Legislative Assembly of Alberta

Title: **Tuesday, April 29, 2003** **1:30 p.m.**
Date: 2003/04/29
[The Speaker in the chair]

head: **Prayers**

The Speaker: Good afternoon.

On the Holocaust remembrance monument located on the grounds of the Alberta Legislature are found the following words: "I swore never to be silent whenever and wherever human beings endure suffering and humiliation. We must always take sides. Neutrality helps the oppressor, never the tormented." Those are the words of Elie Wiesel, a survivor, poet, and Nobel Peace Prize recipient.

May God provide all innocent victims of racism and genocide eternal peace. Amen.

Please be seated.

head: **Introduction of Visitors**

The Speaker: The hon. Minister of Health and Wellness.

Mr. Mar: Thank you, Mr. Speaker. It's my pleasure to rise today and introduce to you and through you to members of the Assembly a delegation that includes visitors from our Russian sister province, Tyumen, in Siberia. With them are representatives from Grant MacEwan College. This delegation is involved in the internationally recognized health education link project based on Grant MacEwan's programs. Originally designed to facilitate health reform in Tyumen province, the project has set a standard for nursing education across Russia and earned accolades from international organizations. The delegation is here to see our nursing education system firsthand and look at how nurses are working in our health system.

In your gallery, Mr. Speaker, are Valentina Sarkisova, president of the Russian Nurses' Association; Ludmila Supltova, vice-president, Tyumen State Medical Academy; Sharon Bookhalter, associate dean, health and community studies at Grant MacEwan Community College; and Yuri Konkin, manager of the health education link project. There are also in the members' gallery some 23 nurses and physicians from Tyumen and two of their colleagues and counterparts from the province of Alberta. I would ask all of this delegation to please rise and receive the warm welcome of this Assembly.

The Speaker: The hon. Member for Grande Prairie-Wapiti.

Mr. Graydon: Thank you, Mr. Speaker. Wayne Jacques served this House for two terms as the MLA for Grande Prairie-Wapiti. He continues to do a lot of volunteer work in the community and in the region, and he's a valuable mentor to myself on the weekends, when he gives me good advice from time to time. He's seated in the Speaker's gallery, and I would ask all members to give him the welcome he deserves.

head: **Introduction of Guests**

The Speaker: The hon. Minister of Economic Development.

Mr. Norris: Thank you very much, Mr. Speaker. It is indeed a delight to rise on this glorious Alberta day and introduce to you and through you to the House 69 of the best and brightest Edmonton-McClung has to offer. With us today are parents and visitors and students from Michael Kostek school. I would like to take a moment to introduce the teachers: Mrs. Carol Anne Konkin, Mr. Bret Johnson, Mrs. Andrea Brodeur. The parent helpers are Mrs. Karen Holub, Ms Susan Dobinson, Mrs. Zohreh Sabbaghi, Mrs. Judy Silver, Mrs. Kim Wilson, Mrs. Mike Olson, Mrs. Brenda Chokka, Mrs. Michelle Davis, and Mrs. Laurel McMurdo. Obviously, education is a vital concern to the constituents of Edmonton-McClung as well as all the province, and I would ask that they rise and receive the extreme warm welcome of this House today.

Mr. Dunford: Mr. Speaker, members of this House have been becoming aware of the rising concern about skills deficit here in the province. I'd like to introduce to you and through you to members of the Assembly a couple of women that are trying to do something about this. Today we have with us JudyLynn Archer, the executive director, and Ms Shelley Wegner, job development professional, of Women Building Futures. These two ladies are committed to improving the recruitment, the training, and the retention of women entering the workplace but specifically entering the workplace within the construction trades industry. They're in the public gallery. I would ask them to rise and receive the warm welcome from the members of the Assembly.

The Speaker: The hon. Member for Peace River.

Mr. Friedel: Thank you, Mr. Speaker. It's a great pleasure for me to introduce to yourself and to the members of the Assembly two very good friends of mine from Peace River, Mr. Norm Boucher and Mr. Berry Heinen. I found out this morning that they've been in this building many, many times but have never been in question period, so I thought we would fix that. They're seated in the members' gallery, and I would ask them to rise and receive the traditional warm welcome of the Assembly.

The Speaker: The hon. Member for Calgary-Currie.

Mr. Lord: Thank you, Mr. Speaker. It's a pleasure for me to rise today to introduce to you and through you to all members of the Assembly a number of guests that we have here today who were instrumental in one of the province's most successful energy savings initiatives, which I'll be speaking about later today. They're all from the University of Alberta. They're in the public gallery. I would ask Len Sereda, director of facilities management; Geoff Hurly, associate director; Dennis Gibeau, senior systems engineer; Karen Wichuk, director of government relations; and Sheree Drummond, government relations associate, to please rise and receive the warm traditional welcome of the Assembly.

The Speaker: The hon. Member for Edmonton-Highlands.

Mr. Mason: Thank you very much, Mr. Speaker. I rise to introduce to you and through you three gentlemen from my constituency of Edmonton-Highlands. They are Mr. Robin Carm, Mr. William Hughson, Mr. Gary Goudreau. They are particularly interested in the government's agenda with respect to children, are here to observe the proceedings of the House, and I would ask that they rise and that the members of the Assembly give them a warm welcome.

Thank you.

The Speaker: The hon. Member for Edmonton-Glengarry.

Mr. Bonner: Thank you, Mr. Speaker. It gives me a great deal of

pleasure today to introduce to you and through you to all members of the Assembly a former page in the Chamber, Cheryl Pereira. Cheryl is returning for the second year as my STEP student. She has just completed her second year of political science at the University of Alberta. I'd ask now that Cheryl please rise and receive the traditional warm welcome of the Assembly.

Thank you.

head: **Oral Question Period**

Energy Deregulation

Dr. Nicol: Mr. Speaker, this winter Albertans have been writing to the Minister of Energy about the hardship that deregulation has brought them. This includes seniors, individuals, students, families having to beg for relief from high utility bills. It includes municipalities having difficulty keeping service and recreation facilities available for the community, and it includes small businesses being forced to close when utility bills become excessive. They're asking for help. To the Minister of Energy: what's your response to these Albertans?

Mr. Smith: Well, Mr. Speaker, I would say that the response remains consistent today, as it was last week, last month, and last year. These individuals, who we communicate with on a regular basis, form the part of Alberta society that sees changes in their commodity prices, whether they're engaged in the agriculture industry and they watch the price of canola, wheat, oats, barley move up and down. They watch the price of oil move up and down. It was at a high of $36 a barrel two weeks ago. It's trading at $25 a barrel today. Natural gas has been at $12 a gigajoule. It's at just over $6 today. What we are seeing is that Alberta is dependent on and very knowledgeable about a commodity-based economy. So these individuals and these collective groups are often caught at a time when prices increase and they pay more just as at the time when they're also in a position where they sell their product for a higher price and they receive more.

1:40

Dr. Nicol: Again to the Minister of Energy: why do you continue to throw away good money to fix deregulation when Albertans have said that it is not in their best interest due to lack of competition in the marketplace?

Mr. Smith: Well, Mr. Speaker, I guess that as the Liberal plan points out, they would spend $3 billion to save $1 billion. We don't see it quite as the same format. The move to a competitive market structure has resulted in some 3,000 more megawatts of generation that's been put into this grid. That grid has resulted in electricity prices that have been in some areas the same as or lower than they were prior to the change in the regulation. In the Aquila/EPCOR marketplace they have been the highest in Alberta. These also have deferral accounts that will expire at the end of this year, and the price of power should be cheaper in that area. So we do know that as that new megawatt generation comes on, the coal-fired generation will be very important as it comes on in the Genesee area but that gas generation without a reasonable transmission policy that brings on cheap natural gas cogeneration will in fact influence electrical prices.

Dr. Nicol: To the Minister of Energy: when will you do the right thing for Alberta consumers and unplug deregulation?

Mr. Smith: Well, Mr. Speaker, we've been doing the right thing since June 15, 1993, and that right thing has resulted in unprecedented prosperity for this province and unprecedented decimation for the Liberal Party in this House.

Energy Efficiency Initiatives

Dr. Nicol: Yesterday the National Report Card on Energy Efficiency was released. After being graded across 10 different criteria, the government of Alberta received a grade of C plus, not exactly stellar, Mr. Speaker. In fact, of 13 Canadian jurisdictions that were graded, Alberta ranked ninth. To the Minister of Environment: what new initiatives is this government going to undertake so that Alberta leads this country in energy efficiency rather than just follows the pack?

Dr. Taylor: Mr. Speaker, we certainly aren't just following the pack. I would like to point out that we have received a number of voluntary challenge awards for being one of the most energy-efficient governments in the country. Secondly, we are the only jurisdiction, the only government to receive those awards in the country. Thirdly, I would point out that we have as a government made the largest green power purchase in the history of North America, over $200 million of green power.

Mr. Cardinal: How much?

Dr. Taylor: Over $200 million. This is the largest, as I said, purchase of green power in history in the private or public sector in North America. We are a leader.

Dr. Nicol: Ninth out of 13 is not leadership, Mr. Speaker.

Why has this government let down Albertans by leaving them behind in energy efficiency programs?

Dr. Taylor: Mr. Speaker, we haven't let down Albertans. I've just pointed out how we're the leader and setting a model for Albertans. I might also point out that the green power purchase that we have made is allowing 140 new windmills to be built in Crowsnest Pass. Without that green power purchase those 140-some windmills would not be built. We will be consuming the power from approximately 50 percent of those.

I can give you another example, Mr. Speaker. In Grande Prairie with the green power purchase that we've made, there's a new I believe it's a $40 million or $50 million plant being built that is going to produce power from biomass, no emissions, and part of that power is going to be going to the city of Grande Prairie. Without the government doing that green power purchase, there would not be that green power plant being built in Grande Prairie. We continue to be leaders.

Dr. Nicol: Mr. Speaker, he's talking about energy supply. My questions were on energy efficiency.

When are the people in this province going to see programs that are standard in other jurisdictions like energy efficiency, retrofit programs, and tough new standards for efficient products and buildings?

Dr. Taylor: Well, Mr. Speaker, he mentioned tough new standards. Right now we have the Clean Air Strategic Alliance, a nongovernmental body, looking at tough new standards for emissions from electrical generation plants. We will have the toughest new standards. I'm expecting a report from them sometime this summer as to what our new standards should look like.

The other thing I would say, Mr. Speaker, is it is not the provincial government's role to give loans to people to make energy efficiency improvements in their housing. There are other agencies that will do that. The MEET program that we're looking at is one, and the Minister of Finance might like to comment further on that program.

Mrs. Nelson: Mr. Speaker, I'm really pleased to talk about the MEET program. This is an initiative that came to us via the Alberta Urban Municipalities Association, and it's an excellent idea of having municipalities have the ability with the support of our government to retrofit some of the municipal buildings that will not only bring efficiency into it but will lower their cost of operation and bring down the cost for the communities to support the municipal governments. We're working on this. The Minister of Municipal Affairs is working now and will bring forward a plan soon this year, and we're quite keen on it. This again will lead the way in Canada. This was something we announced in the budget, and we're well ahead of other provinces in this country, so it's a successful program.

The Speaker: Third Official Opposition main question. The hon. Member for Edmonton-Mill Woods.

School Utilization Rates

Dr. Massey: Thank you, Mr. Speaker. The government's concern with efficiency over learning leads to the space utilization rate being used as the prime factor in closing small schools. Last evening Edmonton Catholic voted to close St. Patrick school and like boards elsewhere is looking at others. My first question is to the Minister of Learning. Given the research evidence that indicates that students perform better in small schools, why is student success not used as the major criterion?

The Speaker: The hon. minister.

Dr. Oberg: Thank you very much, Mr. Speaker. There was a recent Stats Canada document that came out that analyzed rural versus urban students and rural versus urban student outcomes. It was very interesting that right across Canada what we saw is that rural students did not do as well as urban students. One of the issues, obviously, is that in rural Alberta these students are typically – typically – in smaller schools. This is something we have a very difficult time explaining as to exactly why this happens, but it does raise some really interesting questions such as, for example, the small school issue. There are some small schools that do extremely well, but there are some that certainly do not do as well. Can I say that all small schools do poorly? No. Do all small schools do extremely well? The answer is no.

The Speaker: The hon. member.

Dr. Massey: Thank you. Again to the same minister: will the minister consider reintroducing funding for community schools which would allow at least some of these small schools to continue in operation?

Dr. Oberg: Mr. Speaker, one of the components of our funding formula that is coming out this September is a thing called small schools by necessity, and this recognizes the whole issue of what the hon. member was just talking about. There are some areas in geographic parts of this province where quite literally you cannot put a student on the bus for an hour or two hours. There are some schools that purely by geography are going to be in the range of 30 to 50 students. What we have used in the formula is the criterion of a 30-kilometre radius of the school. If there is no corresponding school with the same grades within a 30-kilometre radius, then they will qualify for a small school subsidy. I'll certainly send the information over to the hon. member because it is a very good grant. I believe it really isolates the situation of some of these small geographic community schools that are present in rural Alberta that everyone here knows simply cannot close but must continue on.

The Speaker: The hon. member.

Dr. Massey: Thank you, Mr. Speaker. My third question is to the Minister of Infrastructure. Given that using the utilization rate pits neighbour against neighbour and neighbourhood against neighbourhood in providing education, what other solutions have been offered to Albertans?

Mr. Lund: Mr. Speaker, I'm not sure where the member gets that we're so-called pitting neighbour against neighbour because that just simply is not true. What is happening in some locations is we look at the geographic area. We look at the number of students going to school. We look at the total capacity within the community, and I'm sure that all of the taxpayers in Alberta would be very anxious that we utilize the facilities we have to the maximum. Not only is it good to have more students in a particular school so that you can offer more programs and more opportunity for them, but it also, when you look at the operation and maintenance of schools, is important that you utilize that space. So in some communities where we have the two separate boards, the public and the separate boards, we have had to realign some of the schools so that we maximize the capacity in the community and, in fact, increase the utilization. That's simply what we are doing in more than one location.

Mr. Speaker, I know that when a parent's children have to move to another school that does cause some disturbance, but we know that in the long run that is the best thing for the community.

The Speaker: The hon. Member for Edmonton-Highlands, followed by the hon. Member for Wetaskiwin-Camrose.

1:50

Softwood Lumber Policy

Mr. Mason: Thank you very much, Mr. Speaker. According to an internal government document, which I will table later today, the Alberta government is prepared or at least was prepared to trade away the job livelihoods of Albertans living in forest-dependent communities like Hinton, Whitecourt, and Slave Lake in order to settle the softwood lumber dispute with the U.S. According to this document and contrary to what the minister told the House last week, the government seems to be prepared to trade away provincial forestry policies that require companies to build sawmills and other processing facilities in nearby communities in exchange for the right to cut timber on Crown land. My question is to the minister of international and intergovernmental affairs. Why did the minister tell the House last week that these types of changes to forestry tenure were not being considered when, according to this internal document, they have formed the basis of the government's negotiating position?

Mr. Jonson: Mr. Speaker, I would like to thank the hon. member across the way for a document that made its way over here a few minutes ago, and I notice that it is dated December 2001.

I can certainly speak in terms of what is occurring today in terms of our ongoing negotiations with the United States relative to the

softwood lumber issue. We have been working very closely, as I've indicated before in this Assembly, with the industry and the MLAs. The Members of the Legislative Assembly representing that area of the province have been very much in touch with their constituents, I'm sure. We have clearly stated in these negotiations that there are two things that are very, very definite, things that we want to make sure are still part of our overall forestry industry, and those are long-term tenure being provided for and also – and this seems to be an item on which there is agreement with the United States – that there is protection for the viability for our small lumber producers.

The Speaker: The hon. member.

Mr. Mason: Thank you very much, Mr. Speaker. Is the minister then saying that the concepts and proposals put forward in the December 2001 policy paper no longer form the basis for a resolution of the softwood lumber dispute as Alberta's position, and if so, what specific changes now do form the basis of the government's negotiating position?

Mr. Jonson: Mr. Speaker, there are a number of items being discussed as possible solutions to this overall debate; for instance, the whole area of being able to set aside a particular area in northern Alberta in which the timber rights are not yet committed. We were looking for areas of that type that could be put up for public auction which would set a benchmark whereby we could set the stumpage price for the industry across northern Alberta. Those are some of the things that we've got under consideration.

The Speaker: The hon. member.

Mr. Mason: Thank you very much, Mr. Speaker. Given that the document says, "Alberta's policy initiatives to address these concerns would eliminate all references to mills, communities, lumber production, and processing facilities as requirements in long-term tenure," can the minister tell the House whether or not this still represents the government's position?

Mr. Jonson: Well, Mr. Speaker, perhaps I should make sure I indicate that I'm not aware of this particular document or what its origin was. There is no indication that it was ever approved in any shape or fashion. It looks like kind of a shopping list of possibilities that someone has developed, and therefore I would not be able to reflect upon its validity.

The Speaker: The hon. Member for Wetaskiwin-Camrose, followed by the hon. Member for Edmonton-Riverview.

Special Constable Program

Mr. Johnson: Thank you, Mr. Speaker. The county of Wetaskiwin has concerns with unclear roles of special constables in the county. They're worried that undefined roles and confusion between the RCMP and special constables will create policing problems in the Wetaskiwin-Camrose constituency. My questions are to the Solicitor General. What is the exact role of special constables in Wetaskiwin county?

The Speaker: The hon. minister.

Mrs. Forsyth: Thank you, Mr. Speaker. The special constable program was created to allow municipalities and municipal districts to supplement the enforcement of provincial statutes. The role in the county of Wetaskiwin is to enforce provincial statutes such as the Highway Traffic Act, the Motor Vehicle Administration Act, and the Environmental Protection and Enhancement Act. They do not have the authority to respond to police calls and should not be involved in criminal matters. That is the role of the RCMP. Special constables provide a valuable service to the communities that they serve, but they must keep in mind that they are not police officers.

Mr. Johnson: Can the Solicitor General give myself and my constituents a time line for when a new memorandum of understanding between the RCMP and the Wetaskiwin county special constables will be completed?

The Speaker: The hon. minister.

Mrs. Forsyth: Thanks, Mr. Speaker. Yes, I'm aware of the need for a new memorandum of understanding between the RCMP and the special constables in Wetaskiwin county. However, this is a matter between the county and the RCMP. I will close by saying that my door is always open, and if they need to discuss something, I'll be happy to help them.

Mr. Johnson: My final question to the same minister: can the Solicitor General clarify what authority the special constables in the Wetaskiwin county have when dealing with impaired drivers?

Mrs. Forsyth: Mr. Speaker, the authority to investigate and charge impaired drivers rests with the police and it's not with the special constables. When a special constable encounters a suspected impaired driver, they are to contact the RCMP and request their attendance at the scene. If Wetaskiwin county has experienced problems with their impaired drivers, I encourage them to talk to county officials and the RCMP on that matter.

Toxic Mold in Foothills Medical Centre

Dr. Taft: Mr. Speaker, last September construction damage on the third floor of the Foothills hospital led to significant flooding of the hemodialysis unit on the floor below. A few weeks later the ceiling tiles on this unit began to collapse exposing extensive amounts of foul, black, toxic mold. People in the vicinity immediately became ill with respiratory problems, and three required emergency room attention. Since that time other cases of toxic mold contamination have occurred at the Foothills, and there's actually evidence that this problem goes back several years. To the Minister of Health and Wellness: why didn't the government know that a serious problem of toxic mold existed at the Foothills hospital? Was the CHR withholding information?

Mr. Mar: Well, the simple answer, Mr. Speaker, is because there was no serious problem associated with mold, and I'm pleased to have the opportunity today to clarify the record for the benefit of the hon. member and for members of this Assembly.

Now, the hon. member did table a document yesterday at the end of question period outlining some results from a review that was done of molds. Had he, of course, done that earlier, then I would have had the opportunity to have raised this reply yesterday. So instead of playing holdout politics, I would have preferred to have answered this question yesterday.

I undertook as at question period yesterday afternoon that I would look into this matter. I've had 24 hours now to look into this, and here's what I can inform you and the Assembly, Mr. Speaker. First of all, the Calgary health region has confirmed that there has been

mold in the facility that we call the Foothills hospital. If the hon. member were being fully candid and frank, he would know from the report that he waved in the Assembly that although mold was present, based on Health Canada standards, it was below their level for concern. To the credit of the health region they took the sort of action that was beyond that which was required. So even though the mold that was present did not present a health risk, they removed the sources of the mold, and this is the incomplete part of the allegations made by the hon. member.

2:00

The fact is, Mr. Speaker, that the medical director of infection prevention and control assessed the risk to patients and to staff, and remedial action was taken immediately. Drywall was removed; cabinetry was removed; sinks were removed. Subsequent testing of this particular area has shown that in all but one case the mold levels continued to be below the Health Canada standard. In the one case where it is above the standard, the mold is contained in a ceiling area that's subject to negative air pressure, which means that the mold is contained and is not spreading to other parts of the buildings. So the decision was made . . .

The Speaker: Hon. minister, please. Let us continue. We have two things going on in here. We have estimates this afternoon. This matter can be raised then.
The hon. member.

Dr. Taft: Thank you, Mr. Speaker. I thought we were making progress, but we're going backwards.
To the same minister: given that 65 registered nurses and a large number of support staff are currently reporting illnesses consistent with toxic mold, why is the Calgary health region and apparently the minister still denying that the concentrations of toxic mold are high enough to be a hazard?

Mr. Mar: Mr. Speaker, I can advise you and advise this Assembly and advise the hon. member that, in fact, all of this information has been very transparent. Dr. Tom Louie is the medical director of infection prevention and control, a physician of the very highest calibre, who assessed the risk to these individuals. The report has been well known to the unions representing staff of AUPE and UNA. This has been a completely transparent process, and there is a process in place with the regional health authority on the reporting of serious incidents.
Now, I've had the opportunity to speak with the chief executive officer of the regional health authority. I've been advised as to what that process is, as to how information moves up the chain, but if something can be appropriately and competently dealt with and if in the opinion of the medical officer responsible for infection control and prevention this matter can be dealt with safely, then it stays at that level. We do have competent individuals who make these important decisions.
With respect to matters relating to the employees in the regional health authority, as of yesterday afternoon there has been an ongoing and continuing dialogue between the regional health authority and the unions representing AUPE and UNA workers. Mr. Speaker, I can advise you that there's now a committee from occupational health and safety from the department of HR and E, also occupational health and safety from the Calgary health region, and also a representative from AUPE and the United Nurses of Alberta. They are continuing to work together in a collaborative way to ensure that the safety of both staff and patients at this facility is maintained at the highest calibre.

Dr. Taft: To the minister of occupational health and safety: given that his department is involved in these investigations, will he assure this Assembly that they will be following Health Canada guidelines that say that investigations and remediation must continue until symptoms are no longer appearing among occupants?

The Speaker: The hon. Minister of Human Resources and Employment.

Mr. Dunford: Well, thank you very much. You know, once again I think we've seen from this hon. member a strategic . . .

Dr. Massey: Answer the question.

Mr. Dunford: Well, I'll answer however I want, hon. member, and I'll take as much time as I want. You worry about yourself. Don't you worry about me.

The Speaker: Okay. Okay. Please.
The hon. Member for Calgary-Currie, followed by the hon. Member for Edmonton-Glengarry.

Monitoring Medical Errors

Mr. Lord: Thank you, Mr. Speaker. There is a question in my mind as to whether or not we expect too much of our health care system. Our health care professionals are certainly among the brightest, most capable, and best anywhere, yet mistakes happen and unforeseen events continue to arise. It is reported in an article in the *Journal of the American Medical Association* that iatrogenic causes – in other words, errors, complications, and infections precipitated by medical treatments – may be the third leading cause of death, a quarter million people a year in the U.S., and that is in one of the very best health systems the world has ever known. Clearly, in spite of the astonishing number of medical successes nothing is perfect yet. My questions are to the minister of health. Do we track iatrogenic complications in Alberta? What kind of statistics do we keep?

Speaker's Ruling
Anticipation

The Speaker: Okay. Hon. members, in a few minutes from now this afternoon are the estimates of the Department of Health and Wellness. One of the typical rules that we have in here is that we delay these questions on the day the estimates are there. Now, unless this is a broad-range policy question, I'm going to avoid this because I've got a whole list of other members who want to participate and we're going to have at least two uninterrupted hours this afternoon with Health and Wellness.
The hon. minister.

Monitoring Medical Errors
(continued)

Mr. Mar: Mr. Speaker, it is a broad-based policy decision and issue; however, I can keep it short.
The majority of regional health authorities in the province of Alberta do track and monitor the kind of information and statistics that the member has referred to. It is the responsibility of individual health authorities to follow up on incidents. Now, these incidents can range from a medication error or it may be an incident like a patient who is falling. Regions must properly review the incident and implement the necessary actions required to ensure patient safety.

The Speaker: The hon. member.

Mr. Lord: Thank you, Mr. Speaker. To the same minister: how do Alberta statistics compare to other jurisdictions across Canada and the world?

Mr. Mar: It is difficult to say, Mr. Speaker, because not all jurisdictions across Canada record this type of information, but clearly the idea of trying to formalize a process to collect and share this information across Canada would be a good idea.

Mr. Lord: To the same minister: what formal procedures are in place to ensure accountability, improvement, and peer review whenever iatrogenic complications might be involved?

Mr. Mar: Mr. Speaker, we do have a number of procedures in place to help ensure patients' safety. The Department of Health and Wellness has developed a quality framework, and one of the components of that framework is safety, which, of course, includes iatrogenic complications. Quality assurance committees are set up in facilities and in health regions throughout the province. The Canadian Council on Health Services Accreditation accredits all publicly funded facilities to help ensure quality throughout the country.

Private/Public Partnerships

Mr. Bonner: Mr. Speaker, NovAtel, Swan Hills, Gainers, Millar Western, West Edmonton Mall, Vencap: these are only a few examples of P3s that this government has been involved with and that have cost Alberta taxpayers over $2.5 billion. To the Minister of Infrastructure: why doesn't the minister cite these examples when he talks about P3s?

Mr. Lund: Well, we're back on the P3 thing, and I think that possibly we need to consider them as a P3, a pathetic puffball party. Quite frankly, Mr. Speaker, I don't know how many times we've got to go over this, but the member just doesn't seem to get it. There are so many different ways that the private sector can assist in delivering services, and I've given many examples, so I'm not going to go over them again. Quite frankly, it is getting very pathetic that the hon. member just can't seem to get it.

Mr. Bonner: Can the Minister of Infrastructure tell us why, after all the P3 problems I've mentioned, Alberta should trust this government with P3 financing? And that's private political pork.

The Speaker: I have no idea how that question meets the test in this Assembly. Go to your third one, hon. member.

2:10

Mr. Bonner: Mr. Speaker, when will this minister release a document that fully describes, justifies, and defends this government's plan for P3 financing?

Mr. Lund: Mr. Speaker, as we have indicated in this Assembly before, we are setting up internally within the department a mechanism that will assess and see that, in fact, these proposed P3s, when they come forward, do make sense. Beyond that, for any of the alternate financing through the Treasury department there's an independent group who is going to also assess any proposal that comes in, and they will be looking at the lifetime costs and how that relates to if we built it and did it ourselves.

I know that there are a number of issues that the member is going to have difficulty with like: what is the value of off-loading the risk? What is the value of having a facility built now and the ability of the citizens of Alberta to use that facility? What is the value of being able to use the income tax system to write off some parts that could possibly be written off by the private sector but can't be written off by government? There are so many of those kinds of issues. I know that it will be well over his head, but we are going to be trying to move forward anyway.

The Speaker: The hon. Member for Spruce Grove-Sturgeon-St. Albert, followed by the hon. Member for Edmonton-Ellerslie.

Bicycle Safety

Mr. Horner: Thank you, Mr. Speaker. During a recent trade show which was held in the city of Spruce Grove at the TransAlta leisure centre, which, I might add, is a wonderful example of a public/public partnership with three communities and the province involved, I had a number of constituents come to me and ask me questions about the use of bicycle helmets for children in trailers that are pulled behind a bike, particularly kids who are under a year of age. My first question is to the Minister of Transportation. Does a child in a trailer pulled by a bike or riding on the bike in a child carrier seat require a helmet?

The Speaker: The hon. minister. The reason the chair hesitates is that one of the rules is that no question should ask for interpretation of statutes.

Mr. Stelmach: Thank you. Alberta law prohibits any person without a helmet from riding on a bike or being in a trailer pulled by a bike, basically meaning that everyone less than 18 years of age that is on a bike requires a helmet. That is the law.

The Speaker: The hon. member.

Mr. Horner: Thank you, Mr. Speaker. My second and final question, then, would be to the same minister. Did the Transportation department do any studies on the safety of children under one year of age and whether a helmet would in fact be safe for them?

Mr. Stelmach: Mr. Speaker, this bill came forward as a result of a private member's bill. Before the bill came to this Legislature, there was quite extensive consultation by the private member with a number of safety groups and, of course, enforcement agencies.

Now, with respect to the safety groups one of them recommends that parents do not put a helmet on a child that's less than one year of age because they insist that the muscle structure will not be able to support the helmet and will lead to greater danger. So, as a result, I would say that if you're going to take your child of less than one year of age for a ride on a bike, the best is to give serious consideration to the safety of that child and maybe not do that. Period.

Forest Management Practices

Ms Carlson: Mr. Speaker, four reputable scientists have released a damning study about this government's forest management practices. The study concludes that at current rates Alberta's boreal forest won't be able to sustain the forestry industry and that wildlife habitat will be devastated. This problem stems from the fact that the oil patch cuts as many trees as the forestry industry but doesn't have the same obligation to reforest. My questions are to the Minister of Sustainable Resource Development. Why has this government

insisted on using archaic forest management practices when industry has been asking for changes for more than a decade?

The Speaker: The hon. minister.

Mr. Cardinal: Thank you very much, Mr. Speaker. I think that's a very unfair statement to the industry because we have one of the best managed forests in North America right here in Alberta. Over 60 percent of our province, in fact, is forested area.

An Hon. Member: How much?

Mr. Cardinal: Over 60 percent. We manage over a hundred million acres of public land, and we do very well. We're working very closely, of course, with the scientists, with their recommendations. We're also working very closely with industry. In fact, we have some leaders. For an example, in my riding Alberta-Pacific Forest Industries, with their large FMA in northeastern Alberta, work very closely with the oil and gas industry. We work very closely with the municipalities, the First Nations, the trappers, the outfitters, et cetera, to develop a plan where we will minimize the imprint we leave as we move forward.

In fact, the area of seismic lines is one good example. Just a number of years ago most seismic lines were 10 metres. Today, Mr. Speaker, they are 25 percent of that on average. In fact, 75 percent of the seismic lines out there – and maybe the Minister of Energy will want to expand on that – are low-impact seismic lines, where they do a very little amount of damage.

Mr. Speaker, I believe we're in good hands. We're doing the right thing. Forestry is a thriving industry in Alberta. It continues to employ over 50,000 people. In fact, some of the member's constituents no doubt work in the forest industry. We do very well.

Ms Carlson: Mr. Speaker, the minister missed the whole point of the question. The forest companies are doing a good job and are asking for changes.

Why don't oil companies have to reforest to the same standard as forestry companies?

Mr. Cardinal: Mr. Speaker, this member does not understand what she's talking about. When it comes to seismic lines, for an example, some of the seismic lines that are developed, which are a lot narrower now, may be there for 20 or 30 years. They're there. They're used by the companies on an ongoing basis. Not only the forest companies but the trappers use those. The outfitters use those, and other people that want to travel in some of those jurisdictions use those seismic lines also. So they're there for a long period of time. They're under licence of occupation, so we manage them very closely.

I would invite the hon. member to come up north and travel. The next time I go flying in northern Alberta, come fly over and see how much forest we have in Alberta and how well it is managed.

Ms Carlson: Mr. Speaker, given that it's clear that I need to send this study to the minister to read, when are we going to see a regulatory framework that requires the oil and forestry industries to work in concert to manage Alberta's forests?

The Speaker: The hon. minister.

Mr. Cardinal: Yes, Mr. Speaker. There are a number of integrated resource plans that are being worked on by a number of departments and industry, and they do look after those areas the member is concerned about. Again I stress the fact that I don't believe this member knows maybe what a tree looks like in northern Alberta. I would invite her to come and travel and tour next time I tour northern Alberta to see how much forest is there and how well it is managed, how little impact the oil and forest industries have up there. The area is forested.

The Speaker: The hon. Member for Edmonton-Strathcona, followed by the hon. Member for Calgary-Cross.

Long-standing WCB Claims Review

Dr. Pannu: Thank you, Mr. Speaker. Injured workers and other stakeholders are being told by Human Resources and Employment ministry staff that the tribunal on long-standing contentious WCB claims will not proceed without agreement by employer groups. Later today I will table a letter from the Canadian Association of Petroleum Producers and three other oil and gas industry employer groups attacking the tribunal and expressing their opposition to the recommendation for the establishment of the tribunal. This opposition by CAPP and other groups is puzzling in light of the fact that the CAPP representative co-chaired the very task force that made the recommendation to establish the tribunal in the first place. A question to the Minister of Human Resources and Employment: why are employer groups being allowed to dictate a government decision at the expense of injured workers who were promised a tribunal to re-examine their claims?

Mr. Dunford: I think that if the hon. member would have recalled the release of the Doerksen report and the Friedman report and the government response to that report, he would have noticed that on the recommendation for an independent tribunal that recommendation is still under review.

2:20

The Speaker: The hon. member.

Dr. Pannu: Thank you, Mr. Speaker. To the same minister: given that the minister received the letter from CAPP and three other organizations dated April 11, has the minister told CAPP that he is now prepared to reject the recommendations of the tribunal task force and will deliver the tribunal as promised to injured workers?

Mr. Dunford: Well, I haven't made any official response to the letter that I can think of off the top of my head, Mr. Speaker. I've been quite public, though, in this matter since the issue first came up, that if we were going to look into long-term contentious claims, I was looking for a way in which some sort of consensus could be achieved in order to do this. I think there are a number of ways in which old claims, you know, could be looked at. But, clearly, from the letter that the hon. member is talking about, I think we have to consider it a bit of a setback. As a matter of fact, the signatures to that letter had indicated at one time a potential way in which the review could be done. I wanted to reject that, however, because with the recommendation I thought that we'd end up in the courts of this province. I don't think injured workers want that, and of course neither do I.

Dr. Pannu: My second supplementary to the minister: given that the minister has indicated recently to stakeholders that a decision on the tribunal would be announced soon, how much longer will injured workers have to wait to learn what actions this government will be taking?

Mr. Dunford: Well, as I recall, when we were discussing Bill 26 I think it was in this particular House, when we brought forward the bill and it provided, then, a number of changes that were to be made to the workers' compensation system, including what we might provide for in terms of a tribunal, I didn't have the support of injured workers. As a matter fact, they were here in this House and were displaying their displeasure with the minister's position, and it became quite clear to me, of course, that they did not support it. So I find it interesting now, today, that we would have a presentation of something that they were rejecting as now to be considered something that they entirely need, and now I'm being criticized because it's taking this long to try to reach a consensus.

The Speaker: The hon. Member for Calgary-Cross, followed by the hon. Member for Edmonton-Centre.

Patient Safety and Medical Error Reduction Centre

Mrs. Fritz: Thank you, Mr. Speaker. Recent estimates show there's an extremely high death rate of Albertans each year due to medical errors that are preventable. I have two questions for the hon. minister of health this afternoon. The first: will you establish a patient safety and medical error reduction centre in Alberta that would provide a health care quality improvement annual report to this Legislature?

Speaker's Ruling
Anticipation

The Speaker: Hon. members, for the second time or third time today. In a few minutes from now we're going to go into the estimates of the Department of Health and Wellness for two hours uninterrupted. I think we'll move on. You'll have an opportunity, hon. member, in a few minutes.

The hon. Member for Edmonton-Centre, followed by the hon. Member for Edmonton-Calder.

Court Transcripts

Ms Blakeman: Thank you, Mr. Speaker. The Minister of Justice has suggested that he is concerned about increasing fairness, timeliness, and streamlining the justice process. Part of the process that people find prohibitive is the cost of legal transcripts. My questions are all to the Minister of Justice today. Mr. Minister, what criteria are used to determine if a case is of sufficient public interest to merit a fee waiver for the cost of court transcripts?

Mr. Hancock: Well, Mr. Speaker, those aren't decisions that I routinely make, so I have to suggest that I don't honestly know the answer to that. As to what criteria would be used by the people who do make those decisions, I presume that it's something I could look into and get back to the member with a response.

The Speaker: The hon. member.

Ms Blakeman: Thank you. To the same minister: if court proceedings have been transcribed, will the minister commit to posting them on the Internet for a lower fee?

Mr. Hancock: No, Mr. Speaker. There's a real issue that we have to deal with with respect to the question of not even transcripts of court proceedings but decisions of the courts. Sometimes court proceedings are intensely personal to the parties, and while they are done in public, in the current genre people would have to go down and attend at court to see what's going on and to hear what's happening, so there is a bit of privacy afforded the participants even though it's done in a public context. Posting on the Net takes those proceedings out of the context of the courtroom and makes them available entirely to the public to peruse at their will.

We have found, for example, with the publication of decisions, not transcripts but decisions, of the court in family law matters that people can pull up those decisions and find details in the decisions which can be embarrassing to other people who are related; in other words, children, for example, who are related to participants in a court. It's not found to be prudent to publish in that manner by putting those decisions directly on the Net for full availability of the public even though those decisions may be published in written form and be in law reports. So that's an issue that we have been struggling with with respect to decisions. I certainly think it would be much more problematic if you took it all the way down to transcripts.

The Speaker: The hon. member.

Ms Blakeman: Thank you. Finally, will the minister look into lowering the fees for the hard copy transcripts?

Mr. Hancock: I think the short answer to that, Mr. Speaker, would be no. I will respond to that in more detail when my estimates come up on Thursday if the hon. member wants to ask the question or raise the question in that context. The fact of the matter is that we have a number of resource issues that we need to deal with in the Department of Justice, and if I had resources, it wouldn't be applied so much to lowering the cost of obtaining transcripts. It would probably be applied more to areas like improving the fees that we pay to interpreters and those sorts of people, because I think we would get a better improvement of the access to justice for Albertans by applying resources in that manner.

Transcripts and obtaining transcripts are a cost of doing business. We are moving, I might say, Mr. Speaker, to more electronic formats so that people can get transcripts on CD-ROM, and hopefully within the next two to three years we will be seeing a move to electronic filing processes and using a lot of documents in electronic format, which should deal with that issue.

The Speaker: The hon. Member for Edmonton-Calder, followed by the hon. Member for Calgary-Fort.

Single Trial Court

Mr. Rathgeber: Thank you, Mr. Speaker. For some time now the Minister of Justice has been promoting the idea of a single trial court as a catalyst for judicial reform. However, this model has many detractors, including the Criminal Trial Lawyers Association and the Chief Justice of the Alberta Court of Queen's Bench. My questions are for the Attorney General. Why is the minister pandering to special-interest groups by offering a host of specialized courts within the single trial court model?

The Speaker: The hon. Minister of Justice and Attorney General.

Mr. Hancock: Thank you, Mr. Speaker. Well, I wouldn't agree with that preamble with respect to what is actually being proposed. What we are talking about in the context of a single trial court is creating a horizontally organized court rather than a vertically organized court. Instead of the Provincial Court and proceeding up to Court of Queen's Bench, we would have a court with section 96 powers and organized, as I say, horizontally, so you would have a criminal division, a commercial division, a family division, and you would be

able to deal within those divisions with the specialized needs of groups. We have, for example, the domestic violence court in Calgary. Now, if that is pandering to a specialized interest group, that kind of description boggles the mind. What we're actually doing there is dealing with an issue in our society which is extremely important: reducing the recidivism rate, getting treatment for people so that they don't continue to abuse their spouses. That's the type of thing you can do when you focus the resources in an appropriate way.

Going to a single trial court model, which we're looking at – we haven't made the decision to do it but are looking at it – will allow us to re-enter our resources so we can have specific types of courts to deal with domestic violence, for example, with offences involving weapons, drugs, perhaps even issues relative to youth using drugs or skipping school, as they do in some places in the States, dealing with youth issues. So what we're looking at is a single trial court which would give one area of jurisdiction and that would allow the court, then, to specialize in particular areas to achieve better results for Albertans.

2:30

The Speaker: The hon. member.

Mr. Rathgeber: Thank you, Mr. Speaker. I apologize for boggling the minister's mind.

Given that section 92(14) of the Constitution gives the provinces exclusive jurisdiction over the organization of the provincial courts, why is the minister abrogating this right to the federal government?

Mr. Hancock: Again, we're not abrogating any rights to the federal government. In fact, I would suggest that we're doing exactly the opposite. What happens right now is that the federal government under that section of the Constitution has the right to appoint section 96 judges, as they're called. These are the judges in Alberta of the Court of Queen's Bench and the Court of Appeal. But the Court of Queen's Bench judges, which deal with a lot of the constitutional issues that we deal with, as I say, right now are appointed by the federal government. We appoint Provincial Court judges as a statutory court rather than a constitutional court.

What we are proposing is that there be one court. So, yes, we would no longer appoint judges to the Provincial Court, but we would as part of the proposal have to engage in a protocol with the federal government so that we would have even greater involvement in the appointment of all of the judges. The net effect would be that we would have an impact on the appointment of judges to the section 96 courts even though they would have the right to make the appointment. That is an improvement of our process and an improvement in our ability, in my view, to have an effect on who is appointed to the bench.

The Speaker: The hon. member.

Mr. Rathgeber: Thank you, Mr. Speaker. Given the obvious noncollaboration between Alberta and Ottawa over Senate appointments, why is the Minister of Justice hopeful that he can collaborate with Ottawa with respect to judicial appointments?

Mr. Hancock: Well, Mr. Speaker, nobody said that it was going to be easy, but we have to always, I think, strive to do the right thing with taxpayers' resources and the right thing with respect to getting the best access to justice for Albertans on the most cost-effective basis. So even though it's going to require some work to develop a protocol with the federal government, I think that in the area of justice there has actually been considerable co-operation historically. We do have dual areas of jurisdiction where they appoint and pay for the Federal Court judges and they pass the Criminal Code, for example, and we have to do the administration of justice at all levels of court.

So we have had some considerable success in that in the past. There are obviously areas where we haven't had success. It's not going to be easy, but it is part and parcel of trying to make the court system better so that we have a 21st century dispute resolution process for Albertans.

The Speaker: Hon. members, before moving to the first of four statements, might we revert briefly to Introduction of Guests?

[Unanimous consent granted]

head: **Introduction of Guests**
(reversion)

The Speaker: The hon. Member for Edmonton-Castle Downs.

Mr. Lukaszuk: Thank you, Mr. Speaker. I will ask for some latitude as I may want to preamble my introduction.

The Speaker: Hon. member, the House gave the hon. member permission to proceed. Do it with dignity and courtesy to the House.

Mr. Lukaszuk: As intended, Mr. Speaker.

The communications and electronics branch of the Canadian forces is organizing events to celebrate the centennial anniversary of military communications in Canada. The Mercury Trek consists of a team of 21 riders and eight support staff who will cycle through each province carrying a heraldic proclamation outlining the significant contributions of military communications to Canada. The trek members, consisting of active military members and Colonel Lackonick, retired, have entered Edmonton today, and I had the pleasure of cohosting a ceremony with the Lieutenant Governor and inviting them to our distinguished Chamber here at the Legislative Assembly of Alberta.

Mr. Speaker, I suggest to you that they are probably carrying one of the most important messages they ever could, and that is one of pride in Canada and unity, and I would ask them to rise and receive the warm welcome of our Assembly.

Thank you.

head: **Members' Statements**

The Speaker: The hon. Member for Calgary-Currie.

University of Alberta Energy Management Program

Mr. Lord: Thank you, Mr. Speaker. I rise today to highlight an excellent example of what can be done by Albertans and Alberta institutions to save energy and reduce costs of utility bills. Since 1975 the University of Alberta has had an active energy management program that currently saves the U of A over $12 million a year. Amazingly, over the course of the program the accumulated savings total over $139 million – that's $139 million of taxpayers' money saved – and that's not all. The program has also eliminated 1.65 million metric tonnes of carbon dioxide, 2,000 tonnes of nitrogen oxide, and 1,500 tonnes of sulphur dioxide.

This energy management program is a significant contributor to sustainability on the U of A campus. Not only is it helping to significantly reduce utility bills. It reduces the consumption of

nonrenewable resources as well and also reduces the associated amount of pollution and greenhouse gas emissions. Some of the main elements of how they accomplish this include lighting retrofits, heating recovery systems, variable-speed drives, optimizing operating schedules, downsizing equipment, and piping and ductwork insulation. These types of initiatives have helped to reduce electrical consumption per square metre by 26 percent, steam consumption per square metre by 49 percent, and water consumption per square metre by 62 percent since 1975. At the same time their building area has increased by 27 percent.

For almost three decades now the U of A has been a leader and has made a concerted effort to introduce changes and implement practices that enable it to operate in an energy-efficient and environmentally responsible manner. A seven-year program has just been developed which will guide the university's further energy conservation activities until the year 2010. The University of Alberta serves as an excellent model of how a large institution can make a significant difference in the quest for sustainability and energy conservation, and I would encourage other institutions in the province to look to the University of Alberta and others for concrete examples of how energy conservation measures can have a significant impact on environmental and economic sustainability.

Thank you, Mr. Speaker.

The Speaker: The hon. Member for Calgary-West.

Volunteer Calgary Leadership Awards

Ms Kryczka: Thank you, Mr. Speaker. Last Thursday, April 24, I had the honour of bringing greetings from the province on behalf of the Premier and my Legislature colleagues at Volunteer Calgary's seventh annual leadership awards, presented by Suncor Energy Inc., held at the Hyatt Regency. Over 400 people attended the celebration to honour excellence in community volunteerism and its valuable contribution to improve the quality of life for many, many Calgarians. The leaders of tomorrow awards, which salute the outstanding efforts of youth in the community and are sponsored by EnCana Corporation, were awarded to Mahrukh Tahir, elementary school; Lauren Mendis, junior high school; and to brothers Shaqil Peermohamed and Nabeel Peermohamed, senior high school.

The leaders in business awards, which recognize excellence in workplace volunteerism and are sponsored by Chevron Canada Resources, presented the gold award to Imperial Oil Limited and Exxon Mobil Canada for their work with Hull family services. The silver award went to Fluor Canada Ltd. and the bronze award to BP Canada Energy volunteers, Calgary retirees.

The leader in the community award, recognizing local nonprofit organizations and sponsored by the *Calgary Herald*, was awarded to the Fort Calgary community garden out of 25 nominations. The community garden engages homeless people to help grow vegetables for the Salvation Army Centre of Hope.

But the absolute highlight of the celebration was recognizing Simon Adamson with the VIP, or volunteer in profile, award by CFCN/CTV for his outstanding work with the Schizophrenia Society of Alberta over the past six years. Simon was diagnosed with schizophrenia at 17 and at 26 daily helps people who are newly diagnosed with schizophrenia reintegrate into the community. He also educates the public about its effects. Last year Simon volunteered over 1,700 hours. During his emotional acceptance speech Simon expressed his pride in being able to make a difference.

Mr. Speaker, it was truly a privilege to be part of Volunteer Calgary's seventh annual leadership awards celebration this year. Thank you.

The Speaker: The hon. Member for Calgary-Montrose.

Holocaust Remembrance Day

Mr. Pham: Thank you, Mr. Speaker. I invite members of this Legislature and all Albertans to join me and the Minister of Community Development in a day of reflection and remembrance for Yom ha-Shoah, the Holocaust Remembrance Day. This day is recognized worldwide as a time to remember the crimes against humanity committed between 1933 and 1945 and to ensure that victims of this tragedy and other victims of genocide, hatred, and ethnic cleansing are never forgotten. We are thankful that Canada has not experienced such atrocities. However, none of us should ignore them. Many Albertans have friends or relatives who lived through disturbing times or who lived in oppressive countries. We know that, unfortunately, hatred and discrimination exist. Therefore, these feelings, which are commonly based on a lack of understanding, do find their way into our communities and affect all of us.

2:40

In 2000 the Alberta Legislature unanimously passed the Holocaust Memorial Day and Genocide Remembrance Act to formally recognize this day each year and to remind us of the need to uphold the human rights of everyone and to value the diversity and multicultural richness of Alberta society. Each one of us can do our part by raising an awareness of these issues, by educating those around us, by speaking up, and by doing whatever we can to eliminate hatred, criticism, and discrimination. Today I ask everyone to reflect on the meaning of Yom ha-Shoah, the Holocaust Remembrance Day.

Thank you, Mr. Speaker.

The Speaker: The hon. Member for Edmonton-Strathcona.

Holocaust Remembrance Day

Dr. Pannu: Thank you, Mr. Speaker. This morning I attended along with many members of this House, including yourself and the Premier, a memorial and candle-lighting ceremony on the official day of Holocaust remembrance in the province of Alberta. A special monument was unveiled on the grounds of the provincial Legislature. This monument will remain forever as a reminder of the Holocaust, a most tragic and horrifying episode of the 20th century. This monument will raise awareness and understanding of the events of the Holocaust, when during the Second World War a wave of mass murder swept across Europe. By the end the death toll had risen to approximately 6 million people, including among them 1.5 million children.

The theme of Holocaust memorial day 2003 is Children and the Holocaust. Only an estimated 11 percent of the Jewish children alive in 1933 in Germany were still alive by 1945. Disabled children, Roma children, and children of occupied territories were also victims of this senseless and criminal slaughter. To survivors and indeed to all of us the Holocaust remains a real and ever-present historical moment.

When the people of Alberta view this memorial, it will remind them of how real and ever-present the experience remains to these survivors and us. It will speak those stories about people who were killed by the Nazis and help all of us to understand what can happen if we do not stand up to oppression, if we do not confront those who would act in this manner. Each of us has a responsibility to take whatever action we can to ensure that the horrendous crimes, racism, and victimization committed during the Holocaust are never forgotten nor repeated anywhere in the world. Ceremonies such as the one we attended this morning are about both past and present and

about commemorating and continuing to learn from the events of the Holocaust and about relating those lessons to the ever changing world around us.
Thank you, Mr. Speaker.

The Speaker: Hon. members, we have some additional visitors with us. Might we revert briefly to Introduction of Guests?

[Unanimous consent granted]

head: **Introduction of Guests**
(reversion)

The Speaker: The hon. Member for Calgary-Bow.

Ms DeLong: First, thank you very much, Mr. Speaker. It is my great honour and privilege to introduce to you and through you to all the members of the House 85 bright and energetic students from Queen Elizabeth high school, which is located in the snowbound constituency of Calgary-Bow. The students, who are seated in the public gallery, are accompanied this afternoon by Ms Janice Lowe, Ms Ann Walker, Mr. Stephen Ditchburn, and Ms Tanya Snow, who are teachers at the school and parents. I would ask them all now to rise and receive the warm welcome of the Assembly.
Thank you, Mr. Speaker.

head: **Notices of Motions**

The Speaker: Hon. Member for Edmonton-Glenora, at this moment you're just giving notice to the House. That's all you're doing at this point in time.

Mr. Hutton: Yes, I am. I'm giving notice of my intention to raise a question of privilege.

head: **Tabling Returns and Reports**

The Speaker: The hon. Minister of Transportation.

Mr. Stelmach: Thank you, Mr. Speaker. It's my pleasure to table with the Assembly today the required number of copies of Alberta Transportation's three-year highway construction project list.
As well, as per the recommendation from the Financial Management Commission I'm also pleased to table the list of major construction projects deferred beyond 2005.

The Speaker: The hon. Member for Calgary-Currie.

Mr. Lord: Thank you, Mr. Speaker. I rise today with three brief tablings. The requisite number of copies of a report from *American Scientist* on reward deficiency syndrome, which is the best explanation of drug and alcohol addictions that I'm familiar with.
The second report is an article on 18-MC, or 18-methoxycoronaridine, a potential new miracle drug that seems to stop all drug addictions cold perhaps in as little as one dose.
The third is the article in the *Journal of the American Medical Association* that I referred to in question period regarding iatrogenic complications as perhaps being the third leading cause of death.
Thank you, Mr. Speaker.

The Speaker: The hon. Member for Edmonton-Strathcona.

Dr. Pannu: Thank you, Mr. Speaker. I rise to table five copies of a letter that I received from four different oil and gas and petroleum industry associations. The signatories to this letter are the Canadian Association of Oilwell Drilling Contractors, the Petroleum Services Association of Canada, the Canadian Association of Petroleum Producers, and the Canadian Association of Geophysical Contractors. All of these associations, of course, are opposed to the establishment of the tribunal to look at the long-standing cases of the WCB clients.
Thank you.

The Speaker: The hon. Member for Edmonton-Gold Bar.

Mr. MacDonald: Thank you, Mr. Speaker. I would like to table this afternoon five copies of the Day of Mourning Candlelight Ceremony program from yesterday evening at city hall. This was put on by the Alberta Federation of Labour, the Alberta Workers' Health Centre, and the Alberta Building Trades Council, again in recognition of the International Day of Mourning for workers killed and injured on the job.
Thank you.

The Speaker: The hon. Member for Edmonton-Ellerslie.

Ms Carlson: Thank you, Mr. Speaker. My tabling today is from Alice Williamson, who is objecting to the Capstone Energy application to divert fresh water for oil well injections. We share her concerns.

The Speaker: The hon. Member for Edmonton-Riverview.

Dr. Taft: Thank you, Mr. Speaker. Three tablings today that continue the correspondence on education. The first is a postcard saying that "we need government leadership committed to the future of our children" from Lisa McDermott, the second is calling for more funding for education from Alyssa Stryker – these are tabled with permission – and the third is talking about the need to spend more funding on education from A. Espinaco-Virseda.
Thank you.

The Speaker: The hon. Member for Edmonton-Highlands.

Mr. Mason: Thank you, Mr. Speaker. Today I'm tabling a document entitled Canada-United States Softwood Lumber Trade: Alberta Summary of Forest Policy Discussions dated December 2001. This sets out policy options for the government of Alberta with respect to Canada/United States softwood lumber negotiations.

head: **Tablings to the Clerk**

The Clerk: I wish to advise the House that the following document was deposited with the office of the Clerk on behalf of the Minister of Government Services: erratum to the Government Services 2003-2006 business plan.

The Speaker: The hon. Member for Edmonton-Glenora.

Privilege
Allegations against a Member

Mr. Hutton: Thank you, Mr. Speaker. I've thought of little else but this matter for the last 24 hours. I provided verbal notice to this House and written notice to your office before 11:30 this morning of my intention to raise a question of privilege, a courtesy the hon. Member for Edmonton-Gold Bar did not afford me yesterday.

2:50

I would like to quote the hon. Member for Edmonton Gold-Bar

from *Hansard* yesterday, page 1252: ". . . one of the tenets of our justice system, which is that one is innocent until proven guilty." Mr. Speaker, yesterday, Monday, April 28, 2003, the hon. Member for Edmonton-Gold Bar rose on a purported point of privilege and accused me of contempt of this Assembly because he says that he saw me with a piece of paper he found offensive. Yes, I had that piece of paper in my hand, and I clearly indicated to this Assembly yesterday that once I saw what it was, I threw it away without another thought as to where it came from. Yesterday, once the Member for Edmonton-Gold Bar knew this to be the truth and once the Speaker had ruled that there was not a point of privilege regarding contempt, the hon. Member for Edmonton-Gold Bar refused the opportunity to apologize to me and this Assembly and refused to do the honourable thing and withdraw unconditionally his accusation that I am a hateful bigot because I held that material briefly in my hand.

Mr. Speaker, in a parliamentary sense I feel intimidated and harassed. The hon. member made comments that were offensive, intimidating, prejudicial, and hateful and somehow connected them to me. I have never been so maligned and misrepresented in my life. Both *Beauchesne's Parliamentary Rules & Forms*, sixth edition, at 24 and 25 and *Erskine May*, 21st edition, page 69, clearly confirm that a member should never feel intimidated or harassed in the performance of their duties. My ability to perform my duties as a duly elected member of a parliamentary democracy has been compromised because the hon. Member for Edmonton-Gold Bar has left on the record this intimidating and harassing accusation that I distribute hate literature. This is totally and completely unacceptable.

What the Member for Edmonton-Gold Bar did on Monday afternoon was try to dismantle my reputation, which I have worked so hard to build in the past 20 years. I have spent my career assisting the disabled, working with wonderfully diverse multicultural communities and for the disadvantaged across this province. Mr. Speaker, I sat yesterday in total disbelief as to why and how this member could do this and what this will mean to me moving forward as an MLA and representing the great constituents of Edmonton-Glenora.

Mr. Speaker, I respect every member in this House no matter where they sit in this Assembly. We all have a job to do, and that is to do the best we can for the people we represent, and I am shaken by the premeditated surprise attack by this member. He clearly brought into suspect my character, values, and beliefs, and I feel that is totally unacceptable.

When I got up this morning, my daughter had read the *Edmonton Journal* before I had, and she came to me and she said: what did you do, Daddy? This is from my Jewish daughter. In my home we do not speak of hate because of my wife's and children's ancestry, having endured centuries of persecution. In my home we live by the golden rule: do unto others as you would have them do unto you. In my home if my children have a conflict, I ask them to consider why the person or persons would be in conflict with them and to try to walk a mile in their shoes and to have a little empathy for others before you judge.

My point here, Mr. Speaker, is that had the hon. member across the way stopped for one moment Thursday last and asked me what the document was in my hand, I would have responded: "I don't know. I haven't looked at it yet." I would probably after that have realized, as I did coming back to this seat, what it was and threw it in the garbage.

I ask that a prima facie case of privilege be declared so that the hon. Member for Edmonton-Gold Bar can have an additional opportunity to do the gentlemanly thing and withdraw his remark and apologize. I also ask that should a prima facie case be declared and the hon. Member for Edmonton-Gold Bar continues to leave this cowardly accusation on the floor, I be afforded the opportunity to move a motion today in this Assembly that would begin the process of clearing my name, a motion that this be referred to the Committee on Privileges and Elections or a motion of censure that compels the hon. Member for Edmonton-Gold Bar to appear before the bar of this Assembly and face the consequences of a breach of privilege that he was so eager yesterday to stab me with.

Thank you, Mr. Speaker.

The Speaker: The issue to be considered is whether certain comments by the Member for Edmonton-Gold Bar have obstructed or interfered with the Member for Edmonton-Glenora's ability to perform his duties or alternately whether the dignity and authority of the Assembly has been offended. The chair would refer members to chapter 3 of *Marleau and Montpetit*.

After hearing now from the Member for Edmonton-Glenora and prior to hearing submissions on the purported point of privilege from other speakers, the chair wishes to caution members that the issue for discussion today pertains to the question of privilege raised by the Member for Edmonton-Glenora. The chair will not – I repeat: not – allow a reiteration of the discussion that transpired yesterday afternoon. The chair ruled that that purported question of privilege did not meet the test for a prima facie case of privilege. That concluded that matter.

As this is primarily an issue between the two members and as the chair does not intend to revisit yesterday's debate, the chair under the provisions of Standing Order 15(6) will allow the Member for Edmonton-Gold Bar to participate, will allow the Government House Leader to participate, will allow the Opposition House Leader to participate, and will judge later, at the conclusion of their remarks, whether other speakers will be recognized as well.

The hon. Member for Edmonton-Gold Bar, if you wish.

Mr. MacDonald: Thank you, Mr. Speaker. In regards to Standing Orders 15(3) and (4) I would like to request if it's possible, with your permission, to defer this matter until tomorrow. I would like an opportunity to review the Blues as to what the hon. Member for Edmonton-Glenora has stated.

The Speaker: Hon. members, I think the chair would like to receive some advice perhaps from the two House leaders, the Government House Leader and the Opposition House Leader, in this matter.

Mr. Hancock: Well, Mr. Speaker, it's interesting that the hon. member opposite brought his motion yesterday with no notice, without even previously discussing the matter with the member, and we dealt with it at that time because the hon. Member for Edmonton-Glenora couldn't live with the issue hanging over his head for another day. So I think it would be inappropriate to leave this matter over for another day.

Now, the member in question knows exactly what went on yesterday. He knows exactly what he's being accused of. There's no surprise for him here, and he ought to be in a position to respond today.

Ms Carlson: Mr. Speaker, we have always taken cases of privilege very seriously in this Assembly.

An Hon. Member: Until yesterday.

Ms Carlson: I don't think that those are appropriate remarks,

Member for Calgary-Mountain View, at this time. I think that what's appropriate here is to ensure that as we move forward with what have been serious allegations, members have enough opportunity to reflect on them, to reflect on what their course of action will be in the future, so I would support the Member for Edmonton-Gold Bar's request to postpone any further discussion on this until tomorrow.

The Speaker: The chair would like to hear from the hon. Member for Edmonton-Gold Bar. Last evening at 8 o'clock notice was given, and notice was given this morning again. Will the Member for Edmonton-Gold Bar come back to the House tomorrow and say that he wants another deferral? Hon. Member for Edmonton-Gold Bar, can you assist the chair in this?

3:00

Mr. MacDonald: No. Certainly not, Mr. Speaker. I would be quite willing to present this issue tomorrow. There have been previous precedents set. Yesterday the hon. member was certainly given an opportunity to delay the procedures until today if he so chose. Also, going back to November 19, 2002, on page 1387 on a matter that I brought before this Assembly in regard to advertisements with the crest of the House on it, there was also at that time opportunity given so that people could get their thoughts organized. Those are two precedents from the recent history of this Assembly.

The Speaker: Hon. members, we'll return to this matter tomorrow afternoon.

head: **Orders of the Day**

head: Committee of Supply

[Mr. Tannas in the chair]

The Chair: I'd like to call the Committee of Supply to order.

head: **Main Estimates** 2003-04

Health and Wellness

The Chair: I would invite any comments or questions that might be brought forward on these estimates. The hon. Minister of Health and Wellness.

Mr. Mar: Thanks, Mr. Chairman. It's my pleasure to present the Alberta Health and Wellness budget for 2003-2004. Last year at this time I said that we were entering into a year of transition for health care, and this past year was all of that and more. We implemented a simpler, more effective regional structure, moving from 17 to 9 health regions and moving mental health services to regional responsibility for better integration with health care. We piloted electronic health records through the pharmaceutical information network in Westlock and Leduc. We launched the Healthy U campaign and web site to encourage healthy food choices and promote active living. I'm pleased to say that to date that web site has had over 300,000 hits.

Now we continue the work with a public commitment to partnership. My ministry's business plan gives our mission as: "To maintain and improve the health and wellness of Albertans by leading and working collaboratively with citizens and stakeholders." We do that, Mr. Chairman, by directing our work in two core businesses. The first core business is to "lead and support a system for the delivery of quality health services." Mostly this is about providing treatment, and it takes the majority of our health budget. We allocate $6.5 billion alone just to health authorities, physician services, provincewide services, and nongroup health benefits, primarily drugs.

The second core business is to "encourage and support healthy living." This, Mr. Chairman, is aimed at reducing the need for treatment by helping Albertans enjoy a high quality of health well into their senior years. Health authorities allocate some of their funding to wellness programs, but the majority comes from our protection, promotion, and prevention budget, $169.8 million. You also will see $23 million under equipment/inventory purchases for vaccines. Vaccines are an essential aspect of our illness prevention program. Our commitment to health reform also continues to focus on wellness as the first strategy to manage demand for services in the future.

Now, before I get into the budget itself, Mr. Chairman, I want to comment on two emerging issues of health protection and illness prevention: SARS and West Nile virus. Endemic and emergency response plans are in place regionally and provincially and are being applied to both SARS and West Nile virus. We are in daily contact with Health Canada and are co-ordinating our provincial and regional efforts with the latest international and national information. We encourage the members of this Assembly and all Albertans to check our web site for the most up-to-date information and links on both conditions, including how they can protect themselves and what their government is doing.

Our current protection, promotion, and prevention budget anticipates unplanned threats to public health. An example was the recent provincial vaccination program to control a meningococcal outbreak. If either SARS or West Nile virus develops into situations that require actions beyond our budget capacity, we will not hesitate to ask for a special dispensation for additional funds. This House and all Albertans can be assured that budget considerations will not limit our response if either condition becomes a public health emergency.

Now returning, Mr. Chairman, to my budget presentation, in total we are dedicating $7.35 billion to Health and Wellness this fiscal year. That is an increase of 7.2 percent over last year's third-quarter forecast. With the addition of $492 million this year health funding has doubled in just the past eight years, up from $3.7 billion in 1995-1996. This reflects a growth in demand due to a growing and aging population, in the use of technologies like MRIs, in the rising costs of drugs, and in compensation to attract and retain the best health professionals in a highly competitive environment and in numbers that will meet the need.

This is the second year of single-digit increases. Last year we increased health funding by 8.5 percent, but this year there are no increases in health premiums and no further increase in tobacco taxes. Current tobacco taxes are doing the job they're intended to do; tobacco sales are down 21 percent. A year ago in Budget 2002 we anticipated keeping overall health increases in line with projected increases in provincial revenues. It is basic economic management that expenses cannot continue to grow beyond the growth in income, which is one reason health reform is so urgent. That commitment to smaller increases remains. In year 2 of this business plan the plan increases 4.3 percent. In year 3 it is 5.8 percent, when health funding will exceed $8.1 billion.

This year, Mr. Chairman, we achieved a 7.2 percent increase because our Premier and Premiers across the country negotiated a new health arrangement with the federal government. At February's first ministers' meeting the Premiers were united in their concern over the shrinking federal share of health funding, and they were backed by the federally sponsored Romanow report, which recommended that the federal government honour a greater share of its

obligations to health care. Under the health arrangement the federal commitment increases from 14 percent to 16 percent of health funding over the next three years. That of course, Mr. Chairman, is still far short of the 50 percent promise made when medicare was born, but it certainly is moving in the right direction. To Alberta the outcome of that first ministers' meeting is $248 million this fiscal year.

Over half of all health funding is allocated to our health authorities, the nine regions, plus the cancer and mental health boards. It makes sense, therefore, that health authorities also receive half the increase in health funding. The Alberta Cancer Board's additional $19.5 million includes $11 million for cancer drugs. The Alberta Mental Health Board receives an added $1.5 million for the four provincial services and programs that it retained: forensic psychiatry, suicide prevention, aboriginal mental health, and telemental health. All other mental health services are being transferred to the nine health regions with their 2003-2004 funding levels.

3:10

Now, before I go into health authority funding, Mr. Chairman, I want to clarify that for the purposes of comparison we recalculated last year's allocation along the boundaries for the new regions and included each region's share of mental health service into the base. In all, the nine regions received an average of a 6.1 percent increase for a total allocation of $3.916 billion, including $48.7 million to buy new medical equipment. No region in the province received less than a 3 percent increase of its base budget or less than 4.2 percent including the equipment funding. I expect that the nine expanded regions are better able to be effective and efficient with the use of their funds.

Most of the new regional boundaries are based on patient flow patterns. Reducing the flow of patients and money out of rural regions will help them retain more resources. Larger regions have the population and resources to meet a wider range of health care needs, attract and retain health professionals, and achieve cost efficiencies. An MLA strategy committee is developing a rural health strategy to ensure that needs in rural regions are met appropriately.

I also want to comment, Mr. Chairman, on region 7, which stretches from the Saskatchewan border to Jasper and encompasses most of what used to be the WestView, Aspen, Lakeland, and Keeweetinok Lakes regions. We made this one of the largest regions to compensate for its lack of a large regional hospital. However, it does have 16 hospitals, more than any other regional health authority. With 16 hospitals region 7 can more easily develop local centres of expertise and capitalize on greater collaboration with other regions, just as recommended by the Premier's Advisory Council on Health.

While the number of regions has changed, the formula we use to allocate regional funds has not. Allocations are based on the region's population and population growth. A region with faster population growth receives a larger increase. Funding is adjusted for the needs of demographic groups. So, for example, aboriginal Albertans, seniors, and women of childbearing age tend to use more services and are funded accordingly.

Funding also is adjusted for the higher cost of doing business in remote areas of the province. That explains the fact that the largest regional increase does not go to either of the two major urban regions. In fact, the 6 percent increase for the new Capital region is slightly below the provincial average of 6.1 percent. The expanded Calgary region receives a larger increase than Capital and at 7 percent is a slightly larger increase than the average. Its population growth is still almost 1 percent higher than the Capital region's.

Region 8, centred on Grande Prairie, also received a larger increase than Edmonton, 6.3 percent, in large part because of the more remote population it serves.

Region 9, centred on Fort McMurray, received the largest increase at 9.9 percent. Region 9 is one of the largest and most remote health regions. It has limited road connections, and the fast-growing community of Fort McMurray is within that region. The almost 10 percent increase to its budget allocation this year reflects those conditions in the Northern Lights region. I also want to note that we reviewed the issue of the so-called shadow population with the former regional health authority. This referred to temporary workers to whom the region supplied care but who were not calculated as part of the population in the funding formula. We concluded that funding transfers from the workers' home regions and provinces provided adequate compensation to region 9.

In central and southern Alberta, with smaller regions and more concentrated populations, the increases are less dramatic. In regions 1 and 2 Chinook and Palliser each received over 5 percent. In region 4 the enlarged David Thompson region received 4.6 percent. Region 7, while covering a large geographic area, also has a large network of community hospitals to serve its residents and lower population growth. That region receives an increase of 4.9 percent.

Mr. Chairman, I also want to note that about 80 percent of regional budgets are devoted to human resources, including contracted services. It is reasonable to expect that a portion of their additional funding this year also will be devoted to human resources. However, health regions have obligations to provide resources and programs outside of staffing. The increased allocation to health regions should not be interpreted as a mandate for the regions' current negotiations with their nurses.

Funding for medical equipment is substantial in this budget. This $49.6 million for the regions and the Cancer Board can be used for any equipment need that directly supports patient care. This includes everything from patient lifts to intravenous poles to diagnostic equipment to the upgrade training so that staff can operate it.

Another budget item also provides direct support to health regions. Some highly specialized services are largely located centrally, but they serve all Albertans. Examples are cardiovascular surgery, neurosurgery, major organ transplants, and renal dialysis. In this budget funding for these provincewide services increases by $23 million, or 6 percent, bringing the total to $415 million this fiscal year. In the past provincewide services funding went solely to the Capital and Calgary regions because these had the capacity and infrastructure to provide these highly specialized services. Now we've expanded provincewide services to include the Rosehaven psychogeriatric facility in Camrose in region 5.

Other increases that address access to health services include $52 million to meet the increased costs for human tissue and blood products, ambulance services, out-of-province health care, and allied health services like chiropractic, optometry, podiatry, and oral surgery. An increase of $87 million is budgeted for physician services. As with the nurses this should not be taken as a mandate for current negotiations. We continue, Mr. Chairman, to negotiate in good faith with the Alberta Medical Association.

Despite an average increase in drug costs of 17 percent, this budget increases nongroup health benefits, mostly drugs, by less than 1 percent. I do not expect the cost of drugs to dramatically decrease. We cover over 3,500 drugs and just added Remicade and Enbrel to the drug benefit list at an estimated cost of $14 million to $18 million a year. However, if spending on drugs continues to increase, our drug benefit plan this year will cost more than last year. Clearly, this rate of increase is not sustainable. My department has made a commitment to finding ways to contain these costs. The limited

increase to our drug budget reflects that commitment. We continue to investigate options that will contain the rate of increase in drug costs while ensuring Albertans have the therapeutic drugs that they require.

A growing component in this year's Health and Wellness budget is support for health reform. The $122 million allocated this fiscal year does not seem much compared to the billions and hundreds of millions allocated elsewhere. However, the $85 million increase this year triples last year's allocation. The increase in funding for health reform is in line with the increased urgency to implement change.

Every year our population grows by more than the combined total of Airdrie, Camrose, and Grande Prairie together. Five years ago, in 1998, just under 10 percent of our population was over the age of 65. By the year 2016 it will be almost 15 percent, and by 2021 it will be one in four Albertans who will be seniors, over the age of 65. Based on our own Alberta health care insurance plan data, by 2024 the number of seniors will equal the number of children in this province under the age of 15. We are seeing an increase in age-related care like heart surgery, joint replacement, and cancer treatment. More than 300,000 Albertans have diagnosed heart disease. Another 110,000 are diagnosed with diabetes. Of those, 99,000, about 90 percent, are type 2 diabetics, the kind that can be prevented.

Another cost driver is technology. In 1999 we covered 35,000 MRIs. In 2002-2003 we doubled that to 75,000 MRIs. In the 1960s, when medicare was designed, MRIs did not exist yet. Neither did regular organ transplants, major joint replacements, or a host of other treatments that we now expect from our health care system.

3:20

Health reviews from across the country from Fyke to Claire, from Kirby to Romanow agree with our own Premier's Advisory Council on Health that health care must change. The status quo is not an option. Since January of last year we have been working in Alberta to implement the Premier's advisory council recommendations.

The Health and Wellness business plan shows what changes we will introduce over the next three years. Those reforms include new delivery for primary health care. Before year-end we will have a provincewide health telephone service. By this summer wait times for most surgeries in major health facilities will be posted on-line, and we will continue to promote healthy lifestyle choices and wise use of the health system.

In conclusion, Mr. Chairman, these reform initiatives will help achieve our vision for health care in Alberta. That vision is reworded in my ministry's three-year business plan: "Citizens of a healthy Alberta achieve optimal health and wellness." This vision is greater than my department. It is a cross-government commitment that includes Learning, Children's Services, Aboriginal Affairs, Human Resources and Employment, and Infrastructure. My business plan calls for an aboriginal diabetes strategy to address the higher incidence of that disease in the aboriginal community. The Department of Infrastructure is allocating over three-quarters of a billion dollars over three years to health infrastructure. Work is going ahead on a new children's hospital in Calgary, completion of the Red Deer regional hospital, upgrades to the Royal Alex hospital in Edmonton, two new provincial centres of excellence for cardiac care, and a bone and joint institute. Students from kindergarten to grade 9 are learning about health and life skills in a new curriculum launched in September of 2002. Our postsecondary institutions are preparing more students to take on challenging roles as health professionals.

Health care remains Albertans' number one priority. We have daunting challenges still to overcome. Health reform continues to move forward to redefine our health system for the future. This budget, Mr. Chairman, allows us to move forward, and I ask the members of this committee for their approval.

Thank you very much, Mr. Chairman.

The Chair: The hon. Member for Edmonton-Riverview.

Dr. Taft: Thanks, Mr. Chairman. I appreciate the opportunity to respond to the minister's quite extensive comments, comments that have touched on many highlights and addressed some of the issues I was considering raising, but of course in a budget of this size there's no shortage of questions to raise. I'm assuming that we can do a sort of back-and-forth discussion with the minister, if that's okay with the minister.

This department is responsible for the issue that is most consistently the number one concern of the citizens of this province. Health care in fact has been the top issue in this province and in this country for many years, and as a result it's always a sensitive one for discussion. Everybody has an opinion on every issue, it seems, including me.

I'll begin by asking about one of the changes that occurred – well, it's being implemented – in this particular budget year, which is the switch to the new regional health authorities and the reconfiguration from, well, at one point 17, now down to nine. I will start with a fundamental kind of question on the process through which the regional health authorities' business plans and specific budgets are prepared. As the minister undoubtedly knows, I find it out of sync or at least frustrating that we have a situation in which the regional health authorities, which account for over half of the department's expenditure, often don't have their budgets and business plans approved until, say, the second quarter of the fiscal year. So I suppose my question off the bat to the minister with the regional health authorities is a very specific one: when will the regional health authorities' new business plans be ready?

The second is a more general one: if he could describe the process through which the regional health authorities' business plans and budgets are sorted out and finally settled with his department, because I know that there is a lot of uncertainty in the regional health authorities over exactly what the details of the business plans will be. I'd love it if we can minimize that. That's my first round of questions.

Mr. Mar: Mr. Chairman, we are embarking, consistent with recommendations made from some of our committees including the Premier's Advisory Council on Health, to put in place service contracts and arrangements between the Department of Health and Wellness and various regional health authorities. We're moving well on that, making good progress. It's my expectation that the contracts and business plans that will flow out of those contracts should be done some time in the short months to come. We're trying to target May or June. I recognize the concern expressed by the hon. member with respect to having business plans that come out too late in the fiscal year.

Dr. Taft: Okay. Well, I'll read into that, then.

My questions weren't just about timing but about the process. It sounds like it's essentially one of the RHAs negotiating a contract with the minister based on a business plan. I take it that that's the general process?

Mr. Mar: Correct.

Dr. Taft: Okay. Part of those negotiations presumably will have to

address wage settlements or make some provision for wage settlements in the current round of negotiations. I'm sure none of us want the regional health authorities to end up in the position that the school boards find themselves in, where they are caught with a responsibility for a wage settlement that is tough for them to meet. I'm wondering if the minister could provide any detail or any projection for – I should rephrase that because I don't want to ask the minister to violate collective bargaining processes here. How does the minister expect the regional health authorities to cope with the unknown factor of the wage settlements given that about 80 percent of their budgets are tied up in wages?

Mr. Mar: Mr. Chairman, as I indicated in my opening comments, the average increase to the nine health regions is 6.1 percent. Of course, a portion of that has to go to salaries, but as I indicated, there is much more that regional health authorities are responsible for, so I wouldn't want anybody to think that the 6.1 percent average increase to regional health authorities is somehow a bargaining mandate. Our best advice from the employers, that being the regional health authorities, is that negotiations are ongoing with their nurses and other health care professionals, and we continue to encourage that process to go on between employer and employee in a proper collective bargaining process.

With respect to the Alberta Medical Association, Mr. Chairman, negotiations continue to go on well with that with some progress, I should say, it seems being made in the area of different ways of being able to remunerate physicians and making progress on matters as they relate to primary health care reform.

The Chair: The hon. Member for Edmonton-Strathcona.

Dr. Pannu: Thank you, Mr. Chairman. I'm pleased to have this opportunity to ask a few questions of the minister on departmental estimates. I was listening intently to his introductory remarks.

I will begin, I guess, by making a reference to a news story today. I'm sure the minister has seen the story about the number of hours in emergency rooms that it takes for a patient to get to be seen by medical professionals in Edmonton and Calgary. I guess they've got in the story that Edmonton is about seven hours on the average, and Calgary, I understand, is longer.

3:30

Mr. Mar: Shorter.

Dr. Pannu: Okay. In light of Vince Motta's death in the Calgary region and in light of the recommendations of Judge Delong about how these waiting times can jeopardize the life of patients who need quicker care, in the department's performance indicators and the minister's business plan, unless I'm missing it, I don't see any target for reducing the waiting time in emergency rooms in our major hospitals, so maybe a simple question. The minister can perhaps address this.

Mr. Mar: Mr. Chairman, that appears, as characterized by the hon. Member for Edmonton-Strathcona, to be a simple question, but perhaps there is not a simple answer.

Mr. Chairman, wait times for emergency care change from time to time, and the most recent data that we have, to the best of my recollection, is for the second quarter of the year. The regional health authority in Edmonton has experienced some changes in their wait times partly because of changes of season. There does appear to be some seasonality to this. I can say that the number of emergency room visits for the Capital health region would be in the range of 330,000 visits a year. By comparison, in Calgary the number of emergency room visits would be in the range of 250,000 visits a year.

Some efforts are being made to reduce wait times in emergency rooms. There's no, I should say, silver bullet to solving this problem. The Health Link line, though, has been one important aspect in helping reduce the number of unnecessary visits to emergency rooms, and I want to again restate my commitment to ensuring that Health Link is available throughout this entire province this year.

Mr. Chairman, other efforts are being made to look at processes. For example, to the best of my recollection the average wait time in Calgary emergency rooms is about half of that which it is in Edmonton. It's partly a reflection of the fewer number of visits that they get, but I think that they have also made some good efforts at reducing the number of hours of waiting. In both cases, though, and in emergency rooms throughout the province I should say that the most urgent cases are dealt with immediately. Obviously, if you've got a sprained ankle and you come into an emergency room in any hospital, really, in the province of Alberta, it would be a reasonable expectation that you would wait longer than somebody who had an acute myocardial infarction, as an example.

So the whole idea that we need to look at better ways of dealing with emergency systems particularly in rural Alberta I can say is a subject matter of the Rural Health Strategy Committee. They're looking at the role of, for example, ambulances and what they can do and what they can appropriately do to provide treatment to individuals so that unnecessary visits to an emergency room are not required.

Mr. Chairman, I know that the hon. member asked this as a simple question, but there is, regrettably, not a simple reply to it.

The Chair: The hon. Member for Edmonton-Strathcona.

Dr. Pannu: Thank you, Mr. Chairman. Along the same lines, looking at the key performance measures in the business plan, I notice that for some diagnostic procedures there are no targets other than a commitment to decrease wait lists if not wait times. MRI is one of them that I notice here. The minister did in his introductory remarks make comments to the Mazankowski report recommendations as well as to the Romanow commission report recommendations and drew the attention of the House to the new federal money that the budget of the department this year reflects I think to the tune of – what? – $428 million.

Mr. Mar: To $248 million.

Dr. Pannu: Yeah, $248 million this year.

Now, one of the important recommendations, I guess, for immediate action by the provincial government in co-operation with the federal government had to do with the diagnostics and with putting money at the diagnostic end so that waiting times for treatment can be reduced. I wonder whether the minister has agreed with this recommendation of the Romanow commission that the diagnostic times need to be reduced. The reference to MRI waiting lists here in the business plan would seem to suggest to me that perhaps at this stage the minister has decided not to seriously address this issue, although he may have agreed with the overall general thrust of the Romanow commission report that in order to reduce waiting times for treatment, the governments need to commit resources to providing quicker diagnostic services. Is that somewhere in the business plans, or is the minister attempting to address it in some other ways in this budget?

Mr. Mar: Mr. Chairman, there was some requirement for some detail that I may not have the complete reply to, and as with all questions, including the hon. Member for Edmonton-Strathcona's questions, if I fail to address them in the fullness that they require and they deserve, I will certainly undertake to review the record in *Hansard* to reply appropriately to all hon. members with respect to their questions.

Specifically on the subject matter of MRIs, Mr. Chairman, we do have a provincial imaging committee that is made up of experts who are trying to determine an appropriate number of scans. We do have the highest scan rate right now in the country, at least in the most recent of my information, so we do perform more MRI scans on a per capita basis than any other place in the country.

Now, money has been set aside in the arrangement between the federal government and the provinces with respect to putting money into this important area of diagnostics. That I would agree with this particular part of it, though, should not be taken by the hon. member as a wholehearted endorsement to the Romanow report because, as he well knows, there are many areas in the Romanow report that I have been very critical of, but this is one area where I think that Mr. Romanow did hit one of the nails on the head.

The federal government has recognized the importance of diagnostics, and in our arrangements with the federal government now falling upon the responsibility of the federal Minister of Health and ministers of health across Canada, money has been set aside for diagnostics. I should say that in its original iteration my understanding was that the federal money was to be applied only to the purchase of capital equipment for diagnostics. It is now also available to train people to use this equipment. Now, we have quite a number of MRIs in this province. It's quite likely that we don't need to purchase more capital equipment, but perhaps we do need some operating money in order to run those machines more fully than they are currently being operated at. So, Mr. Chairman, we are making every reasonable effort toward increasing the number of diagnostic tests performed in order to reduce wait times.

I should say that there is some work that's being done to suggest that some of the MRIs that are currently being performed don't seem to provide much in the way of being medically beneficial. People seem to assume that if it is requested, it is going to actually be a diagnostic test that will provide additional information that may change the nature of treatment that is given by a physician. In fact, it appears that in some cases diagnostic tests are being performed but do not provide any additional information other than that which could be provided by another alternative and less expensive diagnostic or even an examination in person by a qualified individual. So this is one area that we also need to look at, Mr. Chairman, to ensure that those individuals who will actually benefit from additional information that would be disclosed through a diagnostic test, be it an MRI or another type of test, would get the highest priority.

3:40

Dr. Taft: Well, following up on this discussion, the minister in his opening remarks talked about the importance of managing demand for services as well as ensuring a good supply and in the long term controlling health spending by spending it more wisely, and I think we would all share concerns that the demand for MRIs seems right now to be more or less limitless.

I have concerns about the application of clinical guidelines for MRIs, and I have had physicians call me raising these concerns. There are clinical guidelines for when an MRI is useful and when it's not, which the minister alluded to a minute ago. The concern that has been brought to my attention by some physicians is that the people applying the clinical guidelines may not be entirely free of interest in whether the test is approved or not. The request was put to me to encourage a process through which clinical guidelines are applied by entirely disinterested individuals; in other words, expert radiologists, or whatever, who have no vested interest in whether the test is approved or not.

This isn't simply an issue I'm raising. It's an issue being brought to me by physicians who are feeling pressured or marketed to by radiologists who encourage them to use MRIs more and more. These are physicians who are saying: sure, it's nice to have an MRI, but it doesn't tell me anything I wouldn't have known anyway, so it doesn't have any impact on my treatment regime. So it's a nice-to-have but not a need-to-have, and let me say that there's a momentum in the radiology business to make the nice-to-have MRIs seem like they're need-to-have MRIs.

So my question, after that rather convoluted commentary, to the minister would be: in terms of managing demand for MRIs and ensuring that public taxpayer money goes only to those that are reasonably necessary, what steps or plans is he or his department considering?

Mr. Mar: Mr. Chairman, it strikes me that there are perhaps two different panels that could be looking at this particular issue, one of which has already taken some effort to discuss when something is necessary and when it is not, and that would be the expert panel chaired by Dr. Bob Westbury. I think that the people who are on that panel could be described as being quite objective in terms of their analysis of separating the useful from the not so useful. Secondly, we could put that question to the committee chaired by a former member of this Assembly, Bonnie Laing, who is the current chair of the Health Services Utilization and Outcomes Commission. But in both cases the object of the exercise would clearly be, as described by the hon. Member for Edmonton-Riverview, to try and separate that which is useful and provides something of benefit to the diagnosis or to the treatment of an individual from things that are either not useful or not advancing the diagnostic information available to the treatment of a patient.

Dr. Taft: Just a brief follow-up to that, Mr. Chairman. I would encourage the minister to consider getting the application of the clinical guidelines pushed further down the system towards the front line so it's not just committee members but it's actually right at the point where the decision is made: yes, this test is necessary or, no, this test is not necessary.

I know the Member for Edmonton-Strathcona is under some time constraints, so I'm allowing him to jump in as he needs to.

The Chair: The hon. Member for Edmonton-Strathcona.

Dr. Pannu: Thank you, Mr. Chairman. I want to thank the hon. Member for Edmonton-Riverview for allowing me this opportunity. I do have some time constraints. I need to meet with these bright and wonderful high school students. Today is my turn this afternoon around 4 o'clock, so I really appreciate this accommodation.

Three questions. One quick one is sort of a residual question from the MRI observations that the minister made. The minister I think indicated that perhaps we have enough MRI machines around the province. The question is: can we operate them 24 hours if we need to? If we want to do that, then we'll need people who can operate those machines. In his judgment is the availability of trained, skilled people who operate these machines a bottleneck? Is that a problem? I wonder if he would comment on that. He has indicated that the funds that the province has received from the federal side would

allow the flexibility to use those funds for the training of a larger number of the needed additional people who can work on these MRI machines. So I wonder if he sees the bottleneck at the level of training of these people to increase their supply, not at the level of availability of funds. I just wonder if he agrees with it and if he'll make a commitment to address that issue as we go through this year.

One other question. I was prompted by the minister's observations on the drug benefit plan and how the costs of that plan are moving at such a pace upwards. The sustainability is an issue that he raised. I wonder if – and it may already be the case, but I'm going to find out from the minister who can confirm this or add some information to it – there is a provincial-level drug formulary that's presently used to reduce costs of drugs that are available to patients at least when they are entitled to receive them free; that is, when they are in the hospitals. If not, would moving in that direction be a partial answer to the problem related to the increasing costs of the drug benefit plan that he is referring to?

The second question related to drug costs. Drug costs are increasing, as you said, by 17 percent, which is a very, very rapid increase, if not the fastest item with this kind of increase in drug costs. The Romanow commission – and I think the minister made it very clear he doesn't agree with many parts of it – I think talks about the catastrophic drug coverage and makes recommendations about broader consideration of prescription drug coverage perhaps in the medium to long run. Certainly, we have taken the position both in our appearance before the Romanow commission and in other places that the prescription drug coverage is something that we should seriously consider in conjunction with establishing national drug formulary or at least pursuing it seriously at the provincial level to reduce costs of drugs, which will allow us to give priority to include prescription drugs in the coverage. While we are doing this, the first priority should be given, of course, to those Albertans who are not covered, are not insured through employer health plans. I wonder: what's the position of the minister and the government on this?

3:50

My last question before I perhaps have to leave the House has to do with home care. Any plans to move in the direction of coverage of home care in order to relieve pressure which families now have to face, given that early releases from hospital have become possible, both in terms of providing care and also in terms of the costs of prescription drugs, which in some cases are very, very high during the period of home care when patients are convalescing?

So I'd ask the minister to address these questions, and if there's time remaining, I may ask another one.

Mr. Mar: Mr. Chairman, one of the challenges of dealing with the Romanow report is that it made blanket recommendations across the country. While there are some common issues ranging from home care to drugs to primary care, we're all as provinces at different starting points, and this is one of the difficulties in trying to say that we wholeheartedly agree with all of the comments and recommendations made in Mr. Romanow's report. I would say that Mr. Romanow was very thoughtful in his report, but there are a number of other reports of equal value: Senator Kirby's report, our own Mazankowski report, the Claire report in the province of Quebec, the Fyke commission report in the province of Saskatchewan, all of which are meritorious of consideration.

With respect to drugs, Mr. Chairman, you know, one of the examples that I raised in the House earlier this afternoon was the coverage of drugs that we've added to the provincial formulary, drugs called Remecade and Enbrel. These are anti-inflammatory drugs that can help benefit individuals and have been demonstratively shown now to help individuals suffering from rheumatoid arthritis and fistulizing Crohn's disease. Now, the costs of these drugs can be quite dramatic. They can be up to $50,000 per patient per year, and that's not for the next year. That's for the rest of an individual's life. So the costs of these drugs can be quite high, and one of the ways that we try and help reduce the costs is that both of these drugs, while on the provincial formulary, are not going to be listed generally. They're going to be under a special authorization. So individuals who suffer from rheumatoid arthritis or fistulizing Crohn's disease may find relief in another less expensive drug, but if their physician is able to provide evidence that the other drugs don't work, that only Enbrel or Remecade can provide the individual with relief, then we won't hesitate to approve that in the appropriate circumstances.

On the subject of: is there a bottleneck for the training of individuals? Clearly, Mr. Chairman, with our current system of health care as it is presently iterated, we don't have enough health professionals. We don't have enough physicians, nurses, MRI technicians, technologists, and so on. But the good news is that this is one of the areas that was addressed in both the Mazankowski report and to some degree in Senator Kirby's report dealing with health workforce issues, and we have not been slow off the mark in this. In fact, I would suggest that we have been among the fastest off the mark, some three years ago, when we increased the number of people training in health care professions dramatically. We increased enrollments in medical schools and in nursing schools, and we have produced more technologists, technicians, and other health care professionals. So we do have a commitment to increasing the number of people that we train. Specifically are there enough MRI techs? I don't know what the answer is, and I have not formulated an opinion as to whether or not that is, in fact, a bottleneck as characterized by the hon. member.

With respect to home care, Mr. Chairman, I think that while home care differs from regional health authority to regional health authority in this province, by and large it works pretty good the way it is now. So, again, one of the criticisms of the Romanow report that I think is legitimate is that if you look at our home care and compare it to other jurisdictions, we're doing pretty good. Is that to say that it's perfect? By no means is it perfect, but it would not be highest on the list of priorities for us to deal with. Our highest things on the priority list are those things that deal with other issues within the broad rubric of primary health care reform.

The Chair: The hon. Member for Edmonton-Centre.

Ms Blakeman: Go ahead.

The Chair: The hon. Member for Edmonton-Strathcona.

Dr. Pannu: I want to thank the hon. Member for Edmonton-Centre for giving me the last chance before I leave.

The minister I think made some reference to moving ahead in the direction of establishing primary health care centres in the province. How high is this item in terms of priorities? He already made some moves in that direction, which are welcome, but I just want to get some more detail from the minister on this. And to what degree do private, for-profit operators come into the picture as the primary health care provision is expanded in the province? Do they have a role, and what's the scope of that role if they have a role in the development of the primary health care system?

Mr. Mar: Actually, in reviewing my notes, Mr. Chairman, I realized that I failed to address a question raised by the hon. member about

a national drug approval process. I can report to him that in the fall of 2001 first ministers agreed that there should be a process put in place whereby we could avoid having our own approval processes and individual formularies set up province by province. There are some examples already where regionally there's been some co-operation; for example, in Atlantic Canada. My advice is that they don't have their own provincial formularies but they in fact co-ordinate with each other, and there have been some efforts made to make sure this happens nationally. That would of course have to be done carefully, but I think the consensus appears to be that the benefits of doing so would outweigh the drawbacks of having a national system.

On primary health care, Mr. Chairman, I want to express a vision for what primary health care is all about. What we want is a publicly paid for, publicly administered, high-quality, accessible health care system that provides Albertans with the services that they need when they need them in the most accountable, efficient manner possible. I note that the hon. member is concerned about whether or not there would be a role for the private sector to provide services within such a vision, and the answer is yes. There is a role. But the difference is that what we're talking about as a government is the ability to have publicly paid for services delivered under contract by private health entities, as it were. If you go into, say, a private surgical facility which would have a contract with a regional health authority to provide services to the public, such a facility is not going to be providing services to individuals because they produce a credit card at the door. Now, within such a facility, Mr. Chairman, the operative question that ought to be asked is: does this place have the people and the skills and the equipment to diagnose me and treat me so I get better? People are not going to be asking: I wonder what the rate of return on this place is; I wonder who owns it. Really, from the perspective of a patient using the services in such a facility, in my strong opinion that is a nonissue.

4:00

Dr. Pannu: Just to follow up on the last part of the answer of the minister. Thank you, Minister, for being quick and candid about this. Any plans on the part of the department to have a firm handle on the relative costs of such delivery by private providers – I understand fully when you say that the vision that you articulated includes public administration and public funding for these services delivered by whoever delivers them, and you used the word "efficiently" of course of the services to be delivered. But the issue of the cost-effectiveness of different modes by which those services are delivered is one that you have not addressed, and I hear it less and less in the comments that I hear from you and others. Is there a process in place which will tell Albertans that we get the best value for our dollar if we go the private delivery route versus the public delivery route?

Mr. Mar: Mr. Chairman, the issue of cost-effectiveness, while an important element in a decision to contract out a service, while relevant and important, is by no means the only criterion that we would use in granting an approval for a private surgical facility to provide services to a regional health authority. An example would be the services that can be safely and appropriately provided in a private surgical facility. Let us take, for example, cataract surgery. If that surgery can be done in a private surgical facility at roughly the same cost as within a public hospital but provides the benefit of being able to free up the public hospital operating suite for a more serious type of procedure, then there's surely a benefit to the individual who is waiting in line, in the queue, for the more serious surgery.

So we first of all have to say that paramount in all this is ensuring that patients are safe in having their surgeries done in facilities outside hospitals. That goes without saying. Are we experts in this? The answer is no, but surely to goodness we can place some faith in the College of Physicians and Surgeons to determine those procedures which can safely be performed outside hospitals and in private surgical facilities.

The Chair: The hon. Member for Calgary-Cross.

Mrs. Fritz: Thanks, Mr. Chairman. Earlier today in question period I had my questions referred by the Speaker to estimates, and I would like to address what that issue was about with the minister. The National Academy for State Health Policy in February of 2002 released a report titled State Responses to the Problem of Medical Errors. It was an analysis of recent state legislative proposals, and I'd like to just read a bit of the introduction of that report and how it relates to the questions I was going to ask earlier. It says:

> It has been more than two years since the Institute of Medicine . . . released its ground breaking report To Err is Human: Building a Safer Healthcare System. The report's most conservative estimate placed the annual death toll from medical errors at 44,000 Americans per year. Even more shocking was the report's finding that the medical error epidemic claims more lives each year than do other, more recognized, leading causes of death such as motor vehicle accidents, breast cancer, or AIDS.

Also, collectively, out of this report were proposed a variety of creative strategies that were to reduce medical errors. I know I've discussed this with the minister on occasion, but among them are proposals to require mandatory reporting of pharmaceutical errors, establish patient safety centres to study the problem and proposed solutions, and to protect individuals who report errors to authorities from employer retaliation. Also, it felt that if a proposal such as this – and I know you just discussed earlier in your previous answer, Mr. Minister, off-site surgical procedures – if all of these kinds of proposals were enacted, it would be actually quite instructive. They'd provide insight, I feel, into how these problems of medical errors in the future could be addressed.

Having said that, Mr. Minister, I know that recently we've had questions as well in the Legislature about the Motta inquiry, and I think it was recommendation 4 that I read in the inquiry that reflected that annual reports were no longer being written to medical advisory boards.

[Mr. Klapstein in the chair]

So having taken just the whole picture in the context of what seems to be coming forward regarding medical error and regarding patient safety and if we extrapolate data from the United States even to Alberta, what that would mean, you know, for us as to how we would estimate what our annual death rate would be in Alberta of people that are dying each year through medical errors that are said to be preventable – I know, Mr. Minister, just from talking with you that you have a real understanding of this issue and also a passion about how we really should take the initiative to protect Albertans from avoidable harm, and that is during their encounters with the health care system.

So the questions that I was going to ask you earlier today that were referred to estimates were actually three. I had reduced it to two, but there are three, so I'd like to just put them on the record. Will you mandate and create a medical error and patient safety reporting and prevention system for Alberta? The reason I put that in the context of an Alberta-wide system is because I know that in many of our acute care facilities or long-term care facilities and whatnot there are

policies and procedures in place that do address the system overall but really contained on-site. Each system can be different for medical errors and patient safety.

Also, another question I had wanted to ask you was if you would establish standards for informing patients. Well, actually, I'm not going to ask that question. I'm going to ask this other question.

An Hon. Member: Oh, ask it. Come on.

Mrs. Fritz: No. I think I'm just going to ask this other question. That had more to do with physician qualifications, but I think I'll save that one.

The other question I did want to ask you, though, was if you'd establish a regional health authority medical errors and patient safety task force, and that was to conduct a systemwide analysis of this issue and to develop interventions that would reduce medical errors. I think that overall, as we've heard from regional health authorities, they too are very interested in how this situation can be addressed. Also, I wanted to ask you if you would consider establishing in Alberta a centre that would deal with patient safety and medical errors, and in that way it could look at research, data collection, educational information, that kind of thing for Albertans, but more importantly if you would then take that as a health care quality initiative overall and report back on that to the Legislature in an annual report.

So those are just some of my questions in regard to this issue. Thank you, Mr. Chairman.

Mr. Mar: Mr. Chairman, I could speak at some length on the subject of patient safety because it is something that I have a passion for. Let me give you an example of a patient safety issue. Eric Martinez is a six-month-old child who has a congenital heart problem. The individual, Eric, is prescribed 0.10 units of a drug called digoxin. Now, keep in mind that I'm not a physician and I don't purport to be, but the facts of this case haunt me when I think about patient safety. The writing on the prescription pad by the physician was difficult to read, and instead of getting .1 unit of digoxin, the prescription pad actually read one unit. So young Eric got 10 times the amount of digoxin that he was supposed to get for his particular condition, and Eric died.

4:10

A young girl in Medicine Hat was supposed to get surgery, and she was supposed to get oxygen hooked up to her mask. Instead of oxygen being hooked up to her mask, formaldehyde was hooked up, and the result was permanent brain damage to this little girl. In both cases, Mr. Chairman, they were medical errors that could have been prevented.

In the case of Eric Martinez what ended up happening was that the facility that allowed this error to occur started a new protocol with respect to how you write out a prescription pad. So all prescriptions must now be printed out; they cannot be handwritten. There is a protocol that if it is a point of a unit, the point has to be preceded by a zero, so it would be 0.10. So individuals would know that there's a decimal point even if it doesn't show up particularly well on the prescription pad. In this facility any pharmacist filling that prescription has the ability to call back the prescribing physician and ask whether this was the appropriate drug in the appropriate units.

In the case of hooking up an oxygen line to a formaldehyde tank, the kind of patient safety recommendation that would be made in such a case is that you have to change the couplings on your oxygen tank so that an oxygen line can only hook up to an oxygen tank and can never hook up to a formaldehyde tank. So no matter how tired or how exhausted a health care professional might be, systematically you take away the ability to make that error.

Mr. Chairman, one of the people who has been very influential in this province on the subject of patient safety is Dr. Larry Ohlhauser, who is an individual of the very highest calibre, who while registrar of the College of Physicians and Surgeons for the province of Alberta really has spearheaded initiatives with the college to improve patient safety. One of the results of that was that the royal college in Ottawa had put together a gathering of individuals to which I was invited to speak on the subject of patient safety initiatives. Also, Dr. Peter Norton, a member of the Faculty of Medicine at the University of Calgary, has written a cover paper in a periodical known as *Health Care Papers* on the subject of patient error, and he has been influential in this province in dealing with the issue of patient safety.

The issue of patient safety also was put on the agenda by me in my capacity as chair of the ministers of health from across Canada in our last meeting, in the fall of last year, where we brought in the heads of the patient safety foundations from Australia and the United Kingdom to speak to ministers of health on the subject of patient safety and the work done by the foundations in those two jurisdictions. I've also, Mr. Chairman, gone to the city of Chicago with Dr. Dennis Furlong, who at that time was the minister of health for the province of New Brunswick, where we took the opportunity to meet with the Patient Safety Foundation in the United States.

As a consequence, Mr. Chairman, this is a very important issue to ministers of health across Canada, and it is reflected in the recent federal budget wherein some $10 million has been set aside for the creation of a national patient safety foundation here in Canada. So I'm pleased to report that there has been some recognition of this issue by the federal government.

In answering the specific questions of the hon. Member for Calgary-Cross, I'll try to answer them all together because they are somewhat related.

Mr. Chairman, I am a strong advocate of a national patient safety foundation, but even if there is not a national patient safety foundation formed, it would be my intention to do that type of work within the province of Alberta, and work done within this province should be co-ordinated with jurisdictions across Canada including, if it does come about, a national patient safety foundation. All of the elements that a patient safety foundation would have, from what we've learned from the U.K. and Australia and the United States, are that there have to be reporting procedures put in place. The hon. member asked: would we put in reporting procedures of incidents? The answer is yes. One of the important learnings from all of these foundations is that we have to take away the culture of blame as it is framed by these experts in patient safety. We need to be able to report these things without a culture of blame, that instead it be for the purposes of greater learnings to prevent such incidents from happening again in the future.

[Mr. Tannas in the chair]

On the specific question: would we want a patient safety foundation centre – I think that was the word used by the hon. member – located here in Alberta? I think the answer is yes. Would we put together a task force to help create the types of interventions that would prevent bad medical errors from occurring? The short answer is yes, and I think that would be part and parcel with the work that would be done by a patient safety foundation.

I thank the hon. member for raising these important questions.

The Chair: The hon. Member for Edmonton-Centre.

Ms Blakeman: Thanks very much, Mr. Chairman. There are about four areas that I would like to cover with the minister: maintaining costs of service, midwifery, active lifestyles, and then a series of questions around seniors' health care and long-term care, questions which were asked of the Minister of Seniors. It was rightly pointed out that the questions actually belong to the Minister of Health and Wellness. So that's what I'm going to try to do in the next 20 minutes or less.

I listened to the beginning of the minister's presentation in which he was talking about the increases that he had planned for his department. I'm sorry. I didn't catch the first one, but I think it was around 3 percent and then 4 percent and then around 5 percent. My concern here is: will those increases be enough to cover the increases necessary to maintain the cost of service, maintain the level of service that is currently being given? When one considers inflation, increased population, and even increased labour costs, that amounts to a certain increase every year just to keep delivering the same level of service when you look at those additional costs. So when I look at a 3 percent, a 4 percent, and a 5 percent, again give or take, is the minister confident that there is enough increase in there to maintain the level of service that we have currently, or do we have to start anticipating that there would be a budget cutback creep or a creep cutback? I don't know how you wish to phrase it, but essentially that's what would be happening if you're not putting in enough of an increase to cover those increased costs that are coming, including increased population or increased demand upon the service. Sorry; let me take that back. I don't mean the increased demand. I mean the increased population draw on the service. Then, in fact, we have less money in the whole program, and there would have to be cutbacks one way or another. So that's my first issue.

4:20

My second issue is around midwifery. Let's see; I'm now in my 14th year of lobbying this government for midwifery services. Of course, I started this when I was with the Advisory Council on Women's Issues as the executive director for that council in 1989. The council made a series of recommendations to this government, and there were in fact three specific to midwifery. This was to recognize midwifery as a profession – at that time it was in fact illegal – and that had to go through what was then professions and occupations, I think, and in fact happened. The second part of that was that there would be self-regulation, that there would be a licensing and criteria that would be set up – and that happened as well – that there was a procedure that was recognized. You have to go through certain things or take certain courses in order to be recognized as a professional in this province. We set up our own criteria for it. The third recommendation under that cluster was to cover the services of midwives under health care, and we have not achieved that yet.

I notice that on the questions that were asked of the minister on April 16, it was noted that British Columbia, Manitoba, Ontario, and Quebec are all now covering midwifery services for women under their health care programs. I have a few other questions under that and, of course, my usual advocacy.

I continue to be frustrated because I don't understand what the holdup is with this minister and with the previous minister. We have studies. We have literally centuries of statistics and backup material from other countries, even other parts of Canada as to the success of midwifery services and incorporating that into a health care system. The minister now has the benefit of a long-running pilot project in Calgary. I believe that there was also a pilot project that was run in Edmonton. Now I note in the minister's response to the question of April 16 that he has asked for another review of funding of this and is awaiting a report or the outcome of that one way or another. What does this minister require before he will fund midwifery services? How many more studies, how many more pilot projects will be required before women in this province have access to services that have been enjoyed by women in other countries for centuries? What is the holdup here?

The third topic, Mr. Minister: active lifestyle. I have raised this same issue with the Minister of Gaming, and I will be raising it with the Minister of Community Development, but I've also raised it in this House through a series of questions, and that is the issue around granting of licences to adult athletic organizations to run casinos or bingos and thereby raise money to subsidize their activity. On the one hand, I have the Minister of Health and Wellness promoting healthy, active lifestyles not only for youth and under 18 but also for adults, and it appears at odds with the restrictions and protocol that are appearing in other departments like the Department of Gaming, where adult athletic events cannot get access to licences in order to be able to fund their activities, which are healthy lifestyle activities. So my question is to the minister. What is the dialogue? Or is there a dialogue? Are there discussions between himself, the Minister of Gaming, and the Minister of Community Development to resolve these issues around funding and promotion of healthy lifestyle activities?

Now, moving specifically into questions around seniors, I think the minister was using horizon numbers that are slightly closer in than what I have here, because I'm looking at that by 2026 one in five Albertans, 20 percent, will be 65 or older. So at this point that is a doubling of the senior population. We currently sit at around 10 percent, although we do have some pockets in Alberta where that is higher. We have waiting lists for eldercare facilities, and I'm wondering: what is the minister doing in concrete terms to plan for this increase in the senior population and the increase in the number of seniors who will be requiring long-term care? I believe the figure is that 4 percent of the senior population at any time is in a long-term care facility or in a care facility, so those numbers start to add up for us. We don't appear to have enough space now. Every day that goes on we have more seniors who are in need of those care facilities. What concrete plans does the minister have to provide the funding, particularly around staffing?

I'd like to know what the health component is that the ministry has in place to detect, handle, and stop elder abuse in care centres. I'm also interested in what action the minister is contemplating to expand that to include boarding situations and private homes. We know that most seniors who experience some kind of abuse experience it from people who are very close to them. As repugnant as it is to us to contemplate having to interfere in someone's life in that intimate a way, that's where they're abused. It's not enough to just be covering and monitoring and to have legislation available for people that are in institutional care. We have to look at the group homes, the boarding house situations, and seniors being cared for in private homes.

Last year the extended health care benefits were completely eliminated under the seniors' health care program. I'm wondering if the ministry has done any kind of follow-up evaluation to determine the effect of the cuts of that program. I mean, I know the kind of response I'm getting into my office. I'm wondering if the ministry has heard from denturists, for example, who are saying that fewer seniors are coming because the subsidy program isn't available to them in a universal program. It's only available to the most destitute seniors, who would have to apply through the special-needs program and successfully get the money to go forward. Has the

ministry been tracking whether there have been problems around seniors getting dental health, dentures, eye care, et cetera? I'm interested and I would like an answer, please, on whether the minister's department is investigating any reduction or anything specific to age-related benefits that are currently available through the minister's department.

I'm wondering if there is any formal process that has been instituted so that the minister of health is working more closely with the Minister of Seniors on seniors' health issues. In the past we've had communication breakdown. The most recent and glaring example was around the elimination of the extended health care benefits program in last year's budget in which the Minister of Seniors did not appear to be aware of the eradication of that program. So I'm wondering: in the last year and, of course, now where are we with a very strong communications plan between the Minister of Health and Wellness and the Minister of Seniors?

I'm interested in what plans are contemplated, if any, around seniors and the Alberta Blue Cross program.

I'm interested in the specifics around staffing and long-term care. Is there anticipation of increasing the staffing levels or staffing ratios? At the same time I'm interested in whether the number of hours that are allocated for each resident are going to be increased. That can sound really good to someone that's not familiar with this program. Generally, I think you're told that it's something like an hour and a quarter . . . [A note was handed to the member] I can't stop now or I will lose my time. I'm sorry. You'll have to wait until I'm done, whoever this is coming from.

You're told that you've got about an hour and a quarter a day of staff time that's attending to residents, but when you consider the time to get someone up and dressed and get them down the hall for breakfast and then again for lunch and again for dinner and then bed, that's it. You've probably exceeded your time, your hour and a quarter, right there. So there's no additional care that's being offered to people. I now have way more stories than I ever wanted to know about seniors who are left in hallways of senior care facilities. Believe me; I have my own anecdotal experiences around that now because my mother is in a care facility and way more experiences than I ever wanted to have around that. So is the minister looking at increasing that time allotment?

4:30

I also ask the same question to this minister that I put to the Minister of Seniors: where is it written, where is the policy that allows senior care facilities to dictate that one bath a week is upholding the dignity and personal respect of a senior? I'd also like to know: where is the policy, where is the support documentation for seniors' care facilities who will say that it is okay or common policy to diaper seniors who are not incontinent? They're doing it because it's convenient or they are understaffed or their staff ratio is not high enough or they don't have enough time allocation. I've heard all of these. I do not understand how the ministry can claim that this is upholding a senior's dignity and personal respect to diaper a senior who does not require it for medical purposes, yet that is happening. I'd like to hear from this minister what in his department upholds that, and if he doesn't uphold it, then why is it going on?

I'd like to talk to the minister about establishment of standards of care. We don't have standards of care. We don't have standards of care legislation. As a matter of fact, when the Member for Calgary-West brought forward a motion to establish a committee to even look at standards of care, it was defeated by this Assembly. It was certainly supported by members of the opposition, so given the overwhelming numbers, I have to assume that the people that voted against it were on the government side. Why do we have no standards of care for those seniors' facilities? Is the minister contemplating standards of care anytime in the near future, within this next year, or within this three-year rolling business plan? If the minister is not contemplating legislation to bring in standards of care, why not? I think we need it.

Can the minister describe what's being anticipated in the Alberta Blue Cross review? It looks like there's an attempt to level the playing field, that Alberta Blue Cross would no longer enjoy an exemption from the 2 percent premium on private insurance programs. Can he explain that, please, and could I also have an explanation as to why the minister is not in favour or not accepting the recommendations that some board members be government nominees? Currently there are appointments of between five and nine members to the board of directors for the Alberta Blue Cross Benefits Corporation, and none of these positions is nominated by the provincial government. I'm assuming that this is an ideology of the minister not to appoint people to these positions, and I'm interested as to why.

I'm interested in what discussions have taken place between the Minister of Health and Wellness and the Minister of Seniors around provision of new accommodations, new places or new beds, for seniors particularly in the rural areas, but I'm also interested in the programs that exist in the urban areas and whether the minister has any influence on the amount of money that's being given differentially to the larger and smaller lodge management programs.

Now, I'm also noting that in the Seniors Advisory Council for Alberta's second semiannual report for 2001-2002 there were some questions to the Minister of Seniors around health and wellness. There are four recommendations. Did the minister formally respond to these recommendations, and if so, could he please table a copy of his response in the House so that it can be shared with other people?

I'm aware that there is someone who's waiting to do an introduction, so I will at this point cut my remarks short to allow him to do that. I will await the response from the minister either now or, of course, in writing if he chooses to do so with the support of his staff.

Thank you.

The Chair: Before I recognize the hon. minister, I wonder if we might have the committee's agreement to briefly revert to Introduction of Guests.

[Unanimous consent granted]

head: **Introduction of Guests**
(reversion)

The Chair: The hon. Member for Olds-Didsbury-Three Hills.

Mr. Marz: Thank you, Mr. Chairman, and I'd also like to thank my MLA when I'm in Edmonton, Edmonton-Centre, for allowing me the opportunity to introduce some very important guests, some friends of mine from the town of Three Hills, Alberta. In the public gallery we have the mayor of the town of Three Hills, Mrs. Myrna Bauman, and the chief administrative officer, Jack Ramsden. I would ask that they rise and receive the very warm welcome of this Assembly.

head: **Main Estimates** 2003-04

Health and Wellness *(continued)*

Mr. Mar: Mr. Chairman, Edmonton-Centre asked quite a number of questions, and I'm not trained in the art of stenography, so I

wasn't able to keep up with her particularly well. So it is my commitment to her that I will review *Hansard* and reply in writing accordingly.

The Chair: The hon. Member for Edmonton-Riverview.

Dr. Taft: Thank you, Mr. Chairman. I appreciate the opportunity here. The subject I was talking about before so many other topics came up was the regional health authorities and the boundaries of the regional health authorities and a particular concern with regional health authority No. 7, which the minister actually addressed in his opening comments. He mentioned that there were, I think, 16 different hospitals and that that would allow some development of local centres of expertise.

Nonetheless, I noticed on page 201 of the estimates that region 7's budget increase is 4.9 percent, if I've got that correct here. In principle that may be workable except that region 7 absorbs two of the most fiscally challenged of the former regional health authorities: Lakeland and WestView. I know that there is a concern that by having to absorb the problems that Lakeland and WestView faced and by virtue of not having a clear centre of operations and, in addition, by virtue of being spread literally across the province, region 7 perhaps faces – I wouldn't be surprised – the most difficult fiscal challenges of all the regions. So I'm just wondering if the minister might be able to provide some rationale for the boundaries of region 7 and any comments on its fiscal health. Do you want to do that now? Sure. Thank you.

Mr. Mar: Mr. Chairman, in looking at regional health authority boundaries, it's difficult to come up with a solution or a map that satisfies all individuals, all stakeholders, and so on, but we tried our very, very best to look at boundaries that were based upon patient flow patterns to try and minimize the difficulties associated with, for example, inflow and outflow or patient exports. There was some desire on the part of the individuals who were within the previous regions known as Aspen, Lakeland, and WestView to move things together.

It would be premature, Mr. Chairman, for us to say that there will be a financial challenge there. We don't know yet, because until such time as the regional health authority starts to work on its business plan and presents it, it will be difficult to say whether or not they will have a financial challenge. But certainly we have always expressed that we want regional health authorities to succeed, and we'll take whatever steps are necessary to ensure that the plans that they put in place are appropriate ones and that they are ones which are sustainable and affordable.

4:40

Dr. Taft: All right. Well, I guess this illustrates the problem with establishing a budget for the regional health authority without the business plan in place, but we have visited that issue several times.

Another big change in the health care system this year is the integration of the Mental Health Board with the regional health authorities, and that raises questions around the two large mental health hospitals: Alberta Hospital Edmonton and Alberta Hospital Ponoka. I'll be honest with you. I'm not on top of the status of those two particular facilities, but I am very interested in particular about the future of Alberta Hospital Ponoka. Will it continue with the sort of range of services it has now? Are there significant changes being considered for its use and its organization or administration? I would value the minister's response to that in particular.

Mr. Mar: Mr. Chairman, I indicated in my opening comments the four areas where there would be a continuing role for a provincewide Mental Health Board, things like, for example, aboriginal mental health, and another example would be forensic psychiatry. All the other services are being devolved into the regional health authorities, and here's the reason why. What we want to make sure is that mental health issues are integrated into the so-called physical health system so that hopefully someday we'll never consider looking at the treatment of a broken mind any differently than we would treat a broken arm, and it's for that reason that we want to integrate mental health services into the regional health authorities.

With respect to the operations of Alberta Hospital Edmonton and Alberta Hospital Ponoka they will be under the purview of the regional health authorities that are covered in those areas, but they will continue to provide services to Albertans throughout the province. That would also be the case with our facilities in places like Claresholm and Raymond, Mr. Chairman.

So, yes, there will be an ongoing, continuing role for the important services being done at Alberta Hospital Ponoka and Alberta Hospital Edmonton. They will come under the purview of the regional health authorities, but we want to assure the hon. member and Albertans that money which we presently spend on mental health will continue to be spent on mental health and that with this integration of mental health services into regional health authorities by no means should people draw the conclusion that we're going to allow resources devoted to the treatment of mental health issues to be simply diverted to the balance of the system. That is not the intention.

The Chair: The hon. Member for Edmonton-Riverview.

Dr. Taft: Thanks, Mr. Chairman. To specifically follow up with Alberta Hospital Ponoka, there have been some reports to me that some aspects of this facility may be being considered for some aspects of privatization of one way or another. I assume that that would be a decision under the regional health authority and that would have to come forward in the business plan. Does this budget take that issue into consideration? Are there moves afoot to contract out Alberta Hospital Ponoka or otherwise privatize some of that facility?

Mr. Mar: Not that I'm aware of, Mr. Chairman.

Dr. Taft: Looking over my notes and over the estimates, there's some particular reference to Alberta Wellnet. I'm on page 199 of the estimates. Alberta Wellnet has consumed millions and millions of dollars of public money. I understand that there was an audit being done of Wellnet – that's my understanding at least – and there are some curious shifts in the numbers for Alberta Wellnet which, frankly, at least on page 199, make it a bit hard to follow from year to year. It looks like there's a significant increase in the investment in Alberta Wellnet this year. Could the minister elaborate somewhat on how we are to interpret the details behind these numbers on page 199 with Wellnet? What's happening there? If there is an audit under way, how is the audit proceeding?

Thank you.

Mr. Mar: Mr. Chairman, I am not able to provide details for the presentation of the numbers before you as asked for by the Member for Edmonton-Riverview, but I can say that we are increasing our commitment to electronic health records, which, of course, are part of Wellnet, and that we hope to have an electronic health record that will be up and running by March of 2004. We are devoting necessary resources to make sure that happens.

Now, many people would ask: why is an electronic health record important? I think that when people see the applications of how it

would work, they would understand why it's important to do. We want to be able to ensure that if an individual gets injured in a car accident in Pincher Creek, Alberta, but they're a resident of Red Deer, the emergency team that sees them in Pincher Creek is able to call up a portion of their health record, see what their blood type is, see what kinds of medications they're on, find out that they are an epileptic and so on, and that would have a profound influence on the type of treatment that is being given to them.

We want to make sure that we try to reduce the number of unnecessary diagnostic tests. Whenever we hear the expression "Mrs. Smith, we need a new X-ray," that's often an euphuism for "We can't find the old one, so let's take another one." An electronic health record would make that diagnostic test available immediately.

In the area of the pharmacy information network if you get a prescription prescribed by another physician who is not familiar with your file, a pharmacist should be able to access that portion of your health record that would show that you are already on an existing medication that conflicts with what you've been prescribed. That conflict can result in a serious conflict where you can have a bad medical error. As a result, the ability to use an electronic health record to flag those types of errors would be very important.

I can try to provide the information that the hon. member is looking for. I know that it was much more specific than the outline that I've given, but I'll be happy to do that.

The Chair: The hon. Member for Edmonton-Riverview.

Dr. Taft: Thank you, Mr. Chairman. I appreciate the offer from the minister. Just on Wellnet, which is one of many health initiatives that the minister is leading, to his credit, from page 199 it does look like about $6.3 million is being spent on equipment this year for Wellnet, so I would ask the minister to provide I guess in writing subsequent to today a list with some detail of what equipment is being purchased for Alberta Wellnet and from whom and for what purpose.

4:50

Among other health initiatives and innovations the minister is pursuing is the Alberta wait list registry, which I think you mentioned in your opening remarks earlier today in question period or sometime very recently. I'm wondering if the minister or his department has evidence from other jurisdictions or models from elsewhere that it's following for this service that would indicate that this kind of a registry (a) is workable and (b) is going to presumably shorten wait lists or improve efficiencies. Or let me put it the other way around: are we so far out ahead of the rest of the world on this one that we're blazing the trail alone? But if there are precedents or models that we're following, I'd be quite interested in those. How will we know if the wait list is actually working? Are there some performance measures that we will be able to judge it against when we come to this point next year? Those kinds of things would be helpful. Of course, how much is it going to cost? I don't believe that it's specifically itemized in here.

Last year the minister set a very bold goal for himself which was to have 50 percent of physicians on alternate payment programs within I think it was three years. Some progress on how that's going would be much appreciated. What kinds of alternate payment programs are we looking at? Are we looking at models through which clinics are set up which are not just run by physicians but are actually run on a community health model where perhaps the key decisions are made by a team of people or by nurse practitioners? What's the range of models or alternate programs that we're following? How's progress coming on that? I felt at the time that it was a very ambitious goal for the minister to set, and I'm sure he's pursued it vigorously. I'd be interested in any reports on that.

Mr. Mar: Mr. Chairman, on the subject of a wait list registry I can't claim that we've blazed a trail, in the words of the hon. member, in every single area. We do our very best to try to find good ideas whether they are also within Canada or in other jurisdictions, and we ask ourselves whether they are adaptable to our own situation in this province. Some effort was made to look closely at the wait list registry that has been set up in the province of British Columbia. People would ask: well, why does that provide assistance in terms of shortening wait lists, or why would the information being available on the Internet be of importance? Perhaps I can best illustrate it by an example.

One of our colleagues in the Legislature was in need of a particular type of surgery. The wait list in the city of Edmonton at a facility was something in the range of nine months, but this individual, who had some knowledge of services that were provided in other parts of the province, found out that the very same service could be provided in Camrose, and instead of waiting nine months it could've been done in two weeks. So the individual was perfectly happy driving out to Camrose, getting the service done, reported 100 percent satisfaction with the particular service. Without the benefit of a wait list it would be difficult for Albertans to know where they might go if they chose. We are of course not compelling people or telling you: you must go to a particular place. But if you have the information in front of you, you may want to choose to do that.

People sometimes – and this was the experience in British Columbia – would say: look; I'm waiting 12 months to see a specialist. In fact, they weren't waiting to see a specialist. They were waiting 12 months to see a particular specialist. An individual may choose to wait for Dr. Brown for 12 months, or they might want to see another physician. Now, if they think that Dr. Brown is the only physician that can provide them the kind of special services that they require, then perhaps at least they would understand that Dr. Brown cannot be duplicated and cannot do more services than are available in the schedule of Dr. Brown the physician. So that's the reason why the wait list registry is an important point in terms of giving Albertans information about who it is they're waiting for, and if they choose, they can go to a shorter wait list being provided by another physician or specialist.

With respect to APPs, yes, it is an aggressive goal to have 50 percent of our doctors on an APP, and I should say that the goal of having that many physicians on an alternative payment plan is not in and of itself a goal. It is a tool for getting to a more important goal of helping facilitate multidisciplinary practices of health care providers, including physicians working in teams and remunerating physicians appropriately for working within that team.

An example that I often use, Mr. Chairman, is my two doctors named Wong, doctors Wong and Wong. My dentist in Calgary is Leo. My physician here in Edmonton is Paul. When I see Leo in Calgary, nobody ever questions the fact that we pay Leo's office for services provided by someone other than Leo. His dental hygienist is very competent and capable of cleaning the teeth in my mouth – and perhaps she even does it better than Leo – and nobody every questions the fact that we remunerate his office for services provided by someone other than Leo. Of course, those things which Leo needs to see he works on in my mouth. When I see Paul, on the other hand, the only time that we remunerate Paul's office, my physician, is when Paul actually sees me, even though there may be certain types of things that I could use that could be perfectly and

competently dealt with by a physiotherapist or by a pharmacist or by an occupational therapist, or it might be a licensed practical nurse giving me my annual flu shot.

So that's the reason why we want to be aggressive in our targets with APPs. It's not because we want doctors on an APP. It's because it provides a way of remunerating physicians that encourages them to work within multidisciplinary teams.

I don't have statistics actually at my fingertips on the number of doctors who have expressed an interest in moving in this direction. Of course, it is part of our negotiations with the Alberta Medical Association. I can share, though, with the hon. member a survey that was done I believe about a year ago that was found in the *Canadian Medical Association Journal* about physicians looking for different ways to be remunerated. In the survey of the CMA's membership it was found that some 30 percent, roughly a third of doctors, liked fee for service, which meant that some two-thirds were looking for some other way of being remunerated for their services, either by salary or by some combination of salary and fee for service. So, again, for some types of practice fee for service should continue, and it would be appropriate. In other types of practice physicians themselves may choose to have some other form of payment. If the CMA survey results appear to be accurate, then the 50 percent mark of getting doctors in APPs perhaps should be looked at in context and is perhaps not out of the range of possibilities.

The Chair: The hon. Member for Edmonton-Riverview.

Dr. Taft: Thank you, Mr. Chairman. Just to confirm our process this afternoon – I genuinely appreciate the minister's comments – when you haven't responded for obvious reasons to specific questions, can I assume that your staff will have a look at *Hansard* and respond?

Mr. Mar: Yes, sir.

Dr. Taft: That's great. Thank you very much.

Moving on to the sensitive topic of public/private partnerships, I understand that this has come up a few times with other ministers, the Minister of Infrastructure in particular. There are literally volumes of experience with public/private partnerships in health facilities in other jurisdictions. Britain and Australia come to mind, for example. I am hoping that issues around considerations of public/private partnerships in health care aren't simply left to the Department of Infrastructure but also would involve the Department of Health and Wellness and, I suppose, the regional health authorities as well. So I'm wondering if the minister could tell us what work his department has done on examining public/private partnerships as feasible or not, as wise or unwise, what circumstances they have failed in, what circumstances perhaps they have succeeded in, a sort of cost-benefit assessment of public/private partnerships that we would hope will be done throughout the government. If there is work done by his department on that, some summary or file or something on that would be quite interesting to see.

5:00

I will move on to other subjects related directly to the estimates, given that we're starting to run down on time. On page 198 there's a whole series of questions that come out of the estimates. One that jumps out is ambulance services. There is a marked increase in funding for ambulance services from, well, basically $43 million last year to almost $57 million this year, an increase of $14 million, or about a third. I'm wondering how this dramatic increase is to be explained and if the minister could provide any more detail subsequently to explain why the increase in ambulance services.

Continuing on the same page, some interesting shifts in the funding for the human tissue and blood services, line 2.2.3. It looks like there's been a complete shift in the funding of that service from general revenues now to lotteries, and my fundamental concern there is: how reliable is that? That seems to take what is a core health service out of the stable funding that's provided by general revenue and put it under the kind of year-to-year allocation of lottery funding. So we lose some security there. I do recall a commitment made some years ago by this government that lottery funds would not be used for core services, so I find I'm getting a bit nervous around that particular trend.

The health innovation fund, which is 2.2.10, has run its three-year cycle; it's finished. There are no more funds this year, so we're down this year to zero from almost $6 million last year. It seems to be somewhat similar to – well, I won't draw on any other parallels, but it makes me wonder what's happened to those projects that were funded through the health innovation fund. Have they found funding homes somewhere else in the department or in the regional authorities, or are we simply leaving them behind? Are they being entirely scrapped? Some explanation of how that innovation fund is playing out would be particularly valuable.

Would you like to respond now, Mr. Minister?

The Chair: The hon. minister.

Mr. Mar: I'll be quick. Mr. Chairman, I'll be happy to again commit on the record to the hon. member that any details that I don't have at my fingertips with respect to presentations of numbers I'll be happy to have my department review and reply to the hon. member in writing.

On the subject of private/public partnerships I can say that the hon. member is correct that there are some experiences in other jurisdictions that have not been particularly good, but there have been others that have been good. In this regard, Mr. Chairman, you know, I have met personally with the minister of health from Sweden. He indicated to me that one of the great difficulties that they had in one of their privatization initiatives was with respect to one of their hospitals, which he described as the crown jewel of their health care system. He was quite impressed with our own legislation here in Alberta that prohibited the privatization of hospitals, but he did indicate that in other areas there were some successes with respect to using private capital facilities, or what we would call private surgical facilities, in terms of being able to have the private sector provide services under contract to the public sector.

More recently, Mr. Chairman, the Hon. John Hutton, the Secretary of Health for the United Kingdom, was passing through Alberta, and I took the opportunity to meet with him to discuss some of their initiatives in the U.K. Again, there have been some things that have been done in the NHS in the last 40 years, some of which have been successful and some of which have not. We have taken the benefit of their experience in formulating our own policy.

Dr. Taft: In view of the time that satisfies my questions for the day. I appreciate the responses from the minister and look forward to his written answers.

Thank you.

The Chair: After considering the business plan and proposed estimates for the Department of Health and Wellness for the fiscal year ending March 31, 2004, are you ready for the vote?

Hon. Members: Agreed.

Agreed to:
Operating Expense and
Equipment/Inventory Purchases $7,343,791,000

The Chair: Shall the vote be reported? Are you agreed?

Hon. Members: Agreed.

The Chair: Opposed? Carried.
The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Chairman. I'd move that the committee rise and report and beg leave to sit again.

[Motion carried]

[The Deputy Speaker in the chair]

Mr. Klapstein: Mr. Speaker, the Committee of Supply has had under consideration certain resolutions, reports as follows, and requests leave to sit again.

Resolved that a sum not exceeding the following be granted to Her Majesty for the fiscal year ending March 31, 2004, for the following department.

Health and Wellness: operating expense and equipment/inventory purchases, $7,343,791,000.

The Deputy Speaker: Those members who would concur with this report, please say aye.

Some Hon. Members: Aye.

The Deputy Speaker: Those who are opposed, please say no.

Some Hon. Members: No.

The Deputy Speaker: The motion is carried.
The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. I move that we adjourn until 8 this evening, at which time we'll return in Committee of Supply.

[Motion carried; the Assembly adjourned at 5:10 p.m.]