as a very able legislator on Calgary city council. I mean, I can pick a number of people in the government who have come to such a different conclusion than I have in reading the bill, and I start to ask myself: how can it be that people who I respect in this Assembly have such a different view of it?

I end up coming back to a point I'd tried to make when I first spoke at second reading, and it's this. Bill 11 is so vague in so many different areas and there are so many decisions that are going to be made by a minister, that are going to be made by the Lieutenant Governor in Council through regulations that ultimately what you end up with is that the bill can be seen in a lot of different lights. It's a little bit like holding up a prism to a sunbeam. What you see as it comes through the prism – I guess we're looking through different filters, because some of those members who I respect on the government side who have argued that this bill is (a) innocuous or (b) a positive thing have gone as far as the Member for Calgary-Fish Creek. I found myself shaking my head when I heard her say: this is the miracle solution. Now, Mr. Speaker, even you will agree that that's an overreach which is astonishing in its breadth.

It comes down to this, Mr. Speaker. There are many people in this Assembly – all, I might add, on the government side – who are prepared to write the Minister of Health and Wellness a blank cheque, and they're prepared to write the Premier of this province a blank cheque, because ultimately he decides who is going to have that position of Health and Wellness. They have such a high degree of trust in the cabinet and their cabinet colleague, their government colleague, they have this amazing kind of confidence that he's always going to do the right thing.

Well, Mr. Speaker, I start from a very different point. I think governments live or fall on their record, not by what they say but by what they do. I look at the broken promise in terms of electing regional health authorities. I look at the absolute fiasco in terms of what happened with hospitals in the city of Calgary, the fact that right now we're about 250 to 300 acute hospital beds short in the city of Calgary. That's the best information I'm able to get from people that spend a lot of time worrying about those details.

Mr. Speaker, I think we look at that record, and some of us frankly don't trust this government to do anything other than create a host of opportunities for people who want to make dough at our expense. You know, as one of my constituents said to me: why would we as taxpayers pay the mortgage for a private health provider? That's exactly what Bill 11 allows. Why would we pay their mortgage? Could we possibly be that stupid?

Mr. Speaker, we've heard a lot about amendments. I heard the Member for West Yellowhead, if I heard him correctly, say that he was opposed to the bill when he first saw it. I appreciate his candour and I respect his candour if I heard him correctly. Then I heard him

say that he'd seen the amendments and felt better. Well, I've gone over those 14 amendments, and let's see how much comfort we take from those. Section B dealt with queue-jumping.

MR. SAPERS: No, it didn't.

MR. DICKSON: Well, it was supposed to deal with queue-jumping.

One thing we know about the government members who have spoken is that they really read the marginal notes, and what's more, they believe the marginal notes. Now, Mr. Speaker, it may be just my natural cynicism, but I learned a long time ago that just because somebody writes something in a marginal note, it doesn't count for anything, because all the court looks at is what's in the text of the bill.

If you look at the so-called queue-jumping amendment, you will find two things. It only applies to an insured service. What that tells us is that the government decides by a simple regulation what's going to be an insured service and what is not. It doesn't cover one of the major problems, which is access to MRI and diagnostic services and that sort of thing.

You know, it does cause me to think, because I'm running out of time, if there's anything positive that's come from this whole experience. There have been some things. Does anybody think for a moment that we would have got those four MRI machines if it had not been for the public protest on this? Is there anybody in this province who thinks that foldable lenses would have been covered? Two days before the announcement, Mr. Garth Norris of Alberta Health was on CBC radio in Calgary, saying: you know, we can't cover foldable lenses because the evidence isn't clear; this is a medical decision, not a political decision; we're evaluating the evidence. Two days later the government comes out and announces that foldable lenses are now covered. That was a political decision. When the member for Redwater says that he thinks there's some politics creeping into this, he doesn't have to look any further than the coverage of foldable lenses.

As we go through the amendments, what effectively section C does is pave the way for private health entrepreneurs. If you want to set the rules and make it real attractive for people to invest in private health services, we've done that in section C.

Section E: what cold comfort we take from that. It means that everything rests on the shoulders of the Minister of Health and Wellness. If he's asleep at the switch, if he's not looking out for the interests of public health care, we all lose. We all lose.

Conflicts of interest, sections M and N. These amendments are laughable in there vacuousness. We're now going to have the prospect of 17 different standards of conflict of interest. You tell me, Mr. Speaker, why something would be a conflict of interest in Mistahia and exactly the same thing happening would not then be a conflict of interest in the Calgary regional health authority or the Chinook regional health authority or the Palliser regional health authority? Does anybody think that Albertans are that stupid?

I hear members stand up in this place and say: well, we're now happy because we've seen the amendment package and it deals with conflicts of interest. Well, folks, it does not deal with conflicts of interest. It doesn't deal with it. It's a great big zero.

So much to say and so little time. I wanted to go through some of the comments we've heard. The Member for Lacombe-Stettler tells us that doctors are experts, that it's a great thing that the college is going to make these decisions on what's going to be permitted overnight or not. Where was this member when the doctors said: Bill 40 stinks; we don't want to see that law brought into this province. The government said to doctors: we don't care what you say; we know better. Mr. Speaker, how is it that doctors' advice will be listened to sometimes and not at others?

Thank you very much.

11:10

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

MR. SHARIFF: Thank you, Mr. Speaker.

THE DEPUTY SPEAKER: Oh, sorry. There's been a breach here on the part of the chair, and he apologizes. Would hon. members please give consent to revert to Introduction of Guests?

[Unanimous consent granted]

head: Introduction of Guests
(reversion)

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

MS CARLSON: Thank you, Mr. Speaker. We have been joined during this debate by many special guests, and tonight I would like to recognize another person. We are joined tonight by Dean Margot Zorate, who is the Dean of Nursing at the University Peruana Cayetano Hedredia in Peru. She has been in this country for a mere 24 hours yet has found the time at nearly a quarter past 11 to come here and listen to the debate on privatization of our health care system. So we would like to recognize her this evening. I'd ask her to stand and receive the traditional warm welcome of this Assembly.

head: Government Bills and Orders
head: Third Reading

Bill 11
Health Care Protection Act
(continued)

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

MR. SHARIFF: Thank you, Mr. Speaker. [interjections]

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: Hon. minister, you'll get your turn when you're recognized. If you've already spoken, then that ends it, doesn't it? We would appreciate whoever is starting it – it takes two to tango and we have six of them in here. We only have one member at a time standing and speaking, and those that are sitting are not speaking. That member is the hon. Member for Calgary-McCall. Let us hear him.

Debate Continued

MR. SHARIFF: Thank you, Mr. Speaker. More than half a century ago the great Fakir who walked the halls of England in loincloth, the great Mahatma Gandhi, said: an error does not become truth by reason of multiplied propagation, nor does truth become error because nobody will see it.

Mr. Speaker, it is a pleasure for me to enter into this debate this evening at third reading of Bill 11, the Health Care Protection Act. As many Albertans have correctly noticed, there has already been a great deal of debate on this issue, but so long as the Liberal and the ND oppositions keep up their campaign of misinformation, there needs to be people willing to set the record straight.

So much of the discussion to date has dealt with overnight stays in approved surgical facilities. It seems remarkable to me and to any other reasonable person that we work to fully utilize the wonders of modern medicine to treat as many Albertans as possible in the most efficient manner possible while at the same time freeing up valuable hospital space for more serious procedures that can only be done in public hospitals.

Mr. Speaker, it is time for change. Bill 11 capitalizes on opportunities that have become the realities of modern medicine. Who would have thought 20 years ago that even minor surgical procedures like those intended in Bill 11 would have progressed to the point where they are considered not only routine but unnecessary insofar as having them performed in a full-service public hospital? Twenty years ago these operations were considered to be major surgery, where recovery time was estimated in months and the risk to the patient was measurably higher. Now the minor surgeries that are involved in Bill 11 are being done at day-surgery clinics, where the patient is discharged in a fraction of the time with no serious risk to the patient. The overnight stay provision is merely an extension of services that can be performed in approved surgical facilities that require more than a 12-hour stay.

As we move into the 21st century, technological improvements will continue to reduce the impacts of surgery, potentially moving more procedures into the approved surgical clinic settings. In doing so, waiting lists will continually decrease, and as an added benefit the full-service public hospital will be able to further specialize and focus on major surgical procedures and, as such, will continually improve their efficiency. Mr. Speaker, that is what Bill 11 is all about: alleviating the pain and suffering that Albertans, indeed many Canadians, are experiencing with the status quo of Canadian health care.

This government is taking bold new steps to address pressures in health care by strengthening and sustaining the public health system that we all hold dear. Bill 11 accomplishes this by extending the sphere of the publicly funded health system to include approved surgical facilities through approved contracts with the regional health authorities. Even as we are about to take the first bold steps, the federal government and the federal Minister of Health resigned themselves to hollow criticism and empty promises. How frustrating it is, Mr. Speaker, that this legislation was brought forward in part by a request from the Hon. Allan Rock to close a serious legislative gap, only to be condemned for forward-thinking that improves our public health system while respecting all the terms and conditions found in the Canada Health Act.

The opponents of Bill 11 – the Liberals, the NDs, and the Friends of Medicare – advocate the status quo, and Albertans, indeed Canadians across the country, have repeatedly stated that the status quo is not acceptable. Mr. Speaker, our government was elected to find new solutions to old problems. That is what we have done in the past, and that is what we are doing here with Bill 11. This government wants to ensure that our public health system will be there for all Albertans in the 21st century and beyond. To ensure that future becomes reality, we have brought forward the Health Care Protection Act as one of the strengthening measures found in the six-point plan for health.

This evening I sincerely ask that the members across the floor who have argued, complained, fought, and resisted new solutions in health care every step of the way join us in support of a plan that means shorter waiting lists, better patient care, and decreased pain and suffering. Medicare is a system that we all value and cherish as Canadians. It works better when we work together to find solutions and improve it. My friends, this is the right thing to do. Let us be brave and pass this bill.

Thank you.

THE DEPUTY SPEAKER: The Associate Minister of Aboriginal Affairs.

11:20

MS CALAHASEN: Thank you, Mr. Speaker. First of all, I'm very pleased to speak to Bill 11 and add to the amount of hours we have debated this bill to date. There have been a lot of complaints about MLAs not having enough time to discuss, debate, and question Bill 11, otherwise known as the Health Care Protection Act. I just want to talk about some of those points because I think it's really important.

Let's see. Public policy regarding Bill 11 was released in November of 1999. Bill 11 was introduced on March 2. It was out for public debate for a month. Bill 11 was moved for second reading on April 4: 2,071 minutes, 34.52 hours, debating bill in House plus another 12.5 hours of question period time on Bill 11. Forty-seven hours total combined.

Second reading debate, Mr. Speaker: April 4, 5, 6, 10, 11, and 12. Committee of the Whole: April 12, 13, 17, 18, and 19. In second reading 1,158 minutes, or 19.30 hours; in Committee of the Whole on government amendments 913 minutes, or 15.22 hours; in Committee of the Whole on Liberal subamendment to A and N of government amendment 9.08 hours. Sixty-seven percent of time spent on government legislation this session has been spent on Bill 11.

The opposition has risen to speak to Bill 11 84 separate times. When we look at the total times spoken, the Liberals on the other levels, 77 times; the NDs, seven times. We all have one more opportunity to speak at third reading, which I'm very proud to stand for tonight, Mr. Speaker.

Another issue has been cuts to health, yet it is one of the least amounts cut in our budget. In fact, we have spent vast amounts of dollars . . .

THE DEPUTY SPEAKER: Point of order, the hon. Member for Edmonton-Gold Bar.

Point of Order
Questioning a Member

MR. MacDONALD: *Beauchesne 333*. Would the hon. member entertain a question?

THE DEPUTY SPEAKER: The hon. member only has to say yes or no and does not have to give a reason.

MS CALAHASEN: No. Mr. Speaker, I have limited time, and I want to take my time to be able to argue the points that have been brought forward.

Debate Continued

MS CALAHASEN: In fact, Mr. Speaker, $5.6 billion to date we're spending on health care and still rising, up to $6 billion in the year 2000-2001, which translates to over $15 million a day on health care, and we still are doing more every year.

But health still plagues us, Mr. Speaker, and we need more dollars to be able to ensure that we take care of the needs of the constituents and all Albertans. I suppose that if we have limitless public dollars, medicine would do everything. Money is not limitless, and as Premier Roy Roma now stated in the ND country: if health costs continue to grow at the current rate in Saskatchewan, our Department of Health is going to absorb the entire provincial budget in 15 to 20 years.

Well, Mr. Speaker, that is possible here also, and we still have not

addressed the issues. We still have problems that plague us in health. We have some options. We could do nothing, which is not an option in my view and my constituents' view. We could totally ban the surgical clinics, 52 of which we would have to rule out, 30 of which the then health minister brought in on her own. And we could have a third option: we could ban private hospitals outright and tightly regulate and control surgical facilities so that they only operate when it is beneficial to Albertans.

Mr. Speaker, that's the aim of Bill 11, and tonight I want to state my position as unequivocally as I have to my constituents as to why I support Bill 11. First of all, the constituent concerns which have been brought to my attention. One is the access to health care. We continue to have that problem in my constituency. You've got to realize that I have 90,000 square kilometers. We have two hospitals to be able to serve the 24,000 constituents I have. Access is always an issue, but we can't let that be a problem. We have to find different ways of being able to address the access issue, something which I think needs to be done in a comprehensive way.

MS CARLSON: When are you going to start?

Speaker's Ruling
Decorum

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Ellerslie has spoken, as have a number of other members. People on this side have had an opportunity and either have taken advantage of it or not, but please let us hear hon. members out without all these little yip-yaps that are going on.

Hon. associate minister, if you would continue, hopefully without any interruption.

Debate Continued

MS CALAHASEN: Mr. Speaker, thank you very much. First of all, access to health care in my constituency. As I was saying, we've only got two hospitals that are able to serve the 24,000 constituents I have. We have 45 communities all over the constituency. We have, if we're lucky, at least eight hours to be able to access a hospital. That's a long way, Mr. Speaker. But in order for us to be able to improve access, we've done a number of things. I'm very proud of this, because it was the then minister of health, my colleague from Drumheller-Chinook, who was able to ensure that we had facilities that would be available to constituents in the northern communities, where we needed people to be able to access the facilities they could not otherwise access. It is an innovative way, something that constituents in my area have looked at to be able to deal with, in a better way, achieving access.

Mr. Speaker, paying for enhanced services or extra charges. This is an issue, mostly because there's been a lot of misinformation that has been given to them. When we're talking about paying for enhanced services or extra charges, the biggest issue people have come up to me with and said was: "Do we have to pay extra for all these services when we have already started in that area? We now pay for a lot of things when we go to the hospital. We're told that we have to pay for these extra services if we want to get some of the things we need." That came in, as my colleague from Calgary-Cross indicated, in an OC in I think 1992. That was brought in by our colleague at that time, the hon. minister of health, Mrs. Betkowski.

Mr. Speaker, when we're talking about extra charges, those are the kinds of things that people remember. They don't forget those. They look at what has already been established, and they're saying to us: "What can we do to make sure it doesn't go down that slippery slope that was started in 1992? How do we, then, contain those?"

Queue-jumping is a big issue. They're saying: "You know, we're not sure whether or not this is going to be able to be contained. We're really concerned about queue-jumping. Is there any way you can stop that? Is there any way this can be done so that it doesn't create problems for us who live in rural Alberta, who are so far away that sometimes we're forgotten when it comes to the line?" Mr. Speaker, they're always concerned about whether or not we can deal with this issue of queue-jumping. Such an important part in the bill was making sure that nobody can queue-jump.

Conflict of interest guidelines, Mr. Speaker. This was a concern from my constituents. They brought that as one of the issues, and we brought those ideas to the table, where we were then able to take care of some of the issues that were brought forward so that those changes could be brought in as amendments.

I commend my constituents for all the work they did and everything they brought forward. When they called, Mr. Speaker, when I asked them if they had read the bill, some of them said yes and some of them said no. Of those who said yes, the biggest question I asked was: how can we improve that bill so that you can be assured of public health care? They brought concerns forward and made some very good suggestions, and those are the suggestions that I think we'd like to continue to see as we are going through the bill. I want to commend them, during Committee of the Whole and through the whole time since November, for coming forward and making those suggestions.

You know what, Mr. Speaker? I received a few phone calls, not as many, I believe, as some in the urban areas. However, I did get, I would say, about 30 calls. That's a good number for my constituency. It's not as great as some of the other issues that I have to deal with. When we're talking about a little old lady who's 75 years old who needs a place to stay and has no home, that is the kind of call that I get. It takes precedence over some of these issues that are being brought forward.

When we're talking about those kinds of things, those are the kinds of things that hit home. Those are the kinds of things that people are concerned about in my constituency. Those are the areas that I begin to look at and say: how do I help those people? How do I make sure they get the house they require when we don't have those kinds of facilities available in those small remote communities? How do I ensure that they can fly out of a community that has no road, that has maybe no way of people getting out if somebody gets hurt in those communities? Those are the kinds of issues that we have to be able to look after.

I want to talk about waiting lists, Mr. Speaker. When I was just a young girl many years ago, I had a problem.

11:30

Many, many years ago, Mr. Speaker, I had a problem. I had a heart problem, and it was identified as a priority. In those years, some 29 years ago – that's a long time – it was identified as a priority that I had to go get open-heart surgery. Being a priority, I thought I'd be able to get in line and be able to get my heart surgery done as quickly as possible. Well, it took a year for me to be on that list when I was a priority. We have moved further away from those lists of a year, even getting better now. We have easier access to some of the facilities where we can have open-heart surgeries.

You know, when I think about that, within a week of my open-heart surgery I was allowed to go home up north, where there was very little availability of health care or even nearness to any hospital. I was allowed to go home after only six days. Think about that: 29 years ago – that's a long time ago – to be able to ensure that my heart was going to be okay if I left from here to go back to High Prairie, to be able to travel those miles and get there safely and then

be safe in order to ensure that I didn't have any kind of problems with my heart surgery.

Those waiting lists are getting smaller. In fact, we are getting better. We are getting even better kinds of open-heart surgeries being done, even organ transplants, which were never thought of at that point. Mr. Speaker, those kinds of things are the kinds of areas that my constituents are concerned about. Whatever we can do, if we can alleviate any of the people in my area and ensure that they're on a waiting list that won't be a year long but shorter, and whatever it is that we're doing, that's the kind of thing they want to see.

That's the real meat of what we're talking about. Those are the kinds of things that I think we have to continue to fight for in health care so that it's flexible, so that it's accessible, so that the waiting lists are not going to be left forever and ever, but that we can reduce those waiting lists.

Mr. Speaker, whatever we do, we always have to remember rural Albertans. They don't have access to hospitals within 10 minutes or five minutes. We have access to hospitals, maybe eight hours, if we're lucky. If we can have planes come in, that's another issue. We have so few of those.

Mr. Speaker, northerners are hardy people, and they know that we have to find ways of looking at how we increase efficiency and reduce costs. They want to make sure that whatever we do, they have a way of getting access to hospitals. They believe that whatever we do, it's got to be intelligent. It's got to be sensitive to their issues, and it's got to be something that can redefine everything that has to happen in the health care system.

We did many things in the constituency of Lesser Slave Lake. The access is there. We're getting better. The people have better health care. We have now reduced the infant mortality rate, which was pretty high. We have now reduced even the mortality rate of the seniors we have. That has dropped to some degree. I know that as we continue to do what we've been doing, we'll continue to make sure that things get done.

Mr. Speaker, Bill 11 is a good bill. It does a number of things. My constituents want to know what those are. Firstly, it puts fences around those existing facilities that we have. Secondly, it will also ensure that we have rules and regulations for any of those private facilities that may want to come into our province. Thirdly, it will ensure that whatever we do, we'll continue to have access to health care and something that we can continue to maintain in a good way so we don't lose it by the costs that are spiraling, and that whatever we do in northern Alberta and in my constituency, they see themselves as being part of anything that has to happen that's innovative.

They've been very supportive, and I thank them for all their phone calls and the letters I've received. I know that the people who have been there have been very consistent in their messages that we have to do something, and we have to do something great.

The Slave Lake hospital was a big issue in 1988. In 1988 we had a flood. In 1988 we were promised a new hospital. You know, the then minister of health and I had quite an argument when it came to whether or not we were going to be getting a new hospital. She refused to give me a new hospital in Slave Lake, Mr. Speaker. That was a horrible, horrible thing for my constituents in Slave Lake, because we had fought very hard to make sure that hospital would be a priority. She refused. She refused to give me that hospital.

It was a very, very contentious issue with me, and it still continues to be a festering sore with my constituents in Slave Lake who have indicated that whatever happens, they remember these things. They won't forget that. I think that's something they will always remember, because it was a tough sell to try to see how I could even begin to let her see that rural Albertans also deserved a facility, that rural Albertans needed capital projects. It was very, very tough, and at the time I was very upset and very angry about that. But, you know, it's the best thing that has happened because now I can say that that's one thing I have going for me, that the people will never forget that. That was the most horrible thing that could've happened, the her inability to make a decision for me to have that hospital and refusing – refusing – to come to join me and be able to tell my constituents that she had said no to my hospital.

Mr. Speaker, that to me will never be forgotten, and I know my constituents won't forget that. You know, how do you support your fellow MLAs? Well, it really bodes well in my constituency when something like that happens. History follows people, and as they say: history is a set of lies agreed upon. Napoleon Bonaparte said that. I think the set of lies that has been brought forward is going be very, very interesting as we move into the next election.

I just want to say a few words about the kind of threats we've been getting. It's continual threats. They wanted to talk about the bill, but, you know, Mr. Speaker, it's that continual threat of saying: you're not going to be there next time. I mean, those are the kind of things I've heard in the last 11 years since I've been here. I think those are the kind of areas that these people are going to have to live by as we go through. Threats don't bode well. Rural Albertans don't like threats. They like to see reality. They want to know what the plans are. What are the Liberals' plans for rural Alberta? What are the Liberals' plans for waiting lists? What are the Liberals' plans for making sure that whatever we do is going to sustain health care? We have to look at what their plans are. I don't see any.

Mr. Speaker, I'm very, very proud to be able to say tonight that I support Bill 11. It is a good bill.

Thank you.

THE DEPUTY SPEAKER: The hon. Member for Livingstone-Macleod.

MR. COUTTS: Thank you, Mr. Speaker. I'm going to try and keep my comments down to about seven or eight minutes tonight because it's a timely debate. I'm pleased to not only have had the opportunity to speak in Committee of the Whole but also to be able to speak in third reading here.

All across this country of ours there are similar discussions occurring at various levels of government in order to determine the best solutions to address the current crisis that Canadians are facing in the health care system. In other provinces the debate over health care and the operation of private surgical facilities has not nearly reached the magnitude that Alberta's has.

Mr. Speaker, Bill 11 shows that this government is firmly committed to protecting and improving access to the publicly funded system and to maintain the principles of the Canada Health Act. Our government has sought for three years to alleviate the pressure on the current system in this province through legislation governing surgical clinics, and with each year that passes, the imperativeness of finding a solution only becomes more pressing.

Our government has not allowed that pressure to sway it from its course of finding the best possible solution to alleviating the pressures on our current system. Our government has gone back to the drafters and examined the issues with the blue-ribbon panel and considered the practical application of proposed legislative measures. Bill 11 represents the culmination of that hard work. Bill 11 is a comprehensive piece of legislation to address the current crisis in our health care system. It shows that our government is committed to finding solutions while the opposition has shown its intention of hindering viable and progressive solutions to the challenges faced in our health care system.

11:40

Firstly, the amendments that were tabled and passed in this Assembly by all members of the government side tighten the prohibition on queue-jumping, making it illegal not only for persons to pay for faster service or to receive a payment to give faster service but also for a person to give faster access to insured service through the purchase of an enhanced product or service or through the purchase of an uninsured service. That's good news for my constituents, and it should be good news even for the ones that are philosophically opposed to Bill 11. It also states that the costs of enhanced medical services must be reasonable, and that's relief for my senior citizens when they know they're not going to have to pay any more. The amendments also specify that existing hospital space must be used effectively and efficiently and health authorities will have to consider efficient and effective use of existing capacities, and that makes sense to my constituents, Mr. Speaker.

In its amended form, Bill 11 will continue to alleviate waiting lists by providing viable options for regional health authorities to contract out certain services specified by the College of Physicians and Surgeons that can be done by surgical clinics under the umbrella of a publicly funded system while ensuring that these facilities are properly regulated under comprehensive legislation. Bill 11 has always been about options. It provides one more option for health authorities to consider when looking for the best way to deliver publicly funded health care. Funding for health care in the province will continue to be provided by the health authorities, who will then decide whether or not to contract out particular services in order to alleviate the pressures on the system.

Mr. Speaker, this brings me to the crux of why I wanted to speak tonight. Instead of reading letters, I have a letter sent to me today from – and I'm proud to table this, as a matter of fact – Teresa Welsch at St. Michael's separate school in Pincher Creek. It's an essay critiquing Bill 11. It was part of a class project. Each student was to write an essay on Bill 11 after they had thoroughly researched it. The article was submitted to the *Pincher Creek Echo* by the school, because they thought she had done a very, very good job in critiquing Bill 11. I'm just going to read the title: Bill 11 is a Necessary Step in Ensuring the Protection of the Public Health Care System in Alberta, and then I'll let members read for themselves the contents of this essay.

The publicly funded system will pay the entire cost of all procedures, making the system equal to all Albertans regardless of their level of income. Furthermore, additional facility fees will be illegal. To the senior citizens of my constituency, that is a relief.

Much has changed since the first real doctor arrived in southern Alberta, Mr. Speaker. That man was an officer, Officer Kitson, of the North West Mounted Police. What did he treat? Whooping cough, gangrene, TB, smallpox, the flu. Most of these things were stomach and respiratory problems. Another thing he had to contend with was the social diseases that were spread during the day. What was he issued with? A standard issue, basically a magic box of medical supplies, called a medicine chest, and he provided those services. Today all of the treatments Officer Kitson did are solved by pharmaceuticals. Later on, the barber in Fort Macleod used to pull teeth. Why? Because he was the one who had the tools. Today we have MRIs.

All Tommy Douglas wanted to do was make sure that everyone could get access to a doctor. He had a compassionate heart for the poor people of southwest Saskatchewan, and when the community responded to help poorer folks get medical attention when required, that's when Tommy Douglas got his idea of socialized medicine. The private doctors, the private facilities didn't like it at first, but they came onstream, and today we have MRIs.

I am confident that Tommy Douglas didn't envision what health care would look like in the year 2000, and I am confident that if he were here today, he would come up with something more than just the status quo, because he would be wise enough to think of the future and affordable access without the negativity the opposition brings us today.

Mr. Speaker, I've had bigger issues in my constituency. The wind power issue, the Westcastle development issue, the '95 flood all come to mind, with over 400 letters and hundreds of phone calls on each issue. Bill 11 has a total of 140 letters and calls coming into my constituency office, and, yes, that is significant. But I would not vote for something that was a threat to my mother, to my father, and to my family gaining access to the system, because we use the system too.

Bill 11 is not a threat. It is here for our protection. It represents a comprehensive piece of legislation that will provide options for dealing with current challenges in the health care system. It is a progressive step forward, as many of the steps that have been taken by our government have been. If our government had not been as determined to eliminate the deficit in 1993, this province would be in worse financial shape today than ever before. Instead, we moved ahead and proved to Albertans that our goals are long-term goals and that they are achievable.

The Health Care Protection Act is not a move to privatize health care or create a two-tier system, as the opposition has stated numerous times. It is an act to do exactly what it is titled to do: protect health care in Alberta. It does this by prohibiting private hospitals and putting in place a proper regulatory framework for the number of private clinics that are currently operating in the province while at the same time relieving the pressures that the current system faces. This is a progressive step, Mr. Speaker, and a necessary one to ensure the continued viability and sustainability of a single system for publicly funded health care in this province.

Thank you.

THE DEPUTY SPEAKER: The hon. Member for Calgary-North West.

MR. MELCHIN: Thank you, Mr. Speaker. I'm pleased to rise this evening and speak in support of Bill 11, the Health Care Protection Act.

I'd like to thank all of the constituents who have taken time to participate in this debate, and certainly all those both in favour and those against. I think it's been very positive that we've had an opportunity to have a debate on health care in Alberta, and I certainly want to thank those who have taken that time to supply their comments to me.

We live in an exciting time, and for health care it is one of those times and ages that we probably couldn't pick a better era in which to live. There are more things being changed in health today as a result of the great advances in science and technology and options than ever imagined before. We live longer. There are more life-enhancing and -extending procedures. Science is developing exciting technologies, equipment, drugs, and treatments. All of these things are providing quite a challenge and change for how health will have to be continually delivered and thought of, how it can be delivered for the future. That's going to have to incorporate a chance for change, for inventiveness, for being able to react and adapt quickly to the advances in technology and models of delivery.

Our health care as it was developed in Canada was always developed around the idea that there would be the provision of services both by private providers and public. It never had been solely developed from day one over the past few decades that it

would be just purely a public model. Our doctors and many of the health care providers have operated as independent private operators, whether they're in their own offices, clinics, surgical facilities, and even, for the most part, in many parts in our public hospitals. The bill does acknowledge this fact and addresses the regulation of those services.

I'm pleased to see that health, though some would throw out that this is the issue – it was never intended nor ever thought from its inception nor in its practice over the past few decades that the government would take over a monopoly on the provision of the services or a monopoly on the labour. We would allow and have always allowed for the private operation and provision of services. We have examples all around us in our existing system. We're asked: where is the evidence of its efficiency? Where is the evidence of its cost-effectiveness? It's happened over decades, ever since this model has been determined.

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We have hundreds of clinics. We have over 50 surgical facilities and thousands of doctors who have operated and many other health providers who continue to provide another way, another option, and a quicker and more adaptable service to the public. We already see in our midst every day how effectively that actually works in our own system. To actually ignore and to say that this has been a destruction of health care is to totally ignore the fact of the service that all of these hardworking, dedicated, well-intentioned, and tremendous working professionals provide.

We have one of the best opportunities of provision of health in Canada. We speak of the problems, yet we live in one of the best areas. We can be pleased to see that the provision of health is at an extremely high standard, and we have to look for even a better standard. But to ignore the reality that the private sector has always had a role and should always continue to have a role in conjunction with the provision of the services is a critical element of how health has been developed in Canada. Certainly Alberta is no exception to that. I am pleased to see that Bill 11 is one small step in the acknowledgment of this fact. We continue to see that health in Canada, in Alberta will have the best provision of service in world for our public.

Thank you, Mr. Speaker.

In light of the time I would like to move adjournment of debate.

[Motion to adjourn debate carried]

[At 11:52 p.m. the Assembly adjourned to Wednesday at 1:30 p.m.]