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The 27th Legislature
Third Session

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The Honourable Kenneth R. Kowalski, Speaker

Legislative Assembly of Alberta

The 27th Legislature

Third Session

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Legislative Assembly of Alberta

1:30 p.m.

Tuesday, November 2, 2010

[The Deputy Speaker in the chair]

Prayers

The Deputy Speaker: Hon. members, let us pray. We give thanks for our abundant blessings to our province and ourselves. Let us ask for guidance and the will to follow it. Amen.

Please be seated.

Introduction of Visitors

The Deputy Speaker: The hon. Minister of Public Security and Solicitor General.

Mr. Oberle: Thank you very much, Mr. Speaker. It is a great honour and pleasure to rise today and introduce to you and through you to all Members of the Legislative Assembly two people who are very dedicated to making our communities stronger and safer, Chief Mike Boyd and the Edmonton Police Commission chair, Brian Gibson.

Mr. Gibson has been a member of the Edmonton Police Commission since 2005. He's also the current board chair of the Alberta law enforcement response teams. Mr. Gibson has been on the boards of many community organizations. He has an extensive background as an entrepreneur and philanthropist. He's committed to ensuring the safety and security of Edmonton neighbourhoods, and he is a valuable partner with my ministry in that regard.

With him today is somewhat of a guest of honour, Chief Mike Boyd, who has been with the Edmonton Police Service for the past five years of a longer than 40-year career in policing. During that time he's proved himself to be both a leader and a community builder, Mr. Speaker. Chief Boyd has worked hard to enhance the professionalism of the Edmonton Police Service, and he has raised the profile of the EPS and of the city as a result. He has received many accolades in his career, including being invested as a commander of the order of merit of the police forces by the Governor General of Canada. Chief Boyd appears here today on the eve of his retirement. He will step down from his position as chief of the Edmonton Police Service at the end of this year.

Mr. Speaker, I ask that we join and offer our thanks and our traditional warm welcome to our two special guests today.

Introduction of Guests

The Deputy Speaker: The hon. Member for Olds-Didsbury-Three Hills.

Mr. Marz: Well, thank you very much, Mr. Speaker. It's a pleasure for me today to introduce to you and through you to all members of the Assembly 47 students from Deer Meadow school that comprise two grade 6 classes there. What could be better on a beautiful fall day than leaving the classroom on a field trip and coming up and visiting their Legislature? As I pointed out, they do own the place. I also ask a question to each of my classes: "Who all wants to be an MLA in the future?" I have to say that out of all the classes I've introduced over the years, there are more aspiring MLAs in this group than any of the others that I've ever introduced before. Not only that, if you look at them seated in the public gallery, you'll notice some very fresh haircuts. These are fantastic students who volunteered to raise funds for cancer. I'd like all the members of the

Assembly to welcome them here today and give them the traditional welcome of the Assembly.

The Deputy Speaker: The hon. Member for Calgary-Mackay.

Ms Woo-Paw: Thank you, Mr. Speaker. On behalf of my colleague the hon. Member for Calgary-Montrose it is with great pleasure that I introduce to you and through you a group of 15 grade 6 and grade 9 students from the Eastside Christian Academy in Calgary. The students are joined today by Mrs. Marie Poulin and principal Frank Moody. I had a chance to meet with them very briefly earlier this afternoon. It is always a rare pleasure to receive students from the Calgary area, so I ask that they all please rise and receive the traditional warm welcome of this Assembly.

The Deputy Speaker: The hon. Member for Red Deer-South.

Mr. Dallas: Thank you, Mr. Speaker. It is indeed an honour for me today to introduce to you and through to all members of the Assembly a group of 46 students from Westpark middle school in Red Deer. This is the school that our children attended. In Red Deer we're very proud of the work that's done in preparing our future leaders, and Westpark middle school has an excellent reputation for advancing the ambitions of our future leaders. The students are accompanied by teachers Mrs. Lana Beierbach and Mr. Dave Cozens and parent helpers Mrs. Mariette Williamson and Mrs. Patti Stinson. I'd invite members from the Westpark middle school delegation to rise and receive the traditional welcome of the Assembly.

The Deputy Speaker: The hon. Member for Calgary-Hays.

Mr. Johnston: Thank you, Mr. Speaker. I would like to introduce to you and through to all members of this Assembly Mr. Matt McFadyen. He's accompanied today by my wife, Shirley. They're in the members' gallery. Matt is a second cousin to my wife. Although Matt is a born and bred Edmontonian, he cheers for the Stampeders, he tells me. He works for Trans Am pipeline, and I'd like you to give him the warm traditional welcome of the Assembly.

The Deputy Speaker: The hon. Member for Wetaskiwin-Camrose.

Mr. Olson: Thank you, Mr. Speaker. In my previous life as a lawyer I had the good fortune to meet a lot of clients who became friends. That's right: clients who became friends. There are two people here today who I count as very good friends although they are no longer clients. They come from northern Germany. I'd like to introduce to you and through you to all members of the Legislature Peter and Evi Schröder. They're from Bremervörde, which is about halfway between Hamburg and Bremen. They are experts in municipal infrastructure. Peter is a civil engineer, and Evi works with him. They are experts in water management and environmental issues. They are here touring the Legislature today, and it was a great pleasure to have lunch with them. They're in the members' gallery, and I'd ask that all members give them the traditional warm welcome.

Members' Statements

The Deputy Speaker: The hon. Member for Edmonton-Decore.

Edmonton Police Chief Mike Boyd

Mrs. Sarich: Thank you, Mr. Speaker. Earlier the Solicitor General

and Minister of Public Security introduced Chief Mike Boyd of the Edmonton Police Service. I am truly honoured to rise today and have the privilege to congratulate Chief Boyd on his achievements during his time with the Edmonton Police Service and to extend best wishes as he will be retiring at the end of this year.

Chief Boyd was officially sworn in as the chief of police on January 1, 2006. This followed 35 years of illustrious and distinguished service with the Toronto Police Service, leading into a short retirement. Our city and our province are very grateful that he was willing to reconsider retirement in favour of an opportunity to provide additional dedicated service and leadership to the one of the finest policing organizations, the Edmonton Police Service.

Initially I invited Chief Boyd to join us at the Alberta Legislature to celebrate receiving the national exemplary service medal bar on April 23, 2010. This award recognizes his 40 years of exemplary police service in our nation, which is characterized by good conduct, industry, and efficiency that serves as a model for others. Mr. Speaker, this recognition is important to acknowledge since to date Chief Boyd is the only member of the Edmonton Police Service to have received this award. Chief Boyd received this award in 1989 for the first time to mark 20 years of exemplary service, and the bars are subsequently awarded at 10-year intervals to honour the service to the community.

1:40

Chief Boyd has also been awarded several other honours, including his investiture as commander of the order of merit of the police forces by the Governor General of Canada, the Queen's golden jubilee medal by the Lieutenant Governor of Ontario, and the medal of merit by the Toronto Police Services Board.

Since his arrival in Edmonton, Mr. Speaker, Chief Boyd did not waver on his commitment to intelligence-led policing, combatting organized crime, and building proactive, safer communities for all to enjoy. He has served on many task forces and committees to promote safe community initiatives, including the Premier's Crime Reduction and Safe Communities Task Force.

*Recently Chief Boyd announced his retirement from the Edmonton Police Service. After 40 years dedicated to policing and service, he will truly be missed by many. On behalf of our province and our city we are grateful for Chief Boyd's strong leadership and exemplary policing service.**

Congratulations and heartfelt wishes to Chief Boyd and his wife, Margo, as they continue their life's journey.

Thank you.

The Deputy Speaker: The hon. Member for Calgary-Glenmore.

Emergency Medical Services

Mr. Hinman: Thank you, Mr. Speaker. Our biggest mistakes in life are often the results of refusal to recognize and admit our mistakes. This government continues to jeopardize the lives of Albertans with its centrally controlled health superboard. They started out with a totalitarian gag order, forbidding our health care providers from speaking out. They threatened disciplinary action to any who dared speak out, then claimed to rescind the order a year later, but the reality and perception from our health care providers is that the code of silence hangs over their heads.

Over the past several weeks it has become public and clear that emergency room care in Alberta is in crisis. Several highly respected emergency room doctors have graphically described our ER system as on the brink of collapse. Leaked documents have detailed hundreds of ER horror stories. The Wildrose caucus has listened to

and met with many health professionals across the province in order to formulate a series of proposals aimed at immediately addressing the ER crisis in a practical and time-sensitive manner.

The Wildrose Alliance proposes that the government of Alberta implement the following measures. One, ensure a chief medical officer is assigned at all times in every hospital with an emergency room. The CMO should be given unilateral authority to make decisions concerning all units in the hospital. The CMO must be able to open beds in non-ER units, reassign staff, activate additional staff, and if necessary override AHS directives, regulations, and regular staffing ratios in order to alleviate ER blockages that are endangering lives. Two, immediately activate the nurses needed to deal with the ER crisis. Three, immediately increase all necessary support staff. Four, open up additional acute-care beds by moving healthy seniors waiting in hospitals into temporary living accommodations such as senior-friendly apartments and other lodging arrangements. Five, work to greatly accelerate the building of long-term care and assisted living facilities as well as home care.

In closing, I want to thank those health care providers who have bravely spoken out and all front-line workers, without whom the crisis would be worse.

Family Violence Prevention Month

Ms Calahasen: Mr. Speaker, as you can see, black, blue, and white pins are being worn by all MLAs today. These pins signify our support to end family violence. Since November has been considered Family Violence Prevention Month, I thank all for that courtesy.

We all know family violence is a complex issue that is present in all our communities and affects more people than many of us realize. That is why Alberta continues to provide strong leadership and supports to help individuals and families facing family violence. The prevention of family violence and bullying initiative has made important strides in increasing our understanding of this issue. Through public awareness campaigns attitudes are changing, and people are learning how they can help someone who is affected by family violence. The toll-free family violence info line is available at 310-1818. This 24-hour resource offers help in more than 170 languages and can also give concerned Albertans information about how to help someone who may be in a difficult family situation.

Alberta also provides other resources like emergency shelters for women like Northern Haven in Slave Lake, safe visitation sites, victim support programs, domestic violence courts, help with establishing new households, treatment for offenders, protection orders, specialized police teams, and services for high-risk situations.

Mr. Speaker, the more we know about family violence, the more we can do what the pins say, and that is: End the Silence, Stop the Violence. Thank you.

School Board Trustee Elections

Mrs. Leskiw: Mr. Speaker, I rise in the House today to extend the Assembly's congratulations to the school board trustees across Alberta who are newly elected or re-elected to the position. Everyone acknowledges the importance of education to Alberta's future, but these individuals have shown the depth of their commitment to the educational success of Alberta's children.

Trustees have a pivotal role to play in the transformation of the K to 12 education system in Alberta to enable it to meet the educational demands of the 21st century. Their challenge will be to continue to engage Albertans in the discussion of the future of education that was created through Inspiring Education, Setting the

*The text in italics exceeded the time limit and was not read in the House.

Direction, and Speak Out and to help shape the response to those initiatives, the results of which are contained in the Inspiring Action report, released in June of this year. The information gathered from these initiatives will be used to help determine just how we begin to build the foundation for a K to 12 education system that will meet the needs of the 21st century.

Government has listened and responded to Albertans' wishes for the future of education. The focus of trustees is likely to change as a result of public engagement and education we have undertaken. Student success, community engagement, and fostering collaboration will be top priorities. Trustees will have the biggest impact by directly engaging their communities in the education of their children and by fostering collaboration with other organizations that have a hand in assuring student success. Parents, relatives, neighbours, mentors, and the general public have a role, too, in making sure our young people take care of themselves and others and contribute back to their community. Trustees can help enable that to happen.

Thank you very much.

The Deputy Speaker: The hon. Leader of the Official Opposition.

Gifts for Government MLAs and Cabinet Ministers

Dr. Swann: Thank you, Mr. Speaker. Politicians and pundits these days spend a lot of time wondering why voters feel increasingly disconnected from democracy. The answer is simple. People don't trust politicians anymore. Why should they? It becomes more and more obvious every day that government MLAs in this province are compromised by a plethora of free gifts they receive from special interests. Everyone knows that gifts come with an expectation of access to power and influence. If these gifts are allowed in the ethics guidelines, then it's time the guidelines were changed.

Free trips, concert tickets, rounds of golf at exclusive resorts, fishing expeditions: government MLAs are really living it up. When the people that create our laws are seen to accept gifts from big donors and big business, it casts a pall over our entire democratic process. The vast majority of Albertans receive no such perks for doing their jobs. They put in a solid day's work for a day's pay and feel rightfully proud of themselves for making a contribution to Alberta.

Government MLAs not only receive a very generous salary and benefits package – the 30 per cent plus raise a couple of years back is more than an average salary in most of Canada – including bonuses for sitting on committees, additional compensation for being ministers, but on top of it all they feel it's okay to accept large gifts. You can afford to pay for your own Lady Gaga tickets. You can afford to play 18 holes on your own dime. You can afford to take a fishing trip to B.C. You can afford your own hotel rooms. What you can't afford is to erode your own integrity and the trust voters have placed in you, when many of them can't afford to care for their developmentally disabled children or their infirm parents, who languish in a continuing care system that your government has allowed to fall apart.

Mr. Speaker, I wish I could say that I'm surprised; instead, all I can do is join my fellow citizens in disgust.

The Deputy Speaker: Any other hon. members wish to speak? The hon. Member for Edmonton-Rutherford.

National Pain Awareness Week

Mr. Horne: Thank you, Mr. Speaker. I rise today to draw the attention of the House to National Pain Awareness Week, recog-

nized across Canada each year during the first week of November. Chronic pain is a serious issue affecting approximately 6 million Canadians, 1 in 5 Albertans, and many of my constituents in Edmonton-Rutherford. Generally defined as pain persisting for longer than three to six months, chronic pain often accompanies chronic diseases such as arthritis, diabetes, and various neurological disorders. In addition to the devastating impact on the lives of individuals and their families, recent studies indicate that direct health care costs associated with chronic pain are estimated at more than \$6 billion annually and lost productivity costs relating to sick days and job loss are at more than \$37 billion nationally.

Mr. Speaker, I would also like to take the opportunity today to recognize the Canadian Pain Coalition. The coalition is a partnership of patient support groups, health professionals who care for people in pain, and scientists studying better ways of treating pain. The coalition develops educational programs and raises awareness in order to find solutions and treatment for people living with pain. As we commemorate National Pain Awareness Week in this House and in Legislatures across Canada, I would like to thank the members and volunteers of the Canadian Pain Coalition for their hard work and dedication. They have called for a national pain strategy to be developed in accordance with a charter of patient rights and responsibilities with respect to pain. We thank them for their continued efforts to raise awareness of this most important issue.

Thank you, Mr. Speaker.

1:50

Oral Question Period

The Deputy Speaker: The hon. Leader of the Official Opposition, first question.

Gifts for Government MLAs and Cabinet Ministers

Dr. Swann: Thank you, Mr. Speaker. Our Premier is off on a junket to India with his entourage. We've got ministers accepting gifts of fishing trips in B.C. and rounds of golf in luxury resorts. Other ministers are taking free tickets to concerts: Rod Stewart, Fleetwood Mac, and Lady Gaga. We have a government MLA who didn't pay property taxes until the debt became public . . .

Mr. Oberle: Point of order, Mr. Speaker.

The Deputy Speaker: Hon. member, I recognize a point of order. We'll deal with it after question period.

Dr. Swann: . . . and we see the recent Progressive Conservative conference awash with advertising by corporations that do business with this government. To the Deputy Premier: how can Albertans have any faith that this government is not beholden to special interests?

Mr. Horner: Mr. Speaker, the Ethics Commissioner is an officer of this Legislature. The Ethics Commissioner is the one that this Legislature has set in place to manage the rules that this Legislature has put in place around gifts, around donations, around all of those things that MLAs go to the Ethics Commissioner to talk about. Despite what the opposition and many pundits claim, there's no scandal here. All MLAs are routinely invited to various functions and various events, where we have the opportunity to build relationships and we have the opportunity to interact with our stakeholders. That's what our job is intended to do.

The Deputy Speaker: The hon. member.

Dr. Swann: Thank you, Mr. Speaker. Well, how can Albertans have any confidence that this government's decisions are based on good judgment and not on returning favours?

Mr. Horner: Mr. Speaker, I will reiterate. The rules that are set are set by this House, including the hon. members across the way. The rules state very clearly that MLAs are allowed to accept gifts as a result of social obligations or protocol up to a limit of \$400, and if it's above that, the Ethics Commissioner must approve it. All of the items that have been listed in the report as well as what the hon. member is bringing forward have been discussed with the Ethics Commissioner, and he has not ruled that there's anything unethical or scandalous there. I would suggest that the hon. member might want to take his report to the Ethics Commissioner.

Dr. Swann: Mr. Speaker, it's been argued by this government that there's a connection between taking a golf trip to B.C. and being a public champion for physical activity. Really? Can the Deputy Premier explain how the interests of Albertans are advanced by ministers travelling out of province to play golf and go fishing, specifically?

Mr. Horner: Mr. Speaker, I didn't advance that argument. I'm not sure where he got it from. But I can tell you what we need to do as MLAs. All MLAs need to build relationships with their constituents and with stakeholders, and we also have to go outside of our borders.

The hon. member mentioned the trip to India. Where does he think Alberta is going to export the massive amounts of productivity that we have? Where does he think we're going to get the customers that are going to allow us to create the tax revenue that's going to generate the type of social programs Albertans have become accustomed to and deserve?

The Deputy Speaker: Second question from the Official Opposition.

Dr. Swann: Thank you very much, Mr. Speaker. Again my questions are for the Deputy Premier. Over the last couple of years we've seen example after example of this administration's personal greed, from giving themselves huge raises to paying big salaries for committees that do not work to paying political appointees huge bonuses and giving sweet patronage appointments, with all the trimmings, to ex-MLAs. The government seems to ignore any limits to good taste and the bounds of propriety. To the Deputy Premier: today Albertans are once again angry over government ministers and MLAs accepting all kinds of free gifts, gifts that could not be described in any other way except as bonuses, more MLA bonuses. Can you explain why MLAs are still claiming bonuses?

Mr. Horner: Mr. Speaker, the hon. member was here during the Members' Services discussions and all those other things that brought that to the House in this Legislature and is obviously grabbing a little bit at straws. I would say that we might want to look to the Ethics Commissioner's comments in the report, including the newspaper article that they love to quote, where the commissioner's office said that the MLAs in Alberta are really very ethical, an ethical bunch of people. So we are fortunate as Albertans that we have the rules in place, that we're as transparent as we are that we're having this discussion today.

The Deputy Speaker: The hon. member.

Dr. Swann: Thank you, Mr. Speaker. Looking at the record of

prosecutions and sanctions for breaching the ethics rules, we find that in the 20 years of the existence of the legislation not one breach has been prosecuted – not one. Does this not show, Mr. Deputy Premier, that the legislation is woefully inadequate?

Mr. Horner: Mr. Speaker, I would say that's because of the fact that we're transparent in the sense that we publish these things that we're required to report to the Ethics Commissioner, that every member of this Legislature sits down with the Ethics Commissioner on an annual basis and has discussions about things that have happened and that might happen in the future. The Ethics Commissioner is the one that gives the ruling and says that it's either within the realm of the rules or it's outside of the realm of the rules. If it's outside of the realm of the rules, we cut the cheque.

The Deputy Speaker: The Leader of the Official Opposition.

Dr. Swann: Thank you, Mr. Speaker. The Ethics Commissioner finds that the government is keeping to the straight and narrow, but normal Albertans are outraged by this trick-or-treating by government MLAs. When will the government give real strength to the ethics rules so that the rules are no longer a joke to average Albertans?

Mr. Horner: Well, Mr. Speaker, he's obviously looking for ghouls and goblins under the pumpkin patch. I think that what we have is a discussion around the rules that this Legislature has set, the rules that are set by all members of this Legislature, by all parties. There's been no breach of those rules. One of the reasons why we haven't had those kinds of breaches is because we've had great communication with all of the ethics commissioners in the past, and I believe that this Ethics Commissioner has the true appreciation for Albertans and the true feelings of Albertans in his heart.

The Deputy Speaker: The hon. Leader of the Official Opposition.

Emergency Medical Services in Red Deer

Dr. Swann: Thank you, Mr. Speaker. My next set of questions is for the minister of health. Red Deer regional hospital has the longest wait times of all the regional hospitals in Alberta, three and a half times longer to be admitted than if that patient was in the Medicine Hat hospital, for example. Yet this government is closing 200 long-term care beds in Red Deer and doing nothing to help reduce the wait times in emergency. To the minister: why is the minister ignoring the simple solution of keeping these beds open to help move patients out of acute care?

Mr. Zwozdesky: Mr. Speaker, what I've asked Alberta Health Services to do is take a look at what they can do in the immediate time frame there. I am aware that there might be a crunch coming in the emergency rooms in Red Deer, and we're looking at alternatives. For example, possibly the Valley Park Manor might come into play here. Residents have been moved from there over to the Extencicare Michener Hill centre, as they have been from the other nursing home. So there are some opportunities there that I've asked them to explore.

Dr. Swann: Seriously, Mr. Speaker, physicians from Red Deer and the surrounding area have said that even temporarily keeping those 200 long-term care beds open would seriously reduce the pressures on acute-care beds and emergency room times. If the minister won't listen to us and won't listen to the health care professionals, who is he listening to on this?

Mr. Zwozdesky: Mr. Speaker, two weeks ago the emergency docs who represented Edmonton, Calgary, and Medicine Hat but provincially in a way as well, obviously, because the chair from the AMA was there, brought to my attention what some of the difficulties were, specifically in Edmonton and Calgary. I believe that there's a similar meeting that will be coming up with respect to Red Deer.

The Deputy Speaker: The hon. member.

Dr. Swann: Thank you, Mr. Speaker. If the people of Red Deer want some action on keeping the Valley Park Manor and the Red Deer nursing home open, do they have to book a game of golf with the minister at a private course in Victoria just to get the minister to listen?

Mr. Zwozdesky: Mr. Speaker, I addressed the issue of Valley Park Manor in the first question. I won't take up the House's time to do that. But I think physical activity is a very good thing, and I stand by helping out junior golfers. I'm president of the Alberta Friends of Golf. We helped start the U of A Golden Bears golf program, and I'm very proud of that for the youth of this province.

The Deputy Speaker: The hon. Member for Calgary-Fish Creek.

2:00

Emergency Medical Services

Mrs. Forsyth: Thank you, Mr. Speaker. Today the Wildrose caucus hand delivered a letter to the health minister and to the Premier's office outlining proposals we've gathered from ER doctors and health care professionals across this province to address the ER crisis and other health care issues. Unlike the minister, who talks about how many ERs he's been to and who he's talked to, we don't talk, Minister; we listen. We're proposing some real ideas from the professionals who work in the trenches. Minister, my question to you, firstly, is: will you immediately . . .

The Deputy Speaker: The hon. minister.

Mr. Zwozdesky: I'm sorry, Mr. Speaker. I don't think she quite got to the question. But I did receive the letter that she's referring to. I find it really interesting that in this particular letter they're talking about spending more money, adding more staff. Whereas two months ago they were talking about cutting staff, cutting \$1.3 billion to health and education, today they're talking about spending. You know, blowing and sucking is something reserved for other parties.

The Deputy Speaker: The hon. member.

Mrs. Forsyth: Thank you, Mr. Speaker. I guess the minister should read the whole letter. We talk about prioritization.

To the same minister: will you immediately designate chief medical officers for every hospital in Alberta who have the authority to make decisions about care in every hospital ward, including the authority to override Alberta Health Services' directives?

Mr. Zwozdesky: Mr. Speaker, I'm sure that people would find it quite offensive if the letter they suggested here were to be enacted, where they say, "if necessary, override AHS directives, regulations or regular staffing ratios." Clearly, they don't know what they're talking about because you've got collective agreements, you've got bargaining agreements, you've got protocols that have to be adhered to. I think they should do a little bit more homework before they

offend all of the nurses and others that are tied to collective agreements.

Mrs. Forsyth: You know, Mr. Speaker, he has a good point on some of the things that he's brought up in regard to the regulations and the ratios.

Again to the same minister: given that the health care professionals have warned us there is a shell game going on in respect to beds – in other words, Mr. Minister, you open two beds; you close two beds – what is the net increase of beds in Calgary since January 1 of this year? The net increase. [interjections]

Mr. Zwozdesky: Mr. Speaker, I can tell you that today AHS is opening 12 transition unit beds at the Foothills. Twelve new transition beds will be opened at the Rockyview in about 10 days. Fourteen new transition beds will be opened at the U of A within a week. Two new medical observation beds will be opened at the Royal Alex within a week. On November 29 an additional 20 new hospice beds will be opened at the Peter Lougheed. [interjections] Wait; there's lots of good news here. The new Villa Caritas will bring on stream 46 more geriatric psychiatric beds. [interjections]

Could I have permission to continue?

The Deputy Speaker: Hon. members, when there are questions and answers, lower your noise level, please.

The hon. Member for Edmonton-Highlands-Norwood.

East Edmonton Health Centre

Mr. Mason: Thanks very much, Mr. Speaker. Yesterday the minister of health told this House the provision of services at the East Edmonton health centre was a planned "staged, phased-in approach." The minister is utterly wrong in this claim. I have documents from Alberta Health Services going back to 2006 that show the urgent care centre was planned for the spring of 2009. Will the minister apologize to the House for his incorrect assertions yesterday and admit that it was government cuts that ended the plan to bring in the urgent care centre in 2009?

Mr. Zwozdesky: Mr. Speaker, Alberta Health Services did not exist in 2006. What I stated in the House yesterday was that I was not aware of anything other than a staged or phased plan for the East Edmonton health centre as advanced to me by Alberta Health Services. The reason that it had to be staged is because of the economic recession and, secondly, because we had to bring in a staged approach to address how many staff members were needed there. I can tell you right now that there are 136 staff members approximately at that facility providing outstanding community services needed there.

Mr. Mason: I'm sure they are, Mr. Speaker, but the point, really, that we're dealing with now is wait times in emergency rooms. The ER at the Royal Alexandra hospital is one of the most crowded in the entire province. Given that the urgent care centre was intended to handle up to 34,000 cases that would no longer go to that emergency room, will the minister fund the urgent care centre immediately to ease the strain on wait times at the Royal Alexandra emergency room?

Mr. Zwozdesky: Mr. Speaker, the member is doing a very good job of confusing things here. He knows full well that an urgent care centre is coming there and that it's not going to have overnight stays for so-called admitted patients. So let's get that straight. Urgent

care is about nonadmitted patients, about helping those people with more minor injuries. Those are not the kinds of people that are blocking beds, as the medics would tell you, over at our acute care centres. So let's get some facts on the table here. That urgent care centre will come in as part of phase 2.

The Deputy Speaker: The hon. member.

Mr. Mason: Thanks very much, Mr. Speaker. Well, the minister is trying to clear up confusion by creating even more confusion. This urgent care centre was designed to keep 34,000 people from going to the emergency room at the Royal Alex in the first place. It's only \$9 million to fund it, Mr. Minister. Will you please fund it and get it up and running next year as soon as possible?

Mr. Zwozdesky: Mr. Speaker, there's no confusion whatsoever. We're talking about minor cases, typically a few broken bones that are non life threatening, okay? Those are the kinds of things that urgent care centres tend to be focused around. Now, the \$9 million, if that's what the correct number is for current costs, is being looked at as part of phase 2. When we get along to phase 2 – that'll take about a year to two years, perhaps slightly more to build that added capacity into the system, to hire the staff for it – it will be done. It's in the plans to do it. So I don't know what the member is confused about over there. [interjections]

The Deputy Speaker: Again I want to remind hon. members in that corner to please keep the noise down.

The hon. Member for Lethbridge-East.

PDD Administrative Review

Ms Pastoor: Thank you, Mr. Speaker. The people supported by PDD and the service providers who give the needed supports have been unfairly treated by this government over the last year. First, it was the cuts to service providers' budgets. Then this summer the minister had KPMG do a review of the PDD community boards and service providers, and the future of PDD is still hanging in the balance. To the Minister of Seniors and Community Supports: the terms of reference for this review show that the final report was supposed to have been received on September 15, so why hasn't it been released yet?

Mrs. Jablonski: Mr. Speaker, on June 16 I announced a PDD administrative review. The review is about a more effective and efficient administration of the PDD program. I'd like to make it clear that the review is not about reducing funding or changing the PDD program. I have received the report, and the report is under review.

Ms Pastoor: Mr. Speaker, to the same minister. Taxpayers' dollars went to pay for this review, so Albertans and the people who rely on PDD services have a right to know what the minister is planning for the program. When will the full report, complete with recommendations, be released?

Mrs. Jablonski: Mr. Speaker, I know that we all share the same goal of having an effective and efficient PDD program for our people with developmental disabilities. This administrative review focuses on how we administer the services, and everything is on the table. The report is now proceeding through the government process. When I have finished reviewing it, I will be releasing this to the public.

The Deputy Speaker: The hon. member.

Ms Pastoor: Thank you, Mr. Speaker. Perhaps a couple of questions: could I get a timeline on that, and will the minister commit right now that the PDD community boards will not be centralized, when the example from the health care system leaves much to be desired?

Mrs. Jablonski: Mr. Speaker, this is a very important review. It's about delivering services the best way possible so that we have the best results for our people with disabilities. We've put everything on the table. When the review is ready to go forward, we will bring it forward to everyone in this Legislature.

2:10 Sale of Public Land for Commercial Use

Dr. Brown: Mr. Speaker, I and many of my colleagues in the House have been receiving messages from Albertans who are concerned about the proposal to purchase 16,000 acres of public land in Cypress county. The lands under consideration are largely intact parcels of native grasslands which are important to many wildlife species, including most of Alberta's species at risk. Only 14 and a half per cent of Alberta's grasslands are still in their intact state and remain in the public domain. Hunters, conservation groups, farmers, ranchers, and ordinary Albertans are asking questions about the potential loss of this precious resource. My questions are all for the Minister of Sustainable Resource Development. Will the minister do the right thing and assure Albertans that there will be no sale of this public land unless . . .

The Deputy Speaker: The hon. minister.

Mr. Knight: Well, thank you very much, Mr. Speaker. As has been explained in the House previously, our department has received a proposal to buy a parcel of public land. The department reviewed the proposal for wildlife and conservation values and also for the economic value of the proposal. The question remains of the maximum value for Albertans being received on a direct sale versus an open tender process. That question remains. However, I must point out that the proponent has requested that this application be withdrawn, and this has been done.

Dr. Brown: Well, that's very good news, Minister. Will the minister ensure that any future proposals to purchase public lands in the white area will be subject to a public consultation process to examine the merits of any proposed scheme and to preserve the wildlife?

Mr. Knight: Mr. Speaker, it's an important question and needs to be answered. We do not at this point in time and I do not anticipate that the transfer of public land for agricultural purposes would require public consultation.

Dr. Brown: Will the minister and his department develop a policy to ensure future protection of Alberta's remaining publicly owned grasslands?

Mr. Knight: Mr. Speaker, you know, the truth of the matter is that what we are talking about here is that there are about 10.4 million acres of native grassland that remain in the province of Alberta. This particular proposal, although it seemed large, was about .15 per cent. We're talking today with groups of people in municipalities in northern Alberta about the transfer of 30,000 to 40,000 acres of

public land to put into agricultural production. This province believes that agricultural production is extremely important, and we will continue to deal with it.

Tailings Pond Emergency Response Plans

Ms Blakeman: Mr. Speaker, an aluminum tailings pond failure in Hungary, a mercury tailings pond failure in B.C., a copper tailings pond failure in Quebec, a lead and zinc tailings pond failure in Macedonia: things do go wrong with tailings ponds, and when they do, the effects are catastrophic. The oil spill at Wabamun exposed government emergency response plans as pathetically unprepared, and government response plans continue to be shrouded in secrecy. We're expected to take their word and trust them. Well, I, for one, don't trust them. To the Minister of Environment: why aren't Alberta Environment's dam safety emergency response plans publicly available?

Mr. Renner: Mr. Speaker, the member referred to the incident at Wabamun. I was not the minister at the time, but my colleague across the way was, and I think he did a very intelligent thing at that point in time when he formed a rapid-response emergency response team within Alberta Environment. That is ASERT. It's a system that has worked very, very well. It is ASERT in conjunction with the operators of any kinds of these facilities as well as municipalities that are responsible for those emergency plans.

Ms Blakeman: They're not publicly available.

Back to the same minister: given that it is reasonable to keep critical infrastructure and the security around it private but not what the community can expect in case of an emergency, why does the government keep tailings emergency response plans confidential and away from the neighbours that are affected by it? Why? This is no terrorism thing.

Mr. Renner: Well, Mr. Speaker, I think the member has identified one of the significant issues. If we are in fact going to have an emergency response team to deal with these kinds of issues, one of the things that we don't want to do is let someone who may want to be subversive, may want to be able to create a situation be aware of all of the plans that we do have in place.

Ms Blakeman: That's phony, and he knows it.

Back to the same minister: given that the oil sands are located in a challenging northern climate and a leak during the winter under the ice may not be discovered until months later, what effort has government put into a concrete, detailed plan on winter breaches of tailings ponds, and would he make it public?

Mr. Renner: Mr. Speaker, there is a rigid requirement for ongoing monitoring of these dams and dikes that are there. The fact of the matter is that we are confident that there are the necessary checks and balances in place to ensure that the scenario the member describes is remote in the extreme.

The Deputy Speaker: The hon. Member for Cypress-Medicine Hat, followed by the hon. Member for Calgary-Varsity.

Medicine Hat Pain Management Clinic

Mr. Mitzel: Thank you, Mr. Speaker. Yesterday I tabled a petition in the House on behalf of my constituents in Cypress-Medicine Hat urging the government to adequately fund the pain management clinic in Medicine Hat, operated by Dr. Wardell, beyond the current

two-year contract program. In follow-up to this petition I would like to direct all my questions to the Minister of Health and Wellness. Number one, given that Dr. Wardell's clinic provides reputable and cost-effective pain management services to the citizens of Medicine Hat and area, why did it take so long for Alberta Health Services to commit to the current contract with Dr. Wardell?

Mr. Zwozdesky: Well, Mr. Speaker, as members here would know, contracts are negotiated instruments, and they can take quite some time to get down to the nitty-gritty details. I think the important thing is that there is now a new contract in place for two years so that the important service for pain management that Dr. Wardell and his staff provide is available to the community. This is very good news. It took a little longer to negotiate perhaps than people had hoped, but the job got done, and the services are continuing on.

The Deputy Speaker: The hon. member.

Mr. Mitzel: Thank you, Mr. Speaker. My first supplemental: given the fact that the current contract is for two years only, what assurances can this minister give my constituents that funding for this vital clinic will continue beyond the two-year contract period?

Mr. Zwozdesky: Mr. Speaker, one of the things that Alberta Health Services did was to immediately create a steering committee that would take a look at the entire south half of the province, roughly from Calgary down. That includes, obviously, Medicine Hat and Lethbridge and other places in between. As part of that, Dr. Wardell will be lending his expertise so that perhaps they will be able to come to a longer term solution. That's what's been requested, and I hope that's what they will deliver.

The Deputy Speaker: The hon. member.

Mr. Mitzel: Thank you, Mr. Speaker. My second supplemental is to the same minister. Will Dr. Wardell's clinic be part of the future pain management program that you're planning, Mr. Minister?

Mr. Zwozdesky: Mr. Speaker, I can only say that I would personally hope so. I visited Dr. Wardell's pain management clinic. It looks like an excellent facility, and the services they provide are equally excellent because we've heard from some of the people receiving services through that pain management clinic. I can't predict the future, but I would certainly hope that with Dr. Wardell providing his expertise to this steering committee, those points of view would come forward and be addressed.

The Deputy Speaker: The hon. Member for Calgary-Varsity, followed by the hon. Member for Strathcona.

Child Intervention System Review

Mr. Chase: Thank you, Mr. Speaker. The ministry of children's services has finally released recommendations from the Child Intervention Review Panel. The panel made 14 recommendations that point to layers of mismanagement in the ministry. In response the ministry has rejected four central recommendations, some of which I've raised in the past. To the Minister of Children and Youth Services: it is clear that the minister is unable to single-handedly solve the numerous problems within the ministry, so why not accept the recommendation to empower the Child and Youth Advocate to provide individual support?

The Deputy Speaker: The hon. minister.

Mrs. Fritz: Thank you, Mr. Speaker. This is a very important report that this member is referring to. You've heard here in the Assembly over the past year that we've been looking forward to the report. I can tell you that it has been recently released. There were 14 recommendations, as you know, hon. member, and we did accept 10 of the recommendations and did not accept four, as the member has identified. The one that he is referring to is the Child and Youth Advocate position. But if you look at the next recommendation, recommendation 8, it relates to the child and family service quality council, which will report publicly at arm's length through this ministry.

The Deputy Speaker: The hon. member.

2:20

Mr. Chase: Thank you. The problem is the shortness of the arm.

Why does the minister refuse to accept the recommendation to improve off-reserve service delivery for aboriginal children and youth, who account for only 9 per cent of Alberta's population but make up over 63 per cent of children in government care?

The Deputy Speaker: The hon. minister.

Mrs. Fritz: Well, thank you, Mr. Speaker. This recommendation that the member is referring to is recommendation 4. You're correct. There are 64 per cent of aboriginal children in child intervention. We know that through our experience, through our research, and that is trending upward to 70 per cent, which is a very sad situation. The reason I did not accept this recommendation, hon. member, is because I did hear from aboriginal leaders – elders, chiefs – in the community that they would like to be very much a part of the solution that would empower aboriginal people to look after their children and to protect them, and I respect that. I will be meeting with them once again at the end of November. They have said that this is not the right model for them, and I will look to see what is the right model.

Mr. Chase: Seventy per cent of children and youth in care being aboriginal: how long can we tolerate this? How much longer will this minister stand behind the excuse of needing more consultation before actually taking action to improve care of aboriginal children in the system? This panel has already consulted for well over a year. Action.

Mrs. Fritz: You know, Mr. Speaker, I cannot believe that I am hearing this member say that aboriginal elders and leaders in the community should not be a part of responding to the needs of their children and how to protect them in care. That's what you have just said. This recommendation is a recommendation of principle, but I can tell you that I will be listening to the aboriginal community in the formation of what is the right model for their children off reserve.

Mr. Chase: Point of order, Mr. Speaker.

The Deputy Speaker: We'll deal with it at the end of the question period.

The hon. Member for Strathcona, followed by the hon. Member for Fort McMurray-Wood Buffalo.

Highway 21

Mr. Quest: Thank you, Mr. Speaker. It's good to see that the

twinning work on highway 21 just east of Sherwood Park has finally wrapped up. More than 10,000 cars a day use this stretch of highway, and my constituents are looking forward to the enhanced access and safety of this new four-lane highway. My questions are for the Minister of Transportation. Although this is good news, my constituents continue to raise issues regarding the light wait times. It takes a long time to get through those intersections, Minister. I'm just wondering what you're planning to do about that.

Mr. Ouellette: Well, Mr. Speaker, first of all, I want to tell this hon. member and all his constituents that the taxpayers of Alberta have invested \$115 million in that stretch of highway, and that's about quality of life for Albertans.

About the lights. Yes, the Transportation department has been monitoring those four new traffic lights since we installed them last December, and there have been some adjustments made during the winter to improve the left turning lane. The department will continue to monitor the operation, and we will do the adjustments as needed . . .

The Deputy Speaker: The hon. member. [interjection] The hon. member.

Mr. Anderson: Point of order, Mr. Speaker.

The Deputy Speaker: Point of order. We'll deal with it after. The hon. member.

Mr. Quest: Well, thank you, Mr. Speaker. Agreed, it is good news, and our constituents, obviously, really appreciate this new highway.

My first supplemental to the same minister. Constituents also do have some concerns, though, Minister, about the noise levels on that section of highway as it passes alongside Sherwood Park. I'm wondering what's happening to address those concerns.

Mr. Ouellette: Well, Mr. Speaker, I have to remind this hon. member once again that the noise levels from that particular section are below our provincial guidelines. The province measured those sound levels along highway 21 in the spring of '07, and those levels were way below the guidelines of 65 decibels over a 24-hour period. Those sound levels are not expected to exceed provincial guidelines till at least 2040. That said, the department will be making sound measurements again now that the twinning is complete.

Mr. Quest: Well, it's good that we're taking another look at it, Minister.

My final supplemental to the same minister: the speed limits on this new stretch of highway are also a concern, so I'm just wondering what the minister is doing to address those.

Mr. Ouellette: Well, Mr. Speaker, this hon. member should be happy to know that the speed limit has been reduced already to 80 kilometres per hour from north of highway 16 to south of 628. All of the new signals have prewarning flashing lights on them. The reduction in speed is necessary to accommodate the new configuration, that allows for smoother traffic flow. This is a significant project, and we will continue to invest in our highways to keep Alberta moving.

Medical Procedure Wait Times

Mr. Boutilier: Mr. Speaker, yesterday in this House – and I quote – the minister of health said to the Member for Calgary-Fish Creek:

I don't have the answer on why I have not been able to provide wait times; however, I will get the answer when I leave this House. To the minister. Today I'd like the answer on what he found out.

Mr. Zwozdesky: I'm not sure which wait times you're referring to, but I can tell you that in Edmonton and Calgary we have EIP wait times. Are you talking about admitted patients or nonadmitted patients?

Mr. Boutilier: There are so many wait times, how many answers do you want me to give you in terms of wait times? It's happening all over Alberta.

Given that the minister doesn't have an answer today, as he committed to this House, does the minister of health realize that he could jeopardize the millions of dollars from the federal government because of his failure to report wait times in Alberta hospitals as a benchmark?

Mr. Zwozdesky: Mr. Speaker, there are many different types of wait times. If the member would just tell me exactly what he's looking for, I'd be happy to oblige. I'll get Alberta Health Services on it right away. We keep track of and we report wait times at various facilities. I mean, there are 400 different facilities in the province. If you could just sharpen up your question, hon. member, that would be appreciated.

Mr. Boutilier: Mr. Speaker, the minister of health, to all Albertans who are watching in emergency rooms, is failing to answer the question. He's not aware of the Wait Time Alliance relative to the question yesterday, so clearly he's not actually listening, again, to the question. You're jeopardizing millions of dollars from the federal government. You talked tough at the PC convention about: we're going to fight Ottawa. Yet your failure to report wait times federally is costing Albertans millions of dollars. Explain this, Mr. Minister.

Mr. Zwozdesky: Mr. Speaker, the member is clearly off on some other tangent in some field of his own because we do report. That information is available. If he's talking about wait times in emergency rooms, that information is available on a per-site basis, and there is going to be more of it coming forward. In fact, I'm going to be doing more of it with the docs when I chat with them on Friday. That information is already there. It's already being reported. Perhaps the member could tell me exactly which site he's interested in. I'd be happy to give him the specific details. There's no problem whatsoever. [interjections]

The Deputy Speaker: Again, hon. members, we need to hear the answer. Please, when the answer is given, don't make too much noise.

The hon. Member for Calgary-Buffalo, followed by the hon. Member for St. Albert.

Legal Aid

Mr. Hehr: Mr. Speaker, due to the reductions in legal aid eligibility guidelines Albertans who receive assured income for the severely handicapped, the poorest of the poor here in Alberta, now have to make a down payment or pay monthly for assistance in court. Albertans who receive AISH already live beneath the poverty line, and now they have to pay extra for help in court. Does the minister really call that access to justice?

The Deputy Speaker: The hon. minister.

Ms Redford: Thank you, Mr. Speaker. If people come within the financial eligibility guidelines, then they will certainly be eligible for legal aid. Based on the circumstances the member has just described, I see no reason why that wouldn't be the case.

Mr. Hehr: Well, the CTLA believes your pilot project has created a two-tier legal system, one where the wealthy get first-class legal services and the poor get denied access to justice. What is your response to this?

Ms Redford: Mr. Speaker, I'm very aware of the CTLA's view. I'm not quite sure what the member's view is. He may have an independent view, or he may simply be quoting other people. We have not cut legal aid in this province. We have doubled our commitment to legal aid over the past four years. People that require legal representation in criminal court and civil court, family law in this province get it.

2:30

Mr. Hehr: Well, Mr. Speaker, that's not what I'm hearing.

How can the minister say that she's meeting commitments when Legal Aid Alberta is clawing back money from Alberta's most vulnerable people to provide services that she concedes are both a legal right and a natural right?

The Deputy Speaker: The hon. minister.

Ms Redford: Thank you, Mr. Speaker. I don't know if the member should really be characterizing any action of the Legal Aid board. We're in touch on a weekly basis with Legal Aid. We manage legal aid in conjunction with the Legal Aid board. We're fully aware of what Legal Aid is doing. Legal Aid is continuing to do what we as Albertans want them to do, which is to ensure that people who are going to court are getting legal advice and legal representation.

The Deputy Speaker: The hon. Member for St. Albert, followed by the hon. Member for Calgary-McCall.

CCSVI Clinical Trials

Mr. Allred: Thank you, Mr. Speaker. Multiple sclerosis patients have experienced some relief from their conditions by the so-called liberation treatment invented by Italian Dr. Zamboni by going out of the country for treatment. In Canada an MS patient cannot even get a scan to determine if there is a blockage in the veins leading to the brain. The provinces of Saskatchewan and Newfoundland have recently agreed to go ahead with clinical trials to study the effectiveness of the liberation treatment. My question is to the Minister of Health and Wellness. Are you proposing to join these other two provinces in conducting clinical trials? If not, why not?

Mr. Zwozdesky: Mr. Speaker, just for clarification, I believe Saskatchewan is exploring the possibility of clinical trials once they have received ethical approval, whereas Newfoundland is doing observational studies. Last week I met with a number of neurologists here in Alberta as well as patients who have had the Zamboni treatment and with advocates for MS research in general.

With respect to the question, however, specifically, please know that we are looking at some strategies that would help move this along to fill what the Canadian Institutes of Health Research called a void or a shortage of clinical evidence that would support the safety and efficacy of proceeding. Once safety and efficacy have been addressed, at that point we can consider the next steps, including possible clinical trials if that's what's warranted.

The Deputy Speaker: The hon. member.

Mr. Allred: Well, thank you, Mr. Speaker. My first supplemental to the same minister: given that the test is commonly administered for other blockages of the veins, what can possibly be the downside of allowing the test to determine if there is a blockage in the veins of an MS patient?

Mr. Zwozdesky: Mr. Speaker, my understanding of the Doppler test is that it's noninvasive, that it's an ultrasonic diagnostic test. I did speak with some people who actually had it done in Vancouver I believe it was. I also understood that some had something similar done in Ontario, but I don't know that that practice is still continuing there. The point here is that the particular test being referred to is not typically conducted for possible blockages of veins leading from the brain. At least that's my understanding. We'll find out more for you, hon. member, or your constituents on whose behalf you're asking in terms of the technical medical descriptions.

The Deputy Speaker: The hon. member.

Mr. Allred: Well, thank you, Mr. Speaker. A further question, that again is somewhat technical, to the same minister: given that a blockage exists in a person's veins, does it not seem like common sense that the relief of that blockage would improve one's health?

Mr. Zwozdesky: Mr. Speaker, that is part of the thesis advanced by some. I want to indicate, however, that the Zamboni research only came to light, the preliminary research in that respect, in 2009. Again I have to stress that safety and efficacy have to first be satisfied before doctors will endorse it, embrace it and before the world-renowned experts who met in Ottawa at the end of August would also endorse it. But work is progressing, and we are doing our part through the Hotchkiss Brain Institute study, which is being undertaken by Dr. Costello, and as soon as we have that information plus some other information that we're actively working on, I think we'll see some good progress in this regard.

The Deputy Speaker: The hon. Member for Calgary-McCall, followed by the hon. Member for Grande Prairie-Wapiti.

Building Construction Review

Mr. Kang: Thank you, Mr. Speaker. Shoddy workmanship continues to put homes and condos at risk of rotting from moisture penetration and mould. Two years ago a municipal study warned that if the government did not do a better job of protecting Albertans from shoddy builders, the results could be, quote, disastrous. This report was the latest in a series that goes back almost a decade, but the Minister of Municipal Affairs thinks we need more studies. To the Minister of Municipal Affairs: why is the government of the richest province in Canada powerless to protect homeowners from high repair costs and the health risks caused by mould and moisture?

The Deputy Speaker: The hon. minister.

Mr. Goudreau: Thank you, Mr. Speaker. The ministry and our staff are looking at a range of solutions to address the individual concerns that are out there. I need to point out to the Legislature here that we are the ones that initiated the reports following the complaints that we were getting from citizens right across the province of Alberta, and we're the ones that are following up on it. Nobody else had initiated those particular reports. We're spending

time now to analyze the reports and look at the various solutions that might be available to us.

The Deputy Speaker: The hon. member.

Mr. Kang: Thank you, Mr. Speaker. It has been 10 years, Mr. Minister, and Albertans are still waiting for some action.

How can the minister claim that poorly built outer walls affect only a small number of homes and condos when we know that the government does not collect any data on rotting buildings?

Mr. Goudreau: Mr. Speaker, we have done some surveys, and we've got an indication of how extensive the damage is. Certainly, in the late summer of 2008, for instance, the parliamentary assistant led the first broad review in consultation with various stakeholders on various construction practices to address the particular issues.

The Deputy Speaker: The hon. member.

Mr. Kang: Thank you, Mr. Speaker. To the minister again: will the minister take some responsibility and actually investigate complaints that municipal inspections are not finding shoddy workmanship before it's passed on to the buyers?

Mr. Goudreau: Mr. Speaker, we are looking at potential solutions, and we are working with industry. We're working with our inspection services to try to find solutions that will satisfy individuals. We recognize that the purchase of a home or a condo is probably one of the biggest investments that individuals will do in their lifetime, and we want to ensure that that investment is protected.

Grande Prairie Hospital Construction

Mr. Drysdale: Mr. Speaker, Grande Prairie is one of Canada's fastest growing cities. Its population has nearly doubled in 20 years. The people need another hospital. In July the Premier announced that a new health facility would finally be built in Grande Prairie, which is great news for my constituents, but they want to see signs that the project is really happening. My questions are for the Minister of Infrastructure. How do we know that the project is actually moving ahead?

Mr. Danyluk: Well, Mr. Speaker, in fact, we are making excellent progress on the Grande Prairie hospital. I'm very happy to report that soil testing is complete. We have completed the request for qualification process, that closed on October 19. We did have 29 submissions, which really showed a strong industry interest, and I'm very confident that the consultants will be selected in December.

Mr. Drysdale: To the same minister: when will we actually see construction happening?

Mr. Danyluk: Well, Mr. Speaker, the zoning of the land acquisition is moving ahead. Health along with the college officials and the municipal officials are working together to include a postsecondary component at the hospital. I am very confident that next summer we will see the initial construction under way, that we'll see some earth being moved. By fall I expect that the concrete and steel will begin to be part of the project.

Mr. Drysdale: To the same minister: what will happen with the existing facilities at the Queen E II hospital?

Mr. Danyluk: Well, Mr. Speaker, that's an excellent question. I want to say that the existing Queen E II has served the Grande Prairie area and will continue to serve the people of Grande Prairie. The existing hospital will be renovated, and we will expand the ambulatory care. I also say that the needed renovations for the emergency room will be completed so that emergency services can continue while we build the new hospital. I think it's very important for the people of Grande Prairie to know that the hospital that is being built is a hospital that is going to include acute care . . .

The Deputy Speaker: The hon. member for Edmonton-Riverview.

2:40 Medical Procedure Wait Times
(continued)

Dr. Taft: Thank you, Mr. Speaker. To the Minister of Health and Wellness. On page 79 of the 2009-10 annual report from that minister's department it itemizes under transfers from the government of Canada the wait times reduction. It itemizes about \$27 million in funding coming from the federal government to reduce wait times. The Wait Time Alliance, that's being discussed here, is telling us that your government is not reporting information to them that they require, the only province not to do so. Why aren't you?

Mr. Zwozdesky: Mr. Speaker, the Wait Time Alliance is a group of physician specialty associations who publish their own monitoring of wait times. As such, they do this by looking at publicly available wait times on websites. Unfortunately, as I indicated yesterday, our wait-list registry, the public site, is down right now. We hope to have it up fairly soon. It's not a question of us wanting to or not wanting to; it's a question of that site simply being not available. However, basically the same information is available through Alberta Health Services in their quarterly reports.

The Deputy Speaker: The hon. member.

Dr. Taft: Thanks, Mr. Speaker. Well, it's apparently news to this minister, but his department committed to file information on one wait time. Each province took on one. Alberta took on cancer wait times and has failed to report to the federal government. Is this because cancer treatment wait times are chronically and continuously getting worse in this province?

Mr. Zwozdesky: No, Mr. Speaker. I would hope not. In fact, we have a very aggressive cancer strategy, and the people that I've met with and spoken with have requested that we accelerate some of our plans in that regard. That's why we opened the radiation therapy corridor a couple of months ago in Lethbridge. That's why the new Grande Prairie hospital will have another radiation therapy corridor. That's why Red Deer is also going to have one. And that's why we're stepping up our recruitment processes for more GI oncologists, which has now yielded two more people in that field.

The Deputy Speaker: The hon. member.

Dr. Taft: Thanks. My last question, Mr. Speaker, will be to the minister of finance, who has raised concerns in this Assembly about unfair federal transfers to the provincial government. How can this government complain about federal transfers from Health when its own department of health is failing to report on current federal programs? Where's the accountability?

Dr. Morton: Mr. Speaker, we can complain about federal transfers

to health. If you take out the Alberta portion, which is a couple of billion, the total value of that program, the Canada health transfer, is \$23 billion; \$21 billion is, in effect, paid by Alberta. We pay \$21 billion out of the \$23 billion, yet we get less than any other province in Canada. No equal treatment.

The Deputy Speaker: Hon. members, this concludes our question period this afternoon.

We have a note from the Minister of Health and Wellness that he would like to clarify an answer he gave yesterday to the hon. Member for Calgary-Fish Creek.

Mr. Zwozdesky: Thank you, Mr. Speaker. In fact, I've just given the clarification in answer to the question from the Member for Edmonton-Riverview. It was simply to point out that the Wait Time Alliance is a group of physician specialty associations who get most of their information from publicly available websites. So I won't need to clarify anything any further.

The Deputy Speaker: That entitles the hon. Member for Calgary-Fish Creek to a question.

Mrs. Forsyth: Well, Mr. Speaker, the minister has clarified now that he knows what the Wait Time Alliance is. I would like to know why he's willing to jeopardize \$27 million from the federal government because he won't comply with an agreement that was signed by your government in 2007.

Mr. Zwozdesky: Mr. Speaker, nobody is putting anything at risk or in jeopardy. If there is a compliance that needs to be adhered to, I can assure the hon. member and all members of this House that it will be adhered to. End of story.

The Deputy Speaker: This concludes our question period. According to my count we had 105 questions and answers.

Tabling Returns and Reports

The Deputy Speaker: Hon. Member for Edmonton-Highlands-Norwood, you have something to table?

Mr. Mason: Oh, I sure do, Mr. Speaker. I am very pleased to table the appropriate number of copies of several documents which show clearly that the minister was incorrect yesterday when he asserted that the plan had always been to phase in the urgent care centre at the East Edmonton health clinic. They are comprised of two documents from Alberta Health Services . . .

The Deputy Speaker: Hon. member, just briefly table.

Mr. Mason: Okay.

. . . and a photograph of the sign outside the East Edmonton health centre clearly showing at the top of the list that urgent medical care is part of the package. This was taken some years ago.

Thanks very much, Mr. Speaker.

The Deputy Speaker: Hon. Member for Calgary-Varsity, do you have some material to table?

Mr. Chase: Yes. Thank you, Mr. Speaker. I have two tablings that follow along the lines of Motion 510, encouraging entrepreneurial education. The first is Thrive: Advancing Community Economic Development for Calgary, Calgary's Community Economic Development Network.

Also, Thriving: Critical, Calgary's VitalSigns 2009 Citizens' Report Card, Taking the Pulse of Calgary, from the Calgary Foundation for Calgary Forever.

Thank you, Mr. Speaker.

The Deputy Speaker: Hon. Member for Edmonton-Gold Bar, you have something to table?

Mr. MacDonald: Yes, I certainly do, Mr. Speaker. I have three tablings today regarding Alberta Hospital Edmonton. The first one is from Sandra Glor, the second one is from Heather Macri, and the third one would be from Matthew Cuvilier. They're all constituents of Edmonton-Gold Bar. They have given me permission to table these documents. They're concerned about the government's plans regarding psychiatric care at Alberta Hospital.

My final tabling. I do enjoy and anxiously await correspondence from the President of the Treasury Board, and this is a letter that I received from him on July 22, 2010, regarding the cabinet policy committees and whether or not the chairs are paid correctly. I appreciate that.

Thank you.

The Deputy Speaker: Are there any other tablings?

Well, the chair has some material to table here. Hon. members, in accordance with the amendment to the Government Motion 18, approved Tuesday, October 26, 2010, regarding the 2009-10 Electoral Boundaries Commission report, the chair is pleased to table five copies of the revised DVD prepared by the Chief Electoral Officer which incorporates those amendments and which is entitled Electoral Division Areas, Boundaries and Names for Alberta, As Approved by the Legislative Assembly on October 26, 2010.

Tablings to the Clerk

The Clerk: I wish to advise the House that the following documents were deposited with the office of the Clerk. On behalf of the hon. Dr. Morton, Minister of Finance and Enterprise, pursuant to the Members of the Legislative Assembly Pension Plan Act the Members of the Legislative Assembly pension plan annual report for the year ended March 31, 2009, and the Members of the Legislative Assembly pension plan annual report for the year ended March 31, 2010.

On behalf of the hon. Mr. Goudreau, Minister of Municipal Affairs, pursuant to the Safety Codes Act the Safety Codes Council 2009 annual report; pursuant to the Special Areas Act the special areas trust account financial statements dated December 31, 2009; pursuant to the Capital Region Board regulation the Capital Region Board 2009 annual report. Pursuant to the Government Organization Act the Alberta Boilers Safety Association annual report 2009; the Alberta Elevating Devices and Amusement Ride Safety Association annual report, April 1, 2009, to March 31, 2010; the authorized accredited agencies summary 2008-2009; and the Petroleum Tank Management Association of Alberta annual report 2009.

2:50

The Deputy Speaker: Let's deal with the points of order now. The hon. Solicitor General and Minister of Public Security has withdrawn?

Mr. Oberle: I withdraw. Thank you, Mr. Speaker.

The Deputy Speaker: Okay.

Hon. Member for Calgary-Varsity, you have a point of order.

Point of Order

Allegations against a Member

Mr. Chase: Thank you very much, Mr. Speaker. I'm going to refer first to our standing orders, Legislative Assembly of Alberta, 23(h), which states: "makes allegations against another Member." I asked the question – and hopefully you have the Blues to provide the answer that was given – "How much longer will this minister stand behind the excuse of needing more consultation before actually taking action to improve care of aboriginal children in the system? This panel has already consulted for well over a year." The minister in her reply stated, implied, alleged that I didn't value input from First Nations elders.

I would also like to reference *Beauchesne* 409(7), wherein it states, "Imputing motives or casting aspersions upon persons within the House or out of it." I'll also refer to *House of Commons Procedure and Practice* page 618, under the section entitled Unparliamentary Language: the use of "personal attacks, insults and obscenities." Well, obviously the minister did not swear, but she alleged that I did not take into account the interests of First Nations elders. How she came across that information I do not know. But instead of answering the question, Mr. Speaker, an allegation was tossed back. Hopefully you have the Blues and you can read them and share what the minister stated and clarify this matter for the House.

The Deputy Speaker: The hon. Deputy Government House Leader.

Mr. Renner: Well, thank you, Mr. Speaker. I would suggest that the member is really trying to explain the comment more than bring forward a point of order. He suggests that allegations were made by the minister in answering the question. The minister was simply pointing out that the aboriginal community had requested additional time for further consultation that would be specific to the child care issues related to the aboriginal community. The member made a rather – I won't call it rhetorical, but there were inferences in his question that somehow the minister was avoiding dealing with an issue under the guise of further consultation when, in fact, the minister had indicated that she had heard very clearly from the aboriginal community that they wished to have an opportunity to have more input into designing a system that would better meet their needs.

There is no point of order, Mr. Speaker.

Mr. Oberle: Mr. Speaker, I have to echo the comments of the last speaker. The member quoted the Blues and indicated in his question that somehow the minister is hiding behind things. Somehow that is absolutely fine to say in this House, but for any similar comment back – and I don't even believe it was anywhere near as egregious – this member takes offence to that.

Mr. Speaker, there is no point of order here. If the member can't handle the heat, he should get out of the question period.

Mr. Chase: Mr. Speaker, I ask that you share the precise comments that the Minister of Children and Youth Services provided in the Blues where an allegation was made that I did not value the opinions and the recommendations of elders. Would you please read the direct information so that a decision can be made as opposed to what we thought we heard or what we might have heard?

The Deputy Speaker: Is any other hon. member wishing to join in? Seeing none, in fact, in contemplating a bit and trying to recall the situation at that time, there are two things in here. I have a sense

that the hon. Member for Calgary-Varsity wants to clear the record, and he has had that opportunity. He has explained now about the situation. My judgment is that there is no allegation of any sort of point of order. The member has had an opportunity to clear the record on his statement, and there's no need for further debate on this as a point of order.

Thank you.

Another point of order.

Point of Order

Oral Question Period Time Limits

Mr. Anderson: I'm sure the members opposite will be very excited about this point of order. In 2010, last session, Mr. Speaker, the House leaders met to discuss how question period was going to be dealt with. In a ruling in 2010 that is in *Hansard*, this is what the Speaker at the time said: "The chair will continue to undertake a vigilant watch of the clock to ensure that questions and answers do not exceed 35 seconds."

I personally love when questions and answers go a little longer than 35 seconds. I like to hear the long – even if it's 40, 45 seconds, I like that. However, there's got to be some consistency, Mr. Speaker, between the questions and the answers with regard to the time that those answers and questions are cut off. Clearly, throughout the question period today if you look at the answers given from the members for Innisfail-Sylvan Lake, from Lac La Biche-St. Paul, the health minister, certainly the member's statement from the hon. Member for Edmonton-Decore, that time constraint, at least in our opinion, was not enforced by the chair.

Our questions. If you look to the hon. Member for Calgary-Glenmore and the hon. Member for Calgary-Fish Creek, in their members' statements and in their questions clearly they were cut off immediately at that time. Now, that's fine. They can be cut off at that time. However, it needs to go both ways. It's very unfair, and we felt that throughout the question period they were given flexibility and were able to finish their members' statements and questions and answers, and we were not.

Mr. Zwozdesky: Mr. Speaker, I know that it's not parliamentary tradition to do a point of order on a point of order, necessarily. However, there is an agreement that was made, and it should and it ought to be lived up to. I think that the Speaker made it very clear to these members that we're trying to stay within the 30 seconds. Occasionally you might have to go over by five seconds, as they do with some of their questions, so this knife cuts both ways. Nonetheless, the point has been made. We will ensure that our members try a little harder to stick within the 30 seconds that we're allowed to answer a question, and I would hope that the people asking the questions would give the same abidance.

Secondly, I think it should also be made clear that if we had a little more co-operation and tolerance from the other side of the House during the questions, it would make it clearer and easier to understand what they are. That would help in terms of preserving decorum in the House.

The Deputy Speaker: The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Thank you, Mr. Speaker. Although I appreciate that what the health minister was saying is absolutely true – it should be on both sides 35 seconds, 35 seconds – we're not arguing that you're not doing what you're supposed to do. We're arguing that the chair did not enforce both sides. According to the standing orders, chapter 2, section 13(2), it says, "The Speaker shall explain the reasons for any decision on the request of a Member." I just would ask the

Speaker to please explain the reasons why those were cut off. If you look back at the tape, it will be clear. You were cutting off members on this side at the time limit, as you should, but you were not doing so for the government side.

The Deputy Speaker: First of all, your point of order about the 35 seconds in responses and answers over the time limit. I received notes here from both sides of the House saying that I cut them off, okay? The hon. Member for Airdrie-Chestermere said that I favour one side or the other. That is factually not true, so I want to clarify that.

Also, I try to enforce the rule of timing, okay? Within that, we need to have co-operation, less noise so that we can hear the question and the answer. The time is kept strictly by the table officer here, so I just follow their indication, and I enforce the rule.

Thank you. I rule that there is no point of order.

3:00

Orders of the Day

Government Bills and Orders Second Reading

Bill 20

Class Proceedings Amendment Act, 2010

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

Mr. Drysdale: Thank you, Mr. Speaker. I'm pleased to rise today to move second reading of Bill 20, the Class Proceedings Amendment Act, 2010.

Passed in 2004, the Class Proceedings Act established procedural rules enabling one or more persons to advance an action on behalf of a group of people who have suffered the same or a similar wrong. The existing act serves three important purposes: increasing efficiency, improving access to justice, and modifying behaviours. While the act is procedural in nature, it is a powerful tool in accomplishing these three purposes. Efficiency is gained by joining together a number of lawsuits that might otherwise be brought separately. Access to justice is created by grouping together many small claims in a larger proceeding in which the legal costs will be shared. Behavioural modification is obtained as claims that might otherwise go unprosecuted will be brought. The prospect of these class actions removes the comfort zone for those who might assume that minor wrongs would not result in litigation. It is also important to remember that while accomplishing these purposes, the Class Proceedings Act does not create any new causes of action.

Since Alberta's Class Proceedings Act was passed, three changes have been recommended by the Uniform Law Conference of Canada and the court. The first is that nonresidents should be treated in the same manner as residents for the purpose of participation in a class proceeding. The second is that criteria should be adopted to assist the court in determining whether Alberta or another province is the most appropriate jurisdiction for a class action to proceed. Third, their recommendation is to expand the requirement for the court approval of settlement, abandonment, and discontinuance of proceedings to include a situation in which a certificate application has been brought but has not yet been decided.

These amendments seek to reflect these recommendations in the existing legislation. The first proposed change will align Alberta with the majority of other provinces by shifting from an opt-in to an opt-out regime for nonresidents. Currently residents of Alberta who meet the requirements of the class are automatically participants in a class proceeding brought in Alberta. Nonresidents may participate only if they take the steps to opt in. The amendments proposed in Bill 20 would allow nonresidents to participate in class proceedings

in the same manner as residents. Both residents and nonresidents who meet the requirements of the class would automatically be participants in that class proceeding unless they opt out.

Many times the same or similar class proceedings are brought in more than one province. The proposed amendments in this bill would resolve issues around jurisdiction by establishing criteria to guide the courts in determining whether Alberta is the most appropriate venue for the class action to proceed and requiring notice to be given by those bringing a class proceeding in Alberta to individuals who have brought similar proceedings in other provinces. These individuals will then have the ability to make submissions to court.

In instances where class proceedings brought forward in Alberta overlap with class proceedings in other Canadian jurisdictions, the court will decide whether it is appropriate for the lawsuit to proceed as a multijurisdictional class proceeding in Alberta or whether it is more appropriate for the court to defer to the jurisdiction of another court. Several objectives will be considered when making these decisions. These include but are not limited to ensuring that interests of all parties are given due consideration, ensuring that justice is served, avoiding the possibility of irreconcilable judgments, and promoting judicial economy.

The third proposed amendment to this bill will expand the requirement for court approval for settlement of actions. Currently court approval of settlement is required in two situations. The first situation is when proceedings have been certified as a class proceeding. Court approval is also required in order to abandon or discontinue a class proceeding. The second situation is when certification is sought as a condition of settlement for the purpose of imposing the settlement on persons who will be class members.

The proposed amendments would expand the requirement of court approval for settlement, abandonment, and discontinuance to include situations in which an application to certify a proceeding has been brought but has not yet been decided. This change will allow the court to protect the interests of prospective class members.

In conclusion, shifting from an opt-in to an opt-out regime for nonresidents will align Alberta's Class Proceedings Act with legislation in other Canadian jurisdictions. Expanding the requirement for court approval for settlement will increase the protection for plaintiffs in class proceedings. These changes together with adoption of criteria to guide the court strengthen the existing act to better reach the goals of increased efficiency, improved access to justice, and behaviour modification.

I urge all my colleagues to support Bill 20, and I look forward to hearing feedback from the House. Thank you, Mr. Speaker.

With that, I adjourn debate.

[Motion to adjourn debate carried]

Bill 21 Wills and Succession Act

The Deputy Speaker: The hon. Member for Wetaskiwin-Camrose.

Mr. Olson: Thank you, Mr. Speaker. I'm pleased to rise today to move second reading of Bill 21, the Wills and Succession Act.

Our family and property interests are considerably different today than in the 1920s, which was the last time there was a general review of Alberta's succession laws. We're living longer, we're seeing more nontraditional family forms, and over our lifespans we are holding many different jobs. We become involved in many different financial interactions, whether personal, family, or business-related. Alberta needs a modernized law to reflect the changing social realities for Albertans. This is the purpose of Bill 21.

Bill 21 does not change the underlying principles of our succession law. Succession law continues to be about balancing property, family, and contractual rights and responsibilities. The traditional principle of succession law will continue, and that principle is, with certain exceptions, that a person should be free to dispose of one's own property as one wishes. This is the principle of testamentary freedom, or freedom of disposition. The exceptions include that one's legal and contractual obligations must be met and one's family should be looked after. A related principle also remains constant. If a person dies without a will, after legal obligations are met, it's reasonable to assume that he or she wants family to inherit the estate. However, the purpose of the new legislation is to allow these principles to operate in the evolving family and economic context of Alberta.

The new legislation refocuses succession law. To be clear, there's no evidence that Albertans care less or will in the future care less about their families. Family comes first when Albertans think about what happens to their property when they die, but there is a change in the possible ways that Albertans carry out this intent. This legislation attempts to do this in several ways. The statute is intended to allow development of succession law in a modern and evolving family context. For example, recent Supreme Court of Canada cases established presumptions about gratuitous transfers of property from parent to child. These cases are based on current family values and practices. This modern common law should continue, and evolution of the law should be fostered.

In recognition that a family business deal and a disposition in a will may intersect, the statute allows for application of basic business or property law, including limitations rules, the law of gifts, or contract law, to the circumstances of a family transfer. For example, if a court finds a deal between a deceased and an heir is a valid loan agreement, it can direct an appropriate remedy.

3:10

The statute is designed with settlement of disputes and efficient use in mind. This is demonstrated in three ways. Firstly, there was a conscious attempt to harmonize with existing law both in succession law and in relation to other areas such as trusts, pensions, adult guardianship, contracts, and general property. Secondly, the bill removes hurdles to finding the law. Outdated terminology is removed, and five statutes are consolidated into one and modernized. Those five statutes are the Wills Act, the Intestate Succession Act, the Survivorship Act, the Dependents Relief Act, and section 47 of the Trustee Act. Thirdly, although the legislation is drafted in terms of what courts can and cannot do – for example, it directs how a court must interpret a will – this is not to suggest that Albertans will take all their wills or estate matters to court. Most people do not do this, and there's no reason to believe that that will change.

Some have referred to succession law as family law for the deceased, and in some cases conflict is inevitable where property and family issues mix. With the new statute Albertans and their advisers can look to the act to see what a court may do and use this information to predict court outcomes, thereby resolving disputes. As you can see, clear rules found in a single statute will make resolution of estate matters more efficient and less costly.

All of this said, the courts remain integral to the operation of succession law. The legal principles we are working with can be traced back two centuries. If history is a predictor, the fundamental principles of this law will not change for a long time. The statute is a principle framework. The court applies it over time and as Alberta society changes.

Take, for example, family support on death, formerly called dependant relief. It's important to note the name change, which

signals a modern trend away from describing people as dependants. In future family support cases it will be for the court to apply cases such as the Stang case, which sets out how the principles currently operate to the new and evolving community and legal standards.

I've just provided a general overview. I'd like to now provide you with the specifics of this legislation. The content of the changes was strongly supported in public and technical consultation. I'll begin with modernizing the definition of child. The new act defines child as all children of a person as defined in the Family Law Act and including children in the womb at the time of death. This harmonizes with Alberta's family law, including the changes proposed to the Family Law Act in Bill 20.

Regarding survivorship, this is an example of a reform designed to match modern values and create efficiency. It eliminates the need for double probate and creates consistency with insurance law. Current law is that if two people die at the same time or in circumstances where it's unknown who died first, all the property interests flow as if the youngest person survived. The new act will provide that for the purposes of property each person is deemed to have died first. If they owned property jointly, the property is deemed to be split among them.

Regarding wills, the current Wills Act is repealed, but certain basics such as formalities for making wills are continued. New provisions modernize the way wills are interpreted and validated. Recognizing current social realities, Bill 21 removes the rule that marriage revokes a will. It adds a rule that a gift to an ex-partner or ex-spouse is void unless the will says otherwise. The bill provides for minors' wills. We recognize that some minors may have considerable estates and may have the maturity to decide about its disposition. Focusing on determining testamentary intent, the principle that a person is free to dispose of his or her property as he or she wishes, in addition to codifying common law for interpreting wills, the bill allows extrinsic evidence of a deceased's intent to aid in the interpretation of a will. The courts will have new powers to validate a will, and the court will be able to rectify mistakes by adding or correcting words if it is clear that there was a mistake. Witnesses who are disqualified from inheriting can qualify if they prove there is no undue influence.

The new act will also help resolve uncertainties in a will. Now if a named beneficiary is unable to inherit, there is a clear list of default beneficiaries. In addition, the act defines certain words such as "kin" or "child" if they are not defined in the will.

Regarding intestate estates there are two significant amendments in the legislation that reflect current values and will increase efficiency when there is no will. If a deceased person leaves a spouse and the children of the relationship with that spouse, everything goes to the spouse or partner instead of being shared between the spouse and children. This allows the surviving spouse to decide how to look after the children. Secondly, if a person leaves no living descendants or parents, the estate will be split between the maternal and paternal side of his family rather than just going to the closest living relative.

Regarding beneficiary designations, the beneficiary designation rules allow properties such as pensions or RRSPs to be disposed of on death by a written designation rather than by will. The law will be moved from the Trustee Act and will be easier to find. Otherwise, there is no legal change here.

Regarding family maintenance and support, this part of the act maintains the current law, allowing certain family members to apply for support from the estate. There are two major changes. The first is a new provision. An adult interdependent partner or a spouse of a deceased person will have an automatic right to stay in their shared home for three months after death. This provides a temporary right

of shelter for spouses or partners who are not registered on the title of their home or named on the lease. This reflects the fact that a home is required for compassionate reasons and prevents individuals from changing the locks on a grieving spouse.

In addition to cleaning up some wording and updating procedure, we are also adding to the list of family members who can claim support from the estate to include minor grandchildren and great-grandchildren as well as adult children under the age 22 who are in school full-time. These changes reflect the strong support we received during our public consultation, which was in favour of broadening the group of family members who can apply for support from the estate.

Regarding advancement and appeal in aid of modernization a number of outdated presumptions and doctrines are repealed. To replace some of these ancient rules, if there is a dispute about whether property transfers made during life impact inheritance, the court can decide what the party's intention was and make a direction. Again, this is intended to better reflect modern realities and to ensure that individuals settle their legal obligations.

Regarding the Matrimonial Property Act amendments, the new Wills and Succession Act will amend the Matrimonial Property Act to entitle a spouse to matrimonial property whether the marriage ends due to death or due to divorce. As the law now stands, married people who divorce are entitled to more or less half the property acquired during marriage. However, couples who lose a spouse to death do not have this same entitlement. It's worth noting that Albertans leave most if not all of their estates to their spouse in most cases. Similar to the other changes made by the bill, this was well supported in public consultation and is consistent with the law in other provinces.

In conclusion, the work through this bill will not be entirely done. In the coming years, further reforms are planned for the rules for estate administration; that is, the role of executors or others who administer property on death.

Mr. Speaker, family comes first, and Bill 21 affects all Albertans. For the future this law provides modernized means to achieve the accepted principles, freedom of disposition, support of family, and fulfillment of legal obligations. The amendments I discussed today will result in a relevant and accessible law that will better serve Albertans, providing for a more prompt resolution to issues concerning family and property matters so essential during times of bereavement.

I urge all my colleagues to support Bill 21.

Thank you, Mr. Speaker.

I now move to adjourn debate.

[Motion to adjourn debate carried]

3:20

Bill 22

Family Law Statutes Amendment Act, 2010

The Deputy Speaker: The hon. Minister of Housing and Urban Affairs on behalf of the Minister of Justice.

Mr. Denis: Thank you very much, Mr. Speaker. It's my pleasure to move second reading of Bill 22, the Family Law Statutes Amendment Act, 2010, on behalf of my colleague the hon. Minister of Justice and Attorney General.

Mr. Speaker, this bill proposes to amend three family law acts: the Family Law Act, the Maintenance Enforcement Act, and the Interjurisdictional Support Orders Act. Changes to these pieces of legislation reflect the needs of Alberta's changing families and will help increase service, improve efficiencies, provide clarity, and streamline processes.

The first piece of legislation that Bill 22 purports to amend is the Family Law Act. This is the legislation that contains the core of family law in this province. It deals with parent-child relationships and the rights and obligations of guardians. When the Family Law Act was proclaimed on October 1, 2005, it consolidated, harmonized, and updated provisions from many provincial family law acts and contained substantial changes to government policy. The act has been well received; however, some amendments are needed to ensure that it provides answers to the legal issues relevant to Alberta families today.

Amendments to the Family Law Act will complete the groundwork with regard to the parentage of children being born using assisted human reproduction, it will clarify certain aspects of law relating to parents' guardianship of their children, it will eradicate the status of illegitimacy, which I will touch on later, and it will clarify some matters of core jurisdiction and procedure as well as tend to housekeeping matters.

Mr. Speaker, with respect to the assisted human reproduction issues and solutions that were identified, there's been extensive work done by the federal, provincial, and territorial deputy ministers of Justice and the Uniform Law Conference of Canada. The work was conducted by a national committee of senior family law officials upon which Alberta has played a significant role. We also consulted with the bench, the bar, and service providers and explored case law at all levels of the court. As well, independent evaluation of the Family Law Act was performed by the Canadian Research Institute for Law and the Family.

Infertility is a real barrier to many Albertans who wish to create a family, Mr. Speaker. There's an estimated infertility rate of 7 to 8 and a half per cent in Canada. This could translate to 25,000 couples in this province alone. Advances in assisted human reproduction technologies have created new opportunities for infertile couples to become parents. The demand for this technology may increase as more couples seek infertility services as costs of these said services decrease and fewer children are available for adoption. The medical aspects of assisted human reproduction such as what technologies can be practised are within the jurisdiction of the federal government. However, the legal role for provinces and territories is to establish parentage status when children are born as a result of this technology.

Mr. Speaker, Alberta currently has the most advanced law in Canada with respect to these children. Our parentage law has not kept up with the advances in this technology. Not all the combinations of parents and children are covered. There are a number of consequences to this, including Charter deficiencies in the current law, the need for some couples to resort to adoption to be recognized as parents, and judges being required to make decisions without clear policy and law in place. Adoption law is important, but it does not fill the need identified in assisted human reproduction situations. The changes we are looking at are aimed at facilitating parentage at the birth in situations when the intended parents cannot produce a child by natural means. We must of all things remember that in this province the interests of the child are paramount.

For their protection and best interests the parentage of children born through this technology needs to be certain at the first possible moment subsequent to their birth. In Alberta unless a statute or a court says otherwise, the legal parents must both have a biological connection to the child. Our current assisted human reproduction provisions are built in on this idea with a small exception allowing for a person to be a parent if they consent to their spouse or their partner's use of artificial insemination or surrogacy. As you can see, Mr. Speaker, this quickly become very complex. But this alone does not cover all the possibilities.

In developing these amendments, we are working on the basic policy premise that for any couple using any form of this technology, a biological connection to at least one of the intended parents and the consent of their spouse or partner will substitute for the traditional requirement of biological connections to both parents. This allows expansion of parentage law to assisted human reproduction situations, including those where surrogates may be involved.

The law will continue that a birth mother can only lose her status as the parent if she consents after the birth of the child, and surrogacy agreements will continue to be unenforceable. This is in order to encourage surrogacy for altruistic and not economic reasons. The law will continue to provide that a person who donates reproductive material – that is, who provides it purely for someone else's use – would not be a legal parent of the child by reason of donation alone. These amendments would provide the same level of legal certainty for parents and children regardless of the method of conception.

Pursuant to the proposed amendments the child's legal parents must fall under one of the following categories, the first one, where assisted reproduction is not used, the birth mother and the biological father; the second, where assisted reproduction is used but does not involve a surrogate, the parents are the birth mother and the spouse or common law partner of the birth mother who at the time that the pregnancy was started consented to be a parent of the child; or where a surrogate is involved, the parents will be the person who provided the genetic material and their spouse or partner, as long as the surrogate consents after the birth to relinquish the child, confirmed by a special order of the court. Of course, if the child is adopted, the parents are the persons specified as parents in an adoption order.

Mr. Speaker, Alberta legislation will continue to be based on the principles that a child can have a maximum of two parents and that a child may have multiple guardians. Dealing with guardianship, under Alberta law the power and responsibility to look after a child is attached to the guardianship status, not the parenthood status. In Alberta both parents are guardians of their children although exceptions need to be made for this role such as when a parent cannot be located or when the pregnancy was the result of a sexual assault.

Mr. Speaker, we currently base guardianship partly on the residence of the child, and this has created some uncertainty. Bill 22 will make the standard for determining a parent's guardianship the parent's willingness to be a guardian. If there is a dispute about a parent's guardianship, the court will have the ability to make a determination on individual circumstances. Where it is in the best interests of the child, the court will continue to be able to appoint other individuals as guardians.

Dealing with the matter of illegitimacy, Mr. Speaker, amendments to this bill will also abolish any distinction between the status of a child born within marriage and a child born outside of marriage. Most of these distinctions have already disappeared from the law. Consequential amendments to a number of statutes are required, including the repeal of the Legitimacy Act.

There are some other amendments, Mr. Speaker. Other amendments to the Family Law Act contained in Bill 22 include providing for applications to vary the support orders and support agreements that bind the estate of a payer parent after that parent's death so that the estate could be wound up; also, changing the reference from "primary home" to "family home" to coincide with proposals in the Wills and Succession Act that are also before the House, as referenced before the House by the Member for Wetaskiwin-Camrose; clarifying that the obligation to provide spousal or adult interdependent partner support is not absolute and depends on a variety of factors; and clarifying that the court's jurisdiction to grant a guardianship order, a parenting order, or contact order pursuant to

the Family Law Act continues unless and until a court makes an order with respect to custody or access in divorce proceedings.

Mr. Speaker, I will now turn my comments to amendments to the Maintenance Enforcement Act, which are already included under Bill 22. Alberta's maintenance enforcement program, or MEP, enforces child and spousal support orders and certain agreements to take action in a fair and unbiased manner. The program continually examines its policies and procedures to ensure it is providing the best possible service to all clients as well as monitoring trends in family law cases and legislation. The MEP has identified areas that require amendments to increase efficiency, fairness, and service to its clients.

One area we're looking at is contact information. Currently, there's no legislative requirement for debtors or those who owe support to keep their contact or employment information current. The MEP is currently not able to require creditors or those who receive support payments to provide their contact or financial information. It is important for the MEP to be able to contact clients for a variety of reasons, including, without limitation, advising clients of changes to the program, verifying the eligibility status of the dependents, and collecting fees and penalties that may be owing. Mr. Speaker, the MEP uses a great deal of resources to gather this information, and the delay in having up-to-date information impacts certain collection activities.

Amendments in Bill 22 require debtors to keep their employment information current as well as requiring both creditors and debtors to keep their personal addresses and contact information up to date. Mr. Speaker, amendments will also require that persons, businesses, and government entities release the information in their possession regarding the location of creditors, allowing the MEP to communicate with creditors in a timely manner pursuant to the information in their files. This will also put Alberta's legislation in line with Manitoba's and Ontario's maintenance enforcement legislation in those two respective provinces.

3:30

Bill 22 also seeks to update the definition of business organization to ensure that the MEP will be able to communicate and gather information from new and emerging corporations and entities. By ensuring that these entities are covered pursuant to the act's definitions, it will allow the MEP to demand enforcement-related information from an expanded group of business organizations. It will also ensure that the MEP is able to locate and place the appropriate enforcement tools, allowing them to collect maintenance payments on a timely basis and, ultimately, getting these payments to the vulnerable Albertans who count on them.

Confidentiality is also addressed in this bill, Mr. Speaker. The Maintenance Enforcement Act places tighter constraints on the release of information than the Freedom of Information and Protection of Privacy Act. Bill 22 proposes a shift towards aligning the release of the client information with the principles contained in the Freedom of Information and Protection of Privacy Act. This will ensure that the maintenance enforcement program is providing transparency while still maintaining a high level of confidentiality for client information.

Mr. Speaker, the Maintenance Enforcement Act would then be able to release information in a number of important situations that were previously considered confidential, including releasing information to a reciprocal jurisdiction to enforce a maintenance order, releasing information to any law enforcement agency in Canada to assist in an investigation, releasing information in certain situations if the director of maintenance enforcement considers it appropriate and the individual has so consented, disclosing the

necessary information to understand changes added to a file pursuant to a court order to both parties to the court order, releasing necessary information to the surviving spouse or adult interdependent partner or relative of a deceased individual if the disclosure is not an unreasonable invasion of the deceased's personal privacy, and releasing information if the director reasonably believes that the disclosure will avert or minimize an imminent danger with respect to the health or safety of any person. These changes will increase intergovernmental co-operation and allow the MEP to better meet the needs of more Albertans.

I'd also like to comment about administrative fairness, Mr. Speaker. Right now the MEP is not able to charge a nonsufficient funds penalty to creditors who remit payments that do not clear their bank accounts. In the interest of promoting fairness in the treatment of all clients Bill 22 contains a specific provision that will allow the MEP to charge creditors the same penalty charged to debtors when their payments do not clear their bank accounts. In the further interest of fairness, Mr. Speaker, Bill 22 will also allow the MEP to enforce the collection of money owed by creditors.

The overpayment of maintenance to creditors such as when the parties fail to advise the MEP that the dependants are no longer eligible to receive maintenance continues to be an ongoing issue. The proposed amendment would allow the MEP in very specific circumstances set out in the legislation to collect these repayable amounts from creditors rather than force debtors to take their creditors to court. This would allow the MEP to take enforcement action against creditors when there is money owed to the MEP as a result of fees, penalties, or overpayments or when there is money owing as a result of fees pursuant to the child support recalculation program. This amendment will help keep both clients from being needed to go to court and treat all clients in the system fairly.

Mr. Speaker, Bill 22 also provides more clarity with respect to dealing with stays of enforcement. The Court of Queen's Bench may issue an order suspending enforcement proceedings for a maximum of nine months unless otherwise stated by the court. Collections actions granted pursuant to federal enactments such as the denial of passports or the attachment of federal funds or driver's licence suspensions or restrictions remain unaffected. The previous wording used the word "suspension" while the court generally uses the word "stay," which can cause confusion as to whether or not the stay is granted under the Maintenance Enforcement Act or the *Alberta Rules of Court*. A change in wording will ensure clarity in interpreting the court's rulings.

A change will also be made to the requirement for debtors to attempt to make a payment arrangement with the maintenance enforcement program prior to a court application being granted for a stay of enforcement. This change will encourage debtors to first try to work out a payment arrangement with the maintenance enforcement program such as by setting out legislative requirements that the court may consider to grant a stay of enforcement, placing the onus upon the debtor to establish their attempts to make a payment arrangement and establish why they cannot pay their arrears for the period of the stay, and clarifying the maximum time necessary for relief from enforcement as well as the monthly amount payable during the time of the stay.

Mr. Rodney: Go faster.

Mr. Denis: I take it that the Member for Calgary-Lougheed would like me to speak a little faster, and I'll do my best.

It is anticipated that this will reduce the number of court applications and avoid breaks in maintenance programs.

Mr. Speaker, the maintenance enforcement program works hard

to ensure vulnerable Albertans are getting the support payments that are due to them.

Mr. Hehr: Hear, hear.

Mr. Denis: Mr. Speaker, I am happy that the Member for Calgary-Buffalo also supports this initiative.

Changes in Bill 22 will help them do this more effectively and efficiently.

Mr. Speaker, the remaining piece of legislation Bill 22 addresses is the Interjurisdictional Support Orders Act. Amendments to the act included in Bill 22 are housekeeping changes that will facilitate better access to justice for Alberta families who are dealing with interjurisdictional family support orders. The Interjurisdictional Support Orders Act is a model statute that all Canadian provinces and territories except Quebec use in order to facilitate the transfer of child and spousal support orders across provincial borders. This act allows parties residing in different jurisdictions to obtain and vary maintenance orders pursuant to provincial legislation more quickly and easily. This benefits families by increasing the likelihood of entitlement to maintenance and facilitates speedier enforcement of Canadian maintenance orders.

Mr. Speaker, the amended legislation will clarify the existing sections of the Interjurisdictional Support Orders Act to allow for further client service, to increase efficiencies, highlight due process, and simplify questions about the applicable law for Alberta courts. Specifically, the amendments will recognize more categories of support orders, require faster provision of information, offer uniformity of language, and clarify which law applies to orders involving more than one jurisdiction.

I will briefly address each of these changes. Alberta's child support recalculation program has the authority to annually recalculate child support amounts. There are a number of jurisdictions that have reciprocal agreements with Alberta who have established administrative child support recalculation services that generate family support orders, which are in turn sent to Alberta for enforcement. The recognition of more categories of support orders will ensure that the administratively recalculated orders made in other jurisdictions can be enforced in Alberta.

Mr. Speaker, these changes will also reduce court costs for Albertans. Recalculation programs help parents keep child support levels in line with incomes so that families can avoid the time and expense of asking the courts to review their child support orders. The amended legislation will allow Alberta to enforce on these recalculated child support orders.

Mr. Speaker, currently in Alberta if the Alberta court requires further information or documents from the claimant to make the support order, the information must be received within 18 months. This is a long period and can cause undue delay. Amendments in this bill will reduce the time period to 12 months, benefiting families as earlier intervention leads to timely establishment and enforcement of child support.

These amendments also change the phrase "ordinarily resident" to "habitually resident" and amend the phrase "ordinarily resides" to "habitually resides." The legal meaning of the terms is similar. However, these proposals conform to the language used in the Hague convention on the international recovery of child support and other forms of family maintenance. [interjections] Although Canada has not yet signed this convention, a number of jurisdictions – okay. Apparently, the minister's speech has been a little long, so I'll just wind up here.

The courts would only apply foreign law if there is no entitlement that can be found under its own law. This would remove ambiguity.

The legislation would also clarify which law, Alberta or the foreign jurisdiction, governs the duration and the amount of child support. As such, when deciding the amount of support to be paid for the child, the Alberta court must apply the law of Alberta, the onus being on the reciprocating jurisdiction to provide proof of the duration of child support. This encourages collaboration among jurisdictions and promotes compliance with support obligations in interjurisdictional cases. This legislation will also help the courts and the maintenance enforcement programs identify the duration of a support obligation granted in another jurisdiction where the duration is not specified in the order.

Mr. Speaker, these changes will result in effectiveness and efficiency increases in our government and also will ensure our legislation is up to date.

I never thought my rapid manner of speech in my life would ever be an asset.

Thank you. I move that we adjourn debate.

[Motion to adjourn debate carried]

3:40

Bill 23

Post-secondary Learning Amendment Act, 2010

The Deputy Speaker: The Hon. Member for Lethbridge-West.

Mr. Weadick: Thank you, Mr. Speaker. I'll try to be a little briefer than the previous speaker on my introduction. It's my pleasure to rise today and request leave to move second reading of Bill 23, the Post-secondary Learning Amendment Act, 2010.

This bill is largely housekeeping and clarifies the roles and legal authority for on-campus parking at some of Alberta's postsecondary institutions and the creation of parking bylaws and enforcement.

The first amendment gives comprehensive academic and research institutions, also known as the universities of Alberta, Calgary, Lethbridge, and Athabasca, retroactive authority to collect penalties for the violation of their parking bylaws. Universities in Alberta have had specific powers to create parking bylaws on their properties since 1968. The amended legislation would grant retroactive legal authority to universities to collect penalties for violations of their parking bylaws, something we always intended for them to have.

The second amendment gives baccalaureate and applied studies institutions, specifically Mount Royal University and Grant MacEwan University, the retroactive authority to create parking bylaws and to collect penalties for the violation of these bylaws. As baccalaureate and applied studies institutions, Mount Royal and MacEwan are governed under a different section of the act, and they currently do not have parking authority. However, giving them this authority is a natural extension under the act as both institutions also have large urban campuses with significant parking areas, and they are viewed by the public as being similar types of institutions.

Currently several universities and one baccalaureate and applied studies institution, MacEwan, already issue their own tickets for violations of their parking bylaws or policies. This leaves these institutions at risk of lawsuits as they do not have the legal authority to issue their own tickets and, in the case of MacEwan, to have parking bylaws or policies at all. The proposed changes would retroactively allow these six institutions to impose and collect penalties such as fines for the violation of their bylaws and thus provide more legal protection against potential lawsuits.

In B.C. the provincial government made similar types of changes, which protected institutions from lawsuits by giving them retroactive powers to collect penalties for the violation of their parking bylaws. It was the B.C. legislation that actually led to our review. However,

in the B.C. case the government was already responding to a legal challenge against one of their institutions and the ruling of the courts that found their parking fines were beyond the powers given to institutions under their legislation. We want to make these changes prior to a lawsuit as they are reasonable authorities for these institutions to have in order to control parking on their campuses.

This is a very important clarification and amendment to the act because if Alberta institutions were subject to a lawsuit, they might approach the government of Alberta for financial assistance to repay fines. The financial impact on institutions could be significant if they were subject to a lawsuit in order to repay fines, which is why we could expect requests to the government to assist them should they end up in this type of position. Particularly, given the extended period of time that universities have had parking bylaws, this proposed bill will help both types of institutions gain clarity and formalize the authority of their parking while protecting them from potential lawsuits concerning past parking tickets.

Thank you, Mr. Speaker. I would adjourn debate at this time. [interjections]

The Deputy Speaker: We have a motion on the floor.

Mr. Weadick: I'll withdraw that motion to adjourn. Thank you.

Mr. Chase: Thank you very much first to the hon. mover of Bill 23 for putting forward this legislation and again to the hon. Member for Lethbridge-West for withdrawing the motion to adjourn so that we could have an opportunity to speak.

The reason for Bill 23, the Post-secondary Learning Amendment Act, 2010, is basically that Alberta's postsecondary institutions were caught, metaphorically speaking, with their parking pants down and their illegal fines up. Therefore, we have to correct this error. Under normal circumstances, Mr. Speaker, I would not support retroactive whiteout or wipeout legislation which rewrites history. But as the hon. Member for Lethbridge-West pointed out, if we do not rewrite this particular piece of history, individuals' class actions going back to 1968, both the University of Calgary and the University of Alberta and, by extension, MacEwan and Mount Royal could be facing millions of dollars of liability for the placement of illegal tickets.

Now, this government has not been overly kind to postsecondary institutions, particularly of late when they haven't kept up funding for operating costs, where staff members have basically taken unpaid leave to give back to their universities and where students have been forced to make up the difference in terms of a \$450 utilization fee for nothing. So this is the absolute least the government can do in terms of waving its magic wand and retroactively providing parking power to the universities going back to 1968.

Now, the universities have not unfortunately just been victims in this circumstance. For example, when it comes to boards of governors of both the University of Alberta and the University of Calgary, they have made some very poor decisions in terms of gambling their endowment funds on risky asset-backed commercial paper. Having said that, the government provided them with that example of investing in asset-backed commercial paper and allowing the Treasury Branches to make similarly bad investments. So the universities weren't alone in being suckered on asset-backed commercial paper.

The universities have tried a number of desperate measures, which the Minister of Advanced Education and Technology has approved, in terms of dramatic increases in professional faculties' tuition along with, as I say, the allowance of that \$450 fee for nothing that was imposed upon students in an effort to bail out their institutions

because the government has not been keeping pace with grants to our postsecondary institutions. However, the government has come up with this whiteout bill, which does provide forgiveness. As I indicated earlier, I do believe in forgiveness in this particular case.

Alberta has the lowest postsecondary enrolment of any province in the country, and the dramatic effects of the loss of revenues dating back over the past 42 years would be sufficient to basically close those institutions. Obviously, that would be a terrible circumstance. So the Member for Lethbridge-West, where the wonderful University of Lethbridge is located, has provided a bailout option in the form of Bill 23. It's an unusual circumstance, Mr. Speaker, but in this case it's a small step in terms of forgiveness, and hopefully we will see other examples of government support and forgiveness for postsecondary institutions in this fine province.

Thank you, Mr. Speaker.

The Deputy Speaker: The hon. Member for Edmonton-Riverview on the bill.

Dr. Taft: Yes, on Bill 23, Mr. Speaker. I'm pleased to have the opportunity to speak to it, and I'll speak in favour of it. It's one of those sort of loopholes, I guess, that we're having to close, something that crept up on the universities and the government and needs to be addressed and needs to be plugged. It is a little bit unnerving to speak in favour of the university parking police when I represent the University of Alberta. This one may cost me a few votes if word gets out that I'm supporting maybe the scariest people on campus, the parking officials, but I'll run that risk.

3:50

I think that it's one little bit of funding that we can bring some stability to because I expect that year after year after year there is a pretty predictable amount of money collected through parking tickets. Any of us who has encountered the university's parking force knows that they're quite ruthless. They're actually the toughest parking police I've had to encounter. I do suspect there may be some of us in this Assembly who have children who have maybe borrowed dad's or mom's car and driven to university and then driven home and just given the keys back, the tank a little emptier. Then a couple of weeks later this little treat arrives in the mail addressed not to our children but to us as car owners with an unexpected fine in it. Maybe there's a shrug of the shoulders: "Oh, I forgot about that." Anyway, I think this bill will help the university address an issue. It keeps a small issue from getting large.

I also want to make one other note, which is that it may help the universities discourage driving. Certainly, at the University of Alberta the university works hard, on its main campus at least, to keep people using public transit and to encourage them to use public transit. One of the ways they do that is through strict controls on parking. I hope this helps stabilize a tiny little slice of the university's revenues.

I only wish that we had brought in some kind of legislation that offered the same sort of support for electricity deregulation when we brought that in. That cost the universities tens and tens and tens of millions of dollars over several years, but that's a different story.

I'm glad the Member for Lethbridge-West has brought this in, and I look forward to it being passed. Thank you.

The Deputy Speaker: The hon. Member for Calgary-Buffalo on the bill.

Mr. Hehr: Well, thank you, Mr. Speaker. I, too, will be speaking in favour of this bill. I thank the MLA for Lethbridge-West for

bringing this forward at this time to straighten out what was a pretty big loophole, where parking that had been administered by universities for some time – they had fines going out on cars and trucks and what have you on campuses since 1968 – could have been exposed to lawsuits like we saw in British Columbia in their Queen’s Bench jurisdiction, and legislation was brought in to rectify the problem before it went to their Court of Appeal.

As was noted by the Member for Edmonton-Riverview and the hon. Member for Calgary-Varsity, this is a challenging time for Alberta universities. It was brought up that we have the lowest enrolment in our postsecondary institutions, at that level, something that I think can be worked on and that, in my view, we have to look at seriously as a Legislature to try and correct to allow individuals the opportunity to go to school at home, to stay here, and to become better students, better learners, more equipped to deal with the challenges of a quick-paced world which recognizes that learning and the ability to think and to react and to change job positions is the new currency of finding jobs. You get those skills by going to school.

I guess we’re talking about parking here. If this would have happened, if we didn’t correct this, it could have – hey, life would have gone on, but it would have been another minor detail that universities would have had to deal with that would have taken some precious funds, that would not have gone, then, to keeping the postsecondary institute alive and running and providing education to many of the young minds who are going to our universities, both now Grant MacEwan and Mount Royal University.

I do note on the story of the hon. Member for Edmonton-Riverview that at the time I went to Mount Royal College, it was 1990. I was somewhat recalcitrant and lackadaisical back then and often running late for class and a dollar short and a day late on having any money in my pocket because it might have got spent at the pub or somewhere else the night before and I couldn’t fill the meter or whatever it was and received one of those tickets. Now, if allowed to sign up for that class-action suit, I may very well have done that, but now that this has been rectified, I won’t have to bother doing that to try and get some of my money back. I think Alberta citizens will be better off for not having that lawsuit go forward.

Nevertheless, after that trip down memory lane and a brief discussion of parking and universities in general, I’m glad we brought this Bill 23 forward. I support it wholeheartedly and support the betterment of education everywhere in Alberta, Mr. Speaker.

Thank you very much.

The Deputy Speaker: Any other hon. members wish to speak on the bill? The hon. Member for Edmonton-Highlands-Norwood.

Mr. Mason: Thank you very much, Mr. Speaker. I’m pleased to speak to Bill 23. It’s called the Post-secondary Learning Amendment Act, but it should be the postsecondary parking amendment act, I think. It really leaves me kind of torn because, of course, when I attended the university, they were able to collect their parking fines by threatening to withhold my marks. They never really have had that hammer on me ever since.

With some reluctance I can see the point of the legislation. I think that ultimately a strong regime for parking at the university is the right thing to do because they have a huge population that comes and goes every day that they have to manage, and if, in fact, there was a class-action suit similar to the one in British Columbia against UBC, it could be very, very expensive. I think the university and the city worked well together in order to make sure that there are transportation options other than driving a car, and the extension of the LRT has certainly been very helpful in that regard.

I think that giving the university the authority to levy fines and to collect fines is probably in the best interest of everyone, so for that reason, Mr. Speaker, I will be supporting the bill. Thank you.

The Deputy Speaker: Any other hon. members wish to speak on the bill?

Seeing none, the chair shall call on the hon. member to close the debate.

Mr. Weadick: Well, thank you, Mr. Speaker. It’s been a pleasure to hear the comments of the opposition members and their support for this. It is a great move for our universities. We’ll ask for the question at this time.

[Motion carried; Bill 23 read a second time]

4:00

Bill 17 Alberta Health Act

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

Mr. Zwozdesky: Thank you very much, Mr. Speaker. I am, indeed, very pleased to rise on this great afternoon to move second reading of Bill 17, the Alberta Health Act.

Bill 17, as described, is the product of more than a year-long conversation with Albertans about our health system, a dialogue, I would like to add, that told us what Albertans expect from their publicly funded health care system, a dialogue that told us what we as a government can do to help make the system more cohesive and more focused on them, our Albertans. I want to thank once again the hon. Member for Edmonton-Rutherford for leading that consultative dialogue. I think he did an outstanding job with his advisory committee, and I want to applaud his efforts right now for doing a great job. [some applause] Thank you.

Mr. Speaker, consistent with the Putting People First report, which I just referenced, Bill 17 is principles based as well. It recognizes Alberta’s commitment both to the Canada Health Act and to the aspirations Albertans have for their health system. Bill 17 includes overarching principles that will provide ongoing guidance for the operation of the health system and the development of future health legislation. The purpose of having principles-based legislation is, of course, to help guide policies, organization, operations, and decisions throughout the health system.

Bill 17 also introduces the concept of a health charter that will set out principles, expectations, and responsibilities that apply across the entire health system. The minister will be required under the proposed act to establish such a health charter and to specify basic elements that must be addressed in the health charter. Bill 17 directs that the charter must recognize that health is a partnership, acknowledges the impact of a person’s health status on their capacity to interact with the system, specifies that the charter will not be used to limit access to health services, and further specifies that the charter not be subject to or be the basis of litigation within the court system. It is important to note that the principles, the expectations, and the responsibilities set out in the charter will apply throughout the health system, from doctors’ offices to dental clinics and from hospitals to home care.

The charter will be about building and reinforcing trust and respect across the health system. Work to develop the health charter will begin once the proposed act has been passed by this Assembly, I hope. The charter will apply to everyone, and it will guide the actions of Alberta Health Services, of health facility operators, of health providers, and of professional colleges.

Now, to enable the charter to apply across the spectrum of the health system, there is a proposed regulation-making power that enables the definition of health provider to be expanded. This may be done to include people who are not part of the so-called regulated health professions. This may include, for example, health care aides or massage therapists, who play a very important role in keeping Albertans healthy, but they are not at this stage regulated professions.

The proposed act will require the minister to review the health charter at least every five years.

Mr. Speaker, with respect to another important area of this Bill 17, that being the health advocate, Albertans told us that once a health charter is created, they want meaningful ways of raising concerns about how the charter is applied. They do not want their concerns to be bogged down in litigation. Costly court challenges take energy and resources away from health service delivery. However, it's important to note that Albertans have and will continue to have the right to sue if they wish.

Bill 17 provides for the appointment of a health advocate, who will be accessible to the public, responsible for receiving complaints relating to the charter, and who will have the ability to address these complaints. If the health advocate finds that a person has not honoured the charter, the advocate will have the authority to make recommendations as required to address the issue. The health advocate may also report to the minister on any further action that should be taken. In fact, the health advocate must report annually to the minister, and the minister is required to table this report in the Assembly, similar to the current reporting structure of the Mental Health Patient Advocate.

Now, in order to avoid duplication in the health system, one obligation of the health advocate is to refer complaints to another body that has authority to more appropriately address the matter. In this way the advocate will play an important navigation role. For example, this would mean that a complaint about the conduct of a particular health professional would be directed to the appropriate health profession college so that they could address the issue directly. The specific scope of the health advocate will be developed in regulations so that as the role of the office of the advocate evolves, the regulations can be updated in a timely and just manner.

For example, regulations could be made that will enable the health advocate to access information and require health services providers to co-operate with the advocate. In these respects, Mr. Speaker, Bill 17 and the health advocate specifically in this case are based on the model currently in place for the Mental Health Patient Advocate, a very successful model, I might add. As well, the health advocate will work at arm's length from government in the same way that the Mental Health Patient Advocate does today.

Now, in order to reinforce the importance of the health charter, Bill 17 also makes provision for the minister to act on recommendations of the health advocate. The proposed act enables the minister to direct Alberta Health Services, hospital operators, and other health providers to comply with the health charter. The minister may also direct a health professions college to modify its bylaws, its codes of conduct, or its policies in order to make them consistent with the charter so that their members will better understand its application.

With respect to reporting, Mr. Speaker, Bill 17, the proposed Alberta Health Act, will enable the minister to require operators of health facilities and health providers to publicly report on health system issues such as charter compliance, health service outcomes, and health system performance. Through the development of regulations the minister may require further reporting on such things as wait times or patient safety. This provision provides for accountability across the entire system. Currently the existing reporting

provisions in legislation apply only to specific areas, such as to Alberta Health Services, for example. This new provision will enable more comprehensive reporting.

Now, with respect to roles and responsibilities the proposed new act provides a high-level reference to the roles of Alberta Health Services, Alberta Health and Wellness, the Health Quality Council of Alberta, and the professional colleges. Provision is also made for the health minister to clarify and co-ordinate the roles and responsibilities of these major players in the system if required. There are regulation-making powers to support this. Mr. Speaker, through this provision we will enable steps to be taken as may be required to better co-ordinate and integrate the health system.

The proposed act has also been based on and benefited from extensive public input, as I indicated earlier. We want this public participation to continue because that's what Albertans have asked for, so we have included a role for ongoing public input into the development of regulations. The proposed act includes regulation-making powers related to such things as the establishment and review of the health charter, the powers and duties of the health advocate, the use of confidential information, and clarifying roles and responsibilities of the key entities in the health system.

These regulations, however, will not be made in isolation. Before a regulation can be made under the proposed act, a notice must be published on the public website of the Health and Wellness department. That notice, Mr. Speaker, must contain a summary of the proposed regulation and the wording of the text. A minimum of 30 days must be provided for the public to comment on the proposal. The minister must report on any feedback that is received to cabinet. Exceptions may be made to the 30-day notification period in the case where the proposed regulation addresses a matter that is urgent or if it is simply a technical or what we call a housekeeping matter such as if the minister is simply clarifying a provision of the act. If the notification period is shortened, the minister must advise the public about that decision.

4:10

I look forward to receiving more input and to ongoing dialogue and great conversation with respect to how the public can be involved in the regulations aforementioned.

In conclusion, Mr. Speaker, Bill 17 is fundamental – absolutely fundamental – to building greater public confidence in our wonderful publicly funded health system. Albertans need to trust their health system and have confidence in how the health system is governed and administered. Establishing a new Alberta Health Act is an important part of our ongoing work to build the best-performing publicly funded health system in Canada.

I want to thank all members for their anticipated support of Bill 17 as it moves through the various stages of discussion, debate, and, I hope, final passage in this House.

With that, I'll look forward to additional comments from other members. Thank you, Mr. Speaker.

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

Dr. Taft: Yes. Thank you, Mr. Speaker. I appreciate the comments from the minister. Unfortunately, the more I listened, the more I found I disagreed with the positions he was staking out. He concluded by describing the Alberta Health Act as fundamental. I actually think it misses the target quite completely. I find myself wondering: what's the point of this bill? This bill is going to take up hours of time for this Assembly. I think there is too much theory here and not enough reality. I think we are looking at a piece of legislation that tries to pretend issues away or simply misses the mark completely.

A lot of effort and a lot of noise and a lot of money is being spent on preparing this piece of legislation. It's being trumpeted as historic and fundamental and all kinds of things. I think we should look at this as a doctor might look at a medical condition. We should ask ourselves if this is the right treatment for the particular problems that Alberta's health care system has, and to do that, I think we need a diagnosis. My feeling is that this government has for 16 or 17 years now, actually, had a whole series of misdiagnoses about what's up with the health care system.

You base a diagnosis on symptoms, Mr. Speaker, so let's talk for a moment about some of the symptoms that the Alberta health system is showing that things are wrong. Well, one of those symptoms, that's had a lot of attention in the last few days in this Assembly, is long waiting lists. In fact, that may be one of the top two or three most obvious symptoms that something is wrong in the health care system. Those waiting lists have been debated in the last few days in terms of emergency rooms. As the minister has said – and I would agree with him on this point when he said it at other times – emergency rooms are kind of an indicator of how the health system, at least the hospital side of the health system, is running generally. We do know from both anecdotes and genuine data that emergency rooms are plugged up, and there are very serious waiting list issues in emergency rooms.

Of course, it's not limited to emergency rooms. If you need cancer treatment, it can be not only a terrifying and frustrating time; it can also be deeply troubling when you have to wait weeks and then months to get proper treatment. I will tell the minister that I had to work with a constituent this summer on treatment. He was diagnosed with a particular kind of cancer. He went without getting any calls back from the Cross Cancer Institute and ended up seeking treatment and receiving treatment in a timely fashion in, of all places, Prince Edward Island. In other words, Prince Edward Island could deliver more timely cancer care than Alberta.

Of course, if you need knee surgery or orthopaedic surgery, there's been some improvement, but wait times there can be frustrating as well. In fact, I could consume all the time I'm allocated for this particular stage of debate just on waiting lists, so let's look to some other symptoms that things are not right in the Alberta health system.

An obvious one – and it relates to wait times – is shortages of staff. This is an issue that's been building for 15 years. In 1994 and '95 over 10,000 health professionals in this province either lost their jobs completely or had their jobs downgraded. As well, we saw the training programs cut dramatically. The predictable thing happened. As the years went by, we ran into more and more severe shortages of staff. That contributes to problems with wait-lists, but it brings in other issues as well. I'm sure many of us have heard the figures put out by the government itself that in Calgary, for example, over 200,000 people can't get a family doctor. So there's a symptom there, shortages of staff.

There are overcrowded facilities. We've heard about that as well. Certainly, the big cities – Calgary and Edmonton, Grande Prairie, Red Deer – have some of the most overcrowded hospitals in the country. I don't know about other MLAs, but I know I get quite a lot of correspondence from people who end up the third person wheeled into a two-bed ward because there are no beds available. We've seen beds open – fair enough – but it seems that for every bed that's opened, another one is mothballed, so we are short of facilities. Of course, that goes back. The most dramatic examples are in Calgary, where the Calgary General, one of the proudest hospitals in this province, was destroyed, the Grace was sold, the Holy Cross was sold, and it's just led to one debacle after another. So another symptom, overcrowded facilities.

Related to that, insufficient long-term care. We've simply failed to build enough long-term care facilities, and we've failed to staff the ones we have to an adequate standard. People might be out there thinking, "Well, we can't afford to build long-term care facilities and staff them," but the thing is that if we don't build those sufficiently, then the people who should be living in those end up in our acute-care hospitals. As we're speaking today, it's pretty reasonable to think that if today is like every other day, there are somewhere between 300 and 500 people at this moment in acute-care hospitals waiting for long-term care. The average cost of each one of those beds: let's say \$1,000 a day. It just doesn't make sense. We could actually save money and improve efficiency.

Behind those kinds of symptoms is turbulent management, something I've tried to bring attention to. In the 16 or 17 years since the regional health authorities were created, the last count I had – and I've kept track – is that there have been 13 deputy ministers of health. I've got the list on my computer in my office. Think about that for a minute: in 16 years 13 deputy ministers. That's not unlike a \$10 billion corporation changing CEOs every 15 months for 16 years. Anybody looking at that would say: well, that organization is in crisis. Well, surprise. This organization is in crisis. Who is to be accountable for that? Well, the board of directors; in other words, the cabinet of this government.

It doesn't just stop with the deputy ministers. We've seen regional health authorities created. We've seen them merge. We saw one or two suspended. We've seen elections, and then we saw the elected officials suspended, even, I think, within 18 months of being duly elected. Now, in the most recent devastation, I think a genuinely – genuinely – poorly handled process, we've seen all the regional health authorities plus the Cancer Board, which had been a jewel of the system, plus AADAC all wiped out and consolidated in a process that has been a mess, I think, by anybody's assessment.

There are cost pressures. Well, is it any surprise that the system is inefficient when there are not enough staff, there's not enough space, the management is on a revolving door, and the organizational structure is in constant turmoil? There are cost pressures. These have to be understood a little bit, and they have to be penetrated a bit.

4:20

I did some work last spring looking at Statistics Canada figures over the last 20 years on health spending, and they tell an interesting story. I'm interested in the facts as they stand, and one of the things that surprised me is that on a per capita basis, once you adjust for inflation, spending in Alberta is not up particularly much at all over the last 20 years. Now, there are lots of ways to measure this. Some people, like the Parkland Institute, will say that it's actually down because the economy has grown so much. Others will say that it's higher once you adjust for age. There are a lot of ways to cut these costs, but I don't think any legitimate measure tells us that health spending is out of control.

But there are cost pressures. Interestingly, when you go further into the Stats Canada data, the cost pressures aren't from hospitals, and they aren't particularly from doctors, and they're certainly not from prevention. They're from that curious category called "other," which includes lab services, pharmaceuticals, contracting out. If any member is interested, I'd be happy to go through that data with you.

Finally, I think one of the signs that our health system in the broadest sense is really struggling is the broader health of the population. I would love to see more emphasis on things like health promotion and prevention. We need to address issues of diet, hunger. How many times do I have to raise this in the Assembly? It's a good health policy to feed our hungry kids because they're

going to grow up to be healthier. You think I can get that through to this government? No, but the evidence is overwhelming.

Mr. Speaker, there's a list of symptoms if we were diagnosing this patient, if we think of the Alberta health system as a patient: long waiting lists, shortages of staff, overcrowded facilities, inadequate long-term care, not enough investment in health promotion, complete turmoil in the management system, and cost pressures. If you look at those symptoms, then what's the diagnosis? Before we bring in a treatment like Bill 17 or some other treatment, some other bill, what's the diagnosis?

Well, my particular view is that from about 1985 till about 1993 Alberta probably had about as good a health care system as you're going to ever be able to achieve. It wasn't perfect. I suspect it was the best in the country and was probably one of the best run in the world. Interestingly, if you follow the cost trends on that, through that period costs were actually quite flat.

We had a very healthy system, and then it began to get sick. My view is that it began to get sick because of 16 or 17 years of poor political decision-making, rash decision-making based not on any understanding of how a health care system works or what the real issues are but on the political posturing of the given moment, and that has carried on without relent for 17 years. There were some utterly foolish cuts in the 1990s. Beds were cut; training programs were cut. There has been, as I said, the constant turnover at the top.

One footnote I want to make to this is that we often say: well, the health system should be run in a more businesslike fashion. I haven't actually done this, but I would wager that it's a safe bet. If you were to go around to the major energy companies in Calgary, let's say Suncor and Nexen and Encana and so on, and you looked at the qualifications of the CEOs of each of those companies – I don't need to name names – you would find that those people running those outfits were experts in the energy sector. They've worked their way up through the industry, typically have spent their careers there. Many of them are engineers or MBAs or both.

Let me ask you: what have been the qualifications of the people in charge of Alberta's health care system in the last 16 years, aside from the one completely fraudulent one? Who will remember the woman who applied and was hired from the U.S.? Go through and look at the qualifications of the deputy ministers of health. How many of them have a background in running a health care system? Precious few. While we have a health economist there running Alberta Health Services right now, what's the biggest organization he's ever run? What are his real qualifications? How well does he know the intimate detail of how an emergency room works? Has he ever actually spent a year or two getting into the depths of that sort of operation? You can raise that question with him next time you see him.

I also think part of the problem has been budgeting by the quarter. Every quarter for most of the last 17 years the health care budget has been jiggered around, and I sat here as an MLA while that happened a lot. That led to a whole series, an unending series it seems, of stupid decisions where, when the times were good, we had money to build the East Edmonton health clinic, the Sheldon Chumir health centre, and on and on. We put a kidney dialysis facility into I think it was Lac La Biche, and it goes on and on. Then the doors open. "Whoops, the budget is tighter. We can't staff it." So it sits there empty. That's happened a lot, and it happens because we got into what I think was a very poor process of budgeting.

My diagnosis is that there have been 16 years of poor political decision-making. That's the real disease we have here. Is this the treatment for that? No. I don't think it is. I think it's amazing that the health care system is still running as well as it does. I don't think that bringing in this particular piece of legislation is going to fix

anything very much. In fact, I'm concerned that with Bill 17 this government is prescribing a multivitamin for what's really a raging fever.

We can now talk for a moment about the bill. I do want to pause for a minute, Mr. Speaker, and give this government credit for one significant good move. This is important, and I'll give you credit for this. I just hope you stick with it. The five years of predictable funding: don't give up on that. Let these guys, these men and women, who are running the system right now have five years to know where they're going and what they can do. That's a significant step forward. But that, of course, doesn't have anything to do with this piece of legislation, and I think that speaks volumes.

If I look through this bill carefully, I see an unusually long preamble, and I rather like the preamble. The Member for Edmonton-Rutherford might have had a hand in drafting it – I don't know – or the minister did. It's long, but it does state some broad, good positions, some of which I'm glad to see in legislation although I'm skeptical of any real follow-through.

For example, the fourth paragraph, as it were, in the preamble says, "Healthy policy across Alberta Government ministries should recognize the social determinants of health." Well, you should read and see what you're agreeing to there because there's a very substantial body on the social determinants of health that addresses things like inequality. Are we going to see a return to a progressive income tax? Believe it or not, that's probably important health policy. Are we going to see feeding of hungry children? That would be really good health policy. I won't go on like that, but I'm glad to see some of that stuff in here. It's been in Alberta Liberal health policy for many years now.

The preamble is pretty good. Actually, I was quite excited, and I'm not just saying this as rhetoric. I was quite excited when I read the preamble.

Then when I get to the charter, I see a piece of legislation that's really asking for a blank cheque. I know there's a draft charter in one of the documents that the government has developed in the last few months. This bill doesn't commit to that specific charter. It leaves lots of wiggle room, and I think it does raise the question, which others have raised, that since the charter is going to be in the regulations, the way it's worded in this legislation, the health charter will have no legal effect. So then you have to wonder: well, what's the point of it? As one person has said, it's more like a mission statement or a wish than a charter. I'm disappointed that we're not putting the charter in here.

4:30

Because I'm running out of time, Mr. Speaker, I need to keep my comments brief on the health advocate. I will have more comments on that position in the future. This feels like a complaints office. Well, we don't need a piece of legislation to set up a complaints office for the health care system. Goodness knows, in the last couple of years we amended the legislative framework for the Ombudsman to include regional health authorities, we've got the Health Facilities Review Committee – and I'm not sure what they're up to these days – and, lo and behold, we have the minister here. This feels actually like an insurance policy or a protection office so the minister has somewhere to punt the tough questions that come to him or her. I'm pretty disappointed in that as well.

We'll be bringing forward some amendments. Who knows? Maybe we can convince government members to improve this legislation through our amendments.

Thank you, Mr. Speaker.

The Deputy Speaker: The hon. Member for Lacombe-Ponoka.

Mr. Prins: Thank you, Mr. Speaker. I'm also pleased to rise and speak to Bill 17. First, I want to commend the hon. minister for bringing this forward. I also want to commend my hon. colleague from Edmonton-Rutherford for his work on this act and his work on health-related issues. While I'm talking and commending people, I want to commend the many doctors and nurses and professional health care workers that work in our hospitals. This past Sunday I took my father to the hospital, to emergency, in Lacombe. It was a very busy morning, yet they were able to see him very quickly. I spent a few hours there and observed what was going on inside the hospital, and I just want to say thank you, and I want to commend the nurses and the doctors that work there. He got excellent care in very good time.

There have been many questions raised about the proposed Alberta Health Act and how it will benefit Albertans and improve our health system. The one key question is: how will the health charter principles be maintained? I will touch on this one question and add some clarity and support to these principles.

Albertans have said that for the health charter to be meaningful, there must be a way for people to raise concerns when their experience in the health system does not align with the charter. The effectiveness of the health charter will depend on how it is implemented and lived up to. Albertans do not want valuable health resources tied up in legal battles, but they do want to know that they have somewhere to go for assistance if the health charter is being ignored. I'm glad to see that the Alberta Health Act strikes a balance between liability and transparency by establishing a health advocate.

I'm also pleased to note that the health advocate's role is not intended to duplicate resolution processes that are already in place. Indeed, Mr. Speaker, there are already many regulatory bodies charged with addressing concerns in our health system, and these include the 28 regulatory health profession colleges, other entities such as the Health Facilities Review Committee, the Public Health Appeal Board, patient concerns resolution officers, the Mental Health Patient Advocate, and the Alberta Ombudsman, just to name a few. Despite these resources, there may be issues with the health charter that fall outside the mandate of these organizations. In that case, the health advocate will be able to respond.

The health advocate will address health charter complaints directly or will forward their complaints to other responsible bodies, depending on what is most appropriate. The scope and powers of the health advocate will be defined in regulations. This will best enable the advocate's role to evolve over time. A public notice requirement will give all Albertans the opportunity to comment on the health advocate's role as it develops.

I want to discuss the powers of the health advocate. I see some real potential for the health advocate's role. Let me briefly discuss some examples. According to the Putting People First report, part 1, page 17,

many Albertans may not know how to access these mechanisms, or which mechanism would be most appropriate for their concern. Albertans would benefit from a resource to help them navigate the resolution system.

In this case the health advocate could raise awareness about the health charter and help Albertans better understand where they should go to have complaints resolved.

To avoid duplication in the health system, the health advocate will refer complaints to another body such as the professional college or the Health Facilities Review Committee that has the authority to more appropriately address the matter. In this way the advocate will play an important navigation role to resolve concerns. Often people that need an advocate simply need a little help to find their way to

the appropriate body or desk or person that can help. For example, this means that a complaint about the conduct of a health professional could be directed to the right or appropriate health profession college to be addressed.

If there is no appropriate authority to address a health charter-related complaint, the advocate will review the concern and will have the authority to make recommendations to address this issue. If the issue is not addressed, the advocate can report the matter to the minister along with the health advocate's recommendations for action.

The minister is authorized under the proposed act to direct health providers and organizations to comply with the health charter or require them to develop and adopt their own charter that is consistent with the health charter.

Albertans have asked for greater accountability and transparency in how well the health system operates. The health advocate will promote greater accountability by submitting an annual report to Albertans. The annual report will set out the activities of the health advocate related to the health charter and will be submitted to the minister for tabling in the Legislative Assembly.

I also want to briefly discuss some limitations around the health advocate. The advocate is not a duplication of existing complaint resolution processes. The health advocate will not supersede the roles of professional colleges and others under current legislation in terms of resolving concerns. The health advocate will not be responsible for assessing system-level issues, and the health advocate is not a litigation system. Albertans say that they do not want their concerns to be bogged down in litigation. Costly court challenges take energy and resources away from health service delivery.

The health advocate provides an important resource for charter concerns, and because the advocate's powers and duties will be more fully developed in regulations, the advocate will be able to respond to emerging issues effectively. This means that regulations could be made that will enable the health advocate to access information and require health service providers to co-operate with the advocate. In these respects Bill 17 proposes that the health advocate will be similar to the current Mental Health Patient Advocate model. The health advocate will work at arm's length from government in the same way that the Mental Health Patient Advocate works to address mental health concerns.

In conclusion, the health advocate is about making our health charter real. Bill 17 proposes that the health advocate will be the most effective way to address Albertans' health charter concerns. I ask all members to support Bill 17 and move it to the next stage.

Thank you, Mr. Speaker.

The Deputy Speaker: Hon. member, in fact, I have a list that people send to me.

Dr. Taft: What about 29(2)(a)?

The Deputy Speaker: Oh, yes. Sorry. Standing Order 29(2)(a), five minutes for comments or questions. Hon. Member for Edmonton-Gold Bar, five minutes.

Mr. MacDonald: Yes. Mr. Speaker, I appreciate that, and I won't need five minutes. I listened to the hon. member discuss the merits of this legislation, and particularly I was interested in his remarks regarding the health advocate. Given that we have an Ombudsman who as recently as two years ago, I believe, made some recommendations or some comments regarding out-of-province medical payments in this ministry and that we already have the Health

Quality Council of Alberta – in fact, the CEO of the Health Quality Council was one of the very few people that I can find in government that had an increase in salary between 2009 and 2010; the total compensation package would have increased by 10 per cent to \$482,000 – my question to the hon. member, Mr. Speaker, is this. Do you think the health advocate is a duplication and a waste of our really precious and valuable resources, that could be used, for instance, to ensure that everyone has access to emergency care?

Mr. Prins: Well, Mr. Speaker, he asked me if it's a duplication, and that's exactly what my speech was about, that this is not a duplication. It's just another angle. I'll also tell him that during committee we can go through the entire act clause by clause and have those discussions.

Thank you very much.

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

4:40

Dr. Taft: Yes. Thank you. Under Standing Order 29(2)(a) to the same member. I'm trying to think of a kind of complaint that this advocate might take on. Let's say that you go to an emergency room and you're unhappy with the way a nurse or a physician treats you. If you make that kind of complaint, well, that's going to be directed to the professional association. If you're treated incorrectly, the wrong surgery or something goes wrong, well, that'll be taken up in the law courts. Let's say that the food is bad. Is that the kind of complaint that the patient advocate will do? In the nitty-gritty, real-world life of people experiencing the health system, what kind of complaint is a health advocate going to address that isn't already being addressed? I need an example.

The Deputy Speaker: The hon. member.

Mr. Prins: Thank you very much. That is a question that I believe is reasonable. I would think that if anybody was a client of the health services and had a complaint, the first person that it would go to is the local person or the local hospital, wherever they have the complaint. So you talk to the people there, and if that's not being resolved, then you go to the advocate. If the advocate can't get you to the right body, like the right professional body, and actually get an answer for you from the professional body that's providing the service, then you would go back to the advocate, and the advocate would enforce the charter. If that doesn't help, then they go right to the minister, and the minister will order these people to provide the services that are within the charter.

If somebody's complaining about food, then I think the reasonable thing to do would be to go to where the complaint originates, talk to the people that are cooking the food and ask the right questions and ask them what the problem is. They should be able to answer the question long before they ever go to an advocate or to the minister or any other professional body.

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

Mr. Mason: Thank you very much. If I can put a similar question to the hon. member, in the example of someone who found that the waiting times didn't meet the requirements of the charter in an emergency room, could he then ask the advocate to direct the minister to change the long-term care policy of the government or, for example, to staff the urgent care centre at the East Edmonton hospital? I mean, could this advocate actually get at the root of the problems we're facing today?

The Deputy Speaker: The hon. member.

Mr. Prins: Thank you, Mr. Speaker. If you're talking about waiting times, I'm not sure if the waiting times are in the charter or in the regulations. I don't know that. I think, once again, that if there's a problem with waiting times, you need to talk to the doctors or the nurses that are providing the service in that place to find out what the problem is. I'm just going to refer, once again, exactly to what I said at the beginning of my speech. I was in a hospital this Sunday for many hours. It was very busy. It was being operated very professionally, and the service was, I would consider, very good – reasonable to very, very good.

The Deputy Speaker: Hon. members, I have a list here, and the next speaker would be the hon. Member for Fort McMurray-Wood Buffalo, followed by the hon. Member for Olds-Didsbury-Three Hills.

Mr. Boutilier: Yeah. Thank you very much, Mr. Speaker. I do appreciate the comments by the colleague across the way. I know his family. One of them is a doctor, a very good doctor, and certainly I appreciate his work and also some of the good work that he performed in my constituency of Fort McMurray-Wood Buffalo. I know that he will be successful.

Mr. Speaker, I rise today to speak on Bill 17, the Alberta Health Act, and I do speak with a heavy heart. Albertans had high expectations for a change in our health care system, and I can actually empathize with the minister of health in terms of this mammoth task that is required. Needless to say, as was referenced earlier by the Member for Edmonton-Riverview, the fact that there have been something like 13 deputy ministers, one has to really ask the question: who are the administrative experts dealing with this massive undertaking in terms of the number of employees?

I think that the preamble, as was mentioned earlier, would clearly indicate that the intent in the preamble talks in very general terms but overall talks about motherhood and apple pie, that I think we all can agree with, that we would like in terms of the best care for our grandparents, the best care for our moms and dads and our children.

Yet it is somewhat, shall I say, disappointing because I do believe, as was mentioned earlier, that it does miss the mark, and let me say why I believe that. The government, I believe, really has failed to deliver health care for this fine province of ours. This government over the past many, many years really has not delivered change, inasmuch as in reading a newspaper about a week ago, the headline in the *Edmonton Journal* said: historic – historic – health charter. I can only comment as I went through the detail of the story – and I know the reporter, who actually tried to do a very good job, also says: "I don't make the headlines. I just write the story. It's editors who write the headlines." Clearly, it was historic, but historic in rhetorical comment. Historic in rhetoric. Historic in rhetoric that really is saying a lot of absolutely nothing. That's what concerns me because it isn't a real discussion.

Mr. Anderson: It's a Seinfeld law.

Mr. Boutilier: Yeah. In fact, it truly is a Seinfeld law.

That is what's disappointing when I go through Bill 17, which I've spent a considerable amount of time going through because I was willing to give the minister of health the benefit of the doubt. In fact, as we look at this historic charter of rhetoric, I believe that it is really demonstrating the gap that exists between this ministry of health and Albertans, and that is very unfortunate. In fact, at one point I even thought that maybe we should bring back the former

minister of health, but I can clearly see the scared looks of colleagues from all sides of the House if that were to happen. It would be something that could be remarkably even more scary than what is taking place today.

Now, I believe that Alberta was promised a health charter – I gave the minister of health the benefit of the doubt – but they won't be getting one any time soon. It'll be in the future. When? We don't know. We will do it perhaps, based on the comments I've seen, over the next five years, over the next 10 years, over the next 15 years – who knows? – maybe over the next 20 years. That simply is not good enough for Albertans. It has no power. It's a guarantee that really can't be guaranteed. I do believe that it is another example of the government talking the talk and not walking the walk. I believe that it is truly an entirely empty promise.

This government said it needs to make small changes to health legislation: if only the legislation was consolidated, health care would be delivered more efficiently. Well, under the superboard that is in place today, with the over 85 vice-presidents – 85 vice-presidents – that are under this organization today, with the change of 13 deputy ministers I believe that it does scare Albertans in terms of the state of flux. Even though there are excellent people on the front lines – doctors such as the hon. member's son, nurses – so many people that are on the front line, that truly are seeing what's happening, are talking about what is happening in lunchrooms each and every day, yet their message is not getting through. I would encourage the minister of health to truly sit down and listen, not actually talk but listen, to people on the front line, our doctors and our nurses and so many people that are committed to the very best health care that is possible.

4:50

Over this past period of time we truly have seen some very scary revelations come forward, revelations about the wait times. I believe the hon. Member for Airdrie-Chestermere had brought up the fact that over this past year the increase has now gone up by 54 per cent. Those numbers are not good enough. The question. Can you in fact go and complain to the health advocate relative to the fact that: hey, did you know that our wait times now are 54 per cent longer?

The question would be: what would even be the role of going to complain to a health advocate about that? We can hear that in this Legislature each and every day because constituents, who are ultimately our bosses, go to their MLAs. All of those MLAs who are listening to those complaints, I know, are equally frustrated with what is going on, and ultimately they bring those concerns forward. The questions that are being asked of the minister of health are being asked in this House. This, I believe, is a direct connection back to democracy and to our bosses.

Now there is going to be a barrier: this health advocate, someone so the minister can be protected. In fact, MLAs perhaps in the future may not be able to talk to the minister of health. They may have to go to the health advocate. So one would begin to question what the roles of MLAs are. Are they not allowed any longer to bring forward health issues based on MLA constituency work that we do each and every day? Would we not be allowed to be able to bring forward those issues? No, let's go ahead and take it over to the health advocate, which really is another level of red tape and another level of regulation and bureaucracy.

Actually, I believe that it really is regulating Albertans to death, perhaps even literally. Regulating. We don't need another level of bureaucracy. We have 85 – right now 85 – vice-presidents within the superboard. Perhaps they should have made it 88, one for every new MLA after this next election . . .

Mr. Anderson: Eighty-seven.

Mr. Boutilier: Eighty-seven. Sorry. It's 87, as was mentioned.

I have to ask this question. This superboard under the purview of this government and the minister of health has lost community capital. What I mean by community capital is that people in our constituencies know how the hospital is being run better than some centrally controlled bureaucracy and monopoly here in Edmonton. What I mean by what has been lost in terms of community capital, I speak to people often within the hospital, and they have answers, but they have to go through literally 10 if not 20 examples of red tape and bureaucracy. That's what really has to be streamlined. That's what Albertans are telling us. I find that this, quote, unquote, historic health charter has missed the boat because it is not historic. It is historic in rhetoric, but it is not historic in terms of outcomes.

From now on does it mean, "Don't complain to your MLA: go and complain to the health advocate"? Then one has to ask the question: what is the role of an MLA? I personally believe that we have to remain rooted in our bosses. Our bosses are the people within our constituency. I compliment MLAs from all sides in terms of MLAs who bring to the minister of health actions and concerns that need to be dealt with. Unfortunately, the question is: will that role be taken away? That would be a question that I would have for the minister of health: what about the role of an MLA in launching concerns on health care issues brought forward?

For instance, yesterday I had some people that were watching question period on television. They were aware of this Bill 17, the new act that was coming forward, but they still wanted to have questions relative to the minister of health's responses when it came to wait times, wanting to know why the wait time lines, why they were in an emergency room for almost 18 hours. Now, I want to commend the minister of health when he said he's going to reduce that time to four hours. I think that is quite noble. But as the person who was watching on television yesterday said: I didn't fall off a turnip truck yesterday. They said that with the utmost of respect toward democracy, but they had some real concerns, saying: what are you going to do tomorrow in this new health act that is going to help me reduce times from 18 hours down to four?

Clearly, we have not received answers to those questions. This bill, I believe, which I thought would be about getting the transparency and accountability that patients deserve, does not provide this. This has provided another level of bureaucracy added to the 85 vice-presidents that are in there now.

We continue to lose the community capital that we have in each and every one of our communities. That's the strength of Alberta, the community capital of people who know what is going on, not controlled by a monopoly in Edmonton. That is what has been lost. It has been an approach just like this bill, from the sky down as opposed to from the roots up. For anyone who is in agriculture I can say that I think we can all trust that from the roots up builds a solid foundation as opposed to the superboard's sky-down approach.

Let's never forget that our bosses are not up there. Our bosses are with us on the ground each and every day. I commend MLAs who are listening to their constituents. I'm convinced that they'll be rewarded in the next provincial election in March of 2012. However, I do say that for those who will not listen, for those who are following the direction from the sky down as opposed to from the roots up, if you forget who your bosses are, I do believe that you will pay the price in the next provincial election. We will be judged on our actions today and yesterday and tomorrow relative to this important piece.

I will conclude, Mr. Speaker, by saying that I believe that this bill, basically, has indicated that – the preamble, I think, is fine, but unfortunately when it comes to the meat, there is no meat on the bones of what this health charter is all about, and that's where it has missed the boat.

I must interpret from all of this that as emergency room waits get longer and longer – from last year to this year they're 54 per cent longer. Those people watching today on television, those people in waiting rooms today as they watch questions being respectfully asked of the minister of health are not getting answers.

I can say that, clearly, democracy is in jeopardy when the MLAs' roles and responsibilities are going to be replaced by a health advocate. Is that intended, quite simply, to insulate the minister of health? He loses that community capital that is there, that we see truly having answers relative to doctors, nurses, and so many health professionals.

Rather than getting it from the sky down, from the 85 vice-presidents that ultimately appear to be controlling what's going on here, I applauded the minister of health when he said: "I'll pick up my phone, and I'll call Stephen Duckett. I'll call the head of the superboard." But when I asked him to do it outside of the Legislature, he didn't. That concerns me as well. I even offered him new batteries for his cellphone. I know that just a week or two before, when he was in an editorial board in Calgary and in an editorial board in Edmonton, he was able to pick up the phone and call the health superboard CEO czar in a second. But when I asked him in this Legislature, deeply rooted in the trenches of that community capital, he said he couldn't do it in the Legislature. I waited for him outside. He still couldn't do it outside. Why?

Mr. Mason: His batteries were run down.

Mr. Boutilier: His batteries were not run down. He didn't do it because of the actual bureaucracy and red tape that is going on.

The Deputy Speaker: On Standing Order 29(2)(a) do you want to use the five minutes? Go ahead, hon. Member for Edmonton-Highlands-Norwood.

Mr. Mason: Yes. Thanks very much, Mr. Speaker. I'd like to thank the hon. Member for Fort McMurray-Wood Buffalo for that contribution, I think one of his first major speeches as a new caucus member here on our side of the House.

I guess I want to ask the question of him about the whole approach of picking up the phone, you know, and calling the CEO of Alberta Health Services. It doesn't seem to happen anymore, even though the problems are, if anything, getting worse, or at least we're becoming more aware of the problems that exist. He's ruled out the possibility that the minister's batteries had just run down. Would he, then, offer an alternative explanation, perhaps that what it was was a stunt in order to try and show some accessibility and hands on and going to change things, and whether or not he also thinks that it's been replaced of late with the more typical approach of this minister, dithering and not really doing anything and just fiddling while the system burns? That was, frankly, what I expected. I'm beginning to see this now as a much more predictable behaviour.

Thank you.

5:00

The Deputy Speaker: The hon. Member for Fort McMurray-Wood Buffalo.

Mr. Boutilier: Thank you, Mr. Speaker. To the hon. member, a very good question. I must admit that I had given the new minister of health at the time the benefit of the doubt because the minister of health, actually, is a pretty likeable guy. He usually picks up the phone and gives you a call, in comparison to the previous minister of health. But as we heard in question period, he really wasn't the previous minister of health. We're not really quite sure who was the

minister of health at that time. Someone, obviously, must have been. Actually, I think it might have been the member on the front bench right across the way.

Having said that, you brought up some important words. How come the minister of health in his original start as a minister of health could stand up in an editorial board at the *Calgary Herald* and the *Edmonton Journal* and pick up the phone and call Stephen Duckett from the superboard and just get to the bottom of it and make some changes? Yet when we asked him about the issue of bonuses, "Oh, no, that's an independent board; that's off to the side." which really, quite frankly, contradicts his picking up the phone and calling in front of reporters. So it appears to me that he'll do it not in front of MLAs; he'll do it in front of reporters. The term that was used was "stunt." The question is the word "dither." Not only that, but he doesn't even pull that stunt on MLAs anymore, and he certainly doesn't do it to the editorial boards of the *Calgary Herald* or the *Edmonton Journal*.

I would like to go with him and have other MLAs go with him so we can see what he actually would do. I'm not even quite sure today if he's speaking with the CEO of the superboard. He knows so well that the superboard has failed. It has failed because the community capital of our constituencies, the 83 constituencies that we bring democratically to this House, has been overruled from the sky down, not from the roots up. We are from the roots up. We are not from the Stephen Duckett superboard top down.

I think the words are very appropriate to the hon. member when he says "dither." I don't see the minister picking up his phone anymore. I don't see him going to editorial boards. Quite simply, he appears to have lost his superman status and, in losing his superman status, really wonders that he can't fly anymore. He can't fly anymore, and he can't phone anymore. His batteries are dead.

I think it really speaks of Bill 17 that this truly, if anything, is about dithering. It is about a stunt. I would ask that the editorial boards who first embraced the minister of health, as we all did, as a refreshing change from the previous minister of health – I can say that the previous minister of health would go into a garden, and rather than coming in with some kid gloves, like the now minister of health, he would come in with a bulldozer.

Thank you, Mr. Speaker.

The Deputy Speaker: The hon. Member for Olds-Didsbury-Three Hills, followed by the hon. Member for Edmonton-Highlands-Norwood.

Mr. Marz: Thank you, Mr. Speaker. I'm pleased to rise today to speak in favour of Bill 17. Albertans have been very clear about what they want from their health care system. They want to be engaged in important decisions about their health care system. They want to know the basis for those decisions, and they also want to know what they can expect from their system.

As this Assembly knows, more than 3,000 Albertans expressed their views about our health care system and health care legislation during the recent Alberta Health Act consultation. The quote from the Putting People First consultation report, part 1, page 14, says:

Albertans want deliberate, transparent decisions made about the health system, its future direction, and policies to support that direction . . . Albertans also want to know where the system is headed. They know the health [care] system is continuously evolving and will never reach a "final" static point, but they want reference to desired outcomes clearly spelled out.

I'm pleased to see that the fundamental guiding principles set out in Bill 17 reflect the needs and desires of Albertans. I'm even more pleased to see that the proposed act will require the minister to establish a health charter. A health charter is a series of statements that clearly spell out responsibilities and expectations for our health

care system. There's also a commitment to review the health charter at least every five years to ensure that it will be a living document that can evolve with time and technology.

Bill 17 requires that the health charter will recognize that health is a partnership amongst individuals, families, communities, health professionals, organizations that deliver health care and services, and the Alberta government. It also will acknowledge the impact of a person's health status and other circumstances on their capacity to interact with the health care system, not be used to limit access to services, and not be subject to or be the basis of litigation within the court system.

Albertans said that they expect a health charter to reflect a broad outlook on health. We all have a part to play in the charter. This includes everyone who relies on our health care system, including the health professionals, organizations and individuals who deliver health care and services, and the government of Alberta.

Albertans recommend that the charter be called the health charter and not a patient charter, as was originally proposed by the Minister's Advisory Committee on Health. I support this recommendation.

Mr. Speaker, health is about more than patients and acute-care services. Health is about promoting wellness, caring for the vulnerable, and monitoring the health status of our citizens. The health charter needs to be broad enough to address all of these concepts.

For the health charter to be meaningful, there must be ways for people to raise concerns about their experience in the health system. Bill 17 proposes a health charter that will define principles, expectations, and responsibilities that apply across the health system. I'm pleased to see that the health advocate will also be established to receive complaints related to the health charter.

The advisory committee made specific recommendations about what the health charter would include. These recommendations included a commitment that all Albertans will have access to primary care services through primary care teams. The advisory committee reflected what they heard during the many weeks of public consultation. Albertans said that they supported that the following statements be included in the charter.

When I interact with the health [care] system, I expect that I will:

- Have my health status, social and economic circumstances and personal beliefs and values acknowledged;
- Be treated with respect and dignity . . .
- Receive information on the health system and education about healthy living and wellness.

Albertans also supported including a set or responsibilities in the charter. Some of the statements that were consulted on included:

Taking my circumstances into account and to the best of my abilities, when I interact with the health system, I understand I will be asked to:

- Respect the rights of other patients and health providers;
- Ask questions and work with providers to understand the information I am being [given]; and
- Make healthy choices in my life.

I note that the act indicates that no Albertan shall be denied health services because of a failure to comply with the charter, and that principle is entrenched in the act.

I'm pleased that the charter will focus on a broad spectrum of health and wellness issues. I'm concerned that we don't focus enough attention on factors that promote wellness. Albertans want to make healthy choices, and I believe the charter and the discussion that will be generated as the charter is being developed will help Albertans understand the choices available to them and respond accordingly. This discussion should encourage Albertans to consider their own responsibilities in using the health system appropriately and looking after their own health.

I understand the general public and stakeholders will be asked to validate a draft health charter. I look forward to this discussion. I'm also pleased to note that government has accepted the recommendation to have the Health Quality Council of Alberta play an important role in the health charter. The council will monitor and report regularly to Albertans through the minister on whether the health system is performing in accordance with the principles of the Canada Health Act and the health charter. This is the type of transparency that Albertans are looking for.

In conclusion, the health charter is about building accountability across the health system and describing how Alberta Health Act principles will be realized. I ask all members to support this bill.

Thank you, Mr. Speaker.

5:10

The Deputy Speaker: Standing Order 29(2)(a) allows for five minutes of comments and questions.

Seeing none, the chair shall now recognize the hon. Member for Edmonton-Highlands-Norwood, followed by the hon. Member for Calgary-Bow.

Mr. Mason: Thank you very much, Mr. Speaker. It's a pleasure to stand and speak to Bill 17 at second reading. This is an interesting piece of legislation. I've had the opportunity to read it through carefully, and I have a number of comments.

First, I want to set the stage a little bit for the development of this piece of legislation. I'm going to go back to something that our caucus did late last year. In November and October we conducted some public hearings around the province, and that was in the face of a government that was introducing major changes to the health care system that were causing havoc, causing chaos. There didn't seem to be a clear plan, and we had repeatedly challenged the government to go out and ask people. Tell people what you want to do; ask their opinion; find out what they want you to do before you continue in this direction. The government under the previous minister rejected that approach because, of course, the previous minister knew exactly what to do, and he was going to do it no matter what anyone said.

We went to a number of cities, and of course we listened carefully to what people said. We produced a report which is called *What People Want*. It had, I think, a number of very, very practical recommendations that were quite specific.

Now, the government then decided that they would consult after all. The minister's advisory committee on the health system conducted a much more extensive program of public consultation than we were able to achieve with our much more limited resources. They went to a lot more places, and they heard from a lot more people, but of course they were a lot more structured as well in terms of how they wanted this all to happen. I was at a couple of them. You know, it was interesting because not everybody really felt that they were really getting the kind of consultation that they wanted to have. It was fairly structured.

That committee then produced a report, and I'll just read some of the recommendations. The charter will "acknowledge the impact of a person's health status and other circumstances and their capacity to interact with the health system" – I'm not sure what that means – "provide assistance to Albertans in accessing appropriate resolution mechanisms in the health system through the use of education, guidance and referral . . . [and] pursue policy opportunities in primary care, continuing care and mental health." Mr. Speaker, I was amazed that, having listened to so many people, these were the kinds of things that they think people wanted because we heard something very, very different indeed.

I know that the chair of this committee, the hon. Member for

Edmonton-Rutherford, said that what people wanted was a high-level document that sets out roles and responsibilities in the health system. Mr. Speaker, if most people in Alberta had that for their first priority, then I'll eat the report. What people really want is better access to health care. They want wait times reduced for cancer surgery. We heard, you know, that six months before you can get the treatment that you need is too long if you've got cancer, that 20 hours average time in a big emergency room in Edmonton or Calgary is too long. They want a family doctor. They want to have seniors' care for their aging parents, where they get the care that they need and they're taken care of respectfully and that there is enough staff to make sure that they get bathed on time and that they eat their meals at regular times and that they're well treated.

These are the kinds of things that we found people wanted. They didn't want a health charter or a health advocate. These are things that were inserted into this process by the government, by the chair. These are not things that sprung up spontaneously from the people of this province.

We have this bill that comes out of it. One of the things: it sets up a health charter. It sets up a health advocate. You know, I read the bill quite quickly, and I can summarize it as follows. There's a charter that's going to be set by the government. The draft that they have has a number of nice-sounding sentiments in it but doesn't commit to specific waiting times or commit to having a family doctor or commit to being able to afford the drugs that people need, things like that. It's not about that. So there's a charter, and it's not enforceable in the courts. Then there's an advocate. Now, the advocate can look into complaints, and if he or she wants to, they can conduct an investigation. If they want, they can submit a report to the minister. If the minister wants, he can do something about it or not. That is, in fact, the summary of this little piece of legislation.

You know, maybe that's not a bad thing, but it really shows me that the government has missed an opportunity in a major way. This government has had a chance to listen to people and has a chance to address their real concerns in the health system. Instead, they've come up with something that is almost superfluous to the real needs of Albertans with respect to their health care.

Some who might be uncharitable might think that this is to provide additional cover for the minister, as if he doesn't have enough. He's got his health superboard. He's got a Stephen Duckett that can catch all kinds of flak. If he doesn't want to answer a question in the House or from the public, he can always say: well, that's the jurisdiction of the health authority. He can bring in a budget to this Legislature that is about one-sixth of the total budget of the province, billions of dollars, to fund Alberta Health Services, you know, and it's one line in the budget. You can't ask detailed questions about that budget, and that's a sixth of the entire budget of the province of Alberta, billions of dollars.

He's already got all of these structures in place in order to deflect any serious demand for accountability, and now he's got a health advocate. So if you've got a problem, maybe it fits the charter; maybe it doesn't. You know, maybe the advocate can do something about it. What it's going to do is just divert more attention, more energy away from the government. It's not going to really make sure that people are well taken care of.

I've looked at the draft of the health charter. I asked the hon. Member for Lacombe-Ponoka about this, and he said that he didn't think the draft charter really dealt with the whole question of whether or not you have a right to be seen in an emergency room within a period of time. So the real measures that people want have not appeared in the draft charter, and I have no expectation that they will.

5:20

If we were putting forward a draft charter, one, we'd make it

enforceable; two, we'd make it deal with real issues facing people as they confront the health care system so that you've got a guarantee in an emergency room of being seen and getting a bed if you need a bed within a reasonable time. These guidelines right now are already in place and have been for over a year as part of Dr. Duckett's accountability package for his compensation. Those are part of his objectives for the health system and have been for over a year, when the minister announced them as some new initiative just the other day after meeting with the emergency room doctors.

It's not getting us anywhere fast, Mr. Speaker. We're going backwards because the government continues to fiddle and dither and spin and not deal with the real issues. I say that if we're really going to have a health charter, let's make it enforceable. Let's put things in like: you have the right to a family doctor. Let's put things in like: you have a fixed amount of time in emergency rooms. If you've got cancer, you get treatment within a fixed period of time. If you've got an relative that's chronically ill, they won't be shuffled off to something called continuing care by the government when what they really need is nursing care and medical care. And if you've got multiple illnesses and you require a lot of medications, for example, the charter should say that you're not going to have to pay through the nose in order to get the drugs that you need in order to get better. Those are the kinds of things that we would like to see.

Mr. Speaker, I just want to say really, really clearly that this piece of legislation is not significant. It's far from historic. It won't deal with the real issues. This piece of legislation is more smoke from the government, which is failing to address the basic health concerns of Albertans. The real tragedy of it is that it's a tremendous lost opportunity. The government spent so much time and so many resources getting out and actually talking to Albertans, yet it forced their input into predetermined moulds to come out with a charter and an advocate instead of letting them have freer rein in order to describe for themselves what they needed.

The recommendations don't follow from the comments. I looked at the comments carefully in the second part of the report called Putting People First. I found that when you really sift through it, you'll find that they did hear the same things we heard. They did say that you've got to improve the performance of the health system. They didn't talk about high-level documents. They didn't talk about, you know, the kinds of things that we've heard are supposed to be here. "Align decisions and policies with principles-based legislation and monitor and report on how well the system is doing." That didn't come from the people; that came from the committee. That came from a predetermined direction, as far as I can tell.

Mr. Speaker, I just want to say that the government just doesn't get it. It doesn't get it. We presented to the minister yesterday and today that for a very small amount, considering how much we put into health care, they could substantially reduce the waiting times at the Royal Alexandra hospital simply by funding an urgent care centre at the East Edmonton health clinic. The minister finally blurted out today at the end of question period that it will be one or two years before this goes online. So the question I ask is: what is the government actually going to do differently, something that they do that they weren't going to do all along, in order to address this ER crisis? The answer, I think, quite simply, is nothing.

You know, the guidelines, the timelines for emergency room care, that the minister so proudly announced after meeting with the emergency room doctors, have in fact been in place for over a year and have yet to produce any significant impact. You've got empty spaces, not just at the East Edmonton clinic, and you've got a serious problem that is only compounding this issue in the government's secret plan to build continuing care. They're very careful to avoid talking about long-term care.

But I ask you, Mr. Speaker, if someone is blocking an acute-care

bed and you need to move them to someplace else, they need a medical bed. They're in a hospital in an acute-care bed because their doctor knows they need a high level of medical care, so you can't put them into a lodge. You have to move them into a medical bed. That's what a long-term care bed is, but the government will not admit that. They still want to have private delivery of continuing care. They still want to avoid the whole question of long-term care, and it's time that they changed their direction.

Thank you.

The Deputy Speaker: Standing Order 29(2)(a) allows for five minutes of comments and questions. The hon. Member for Fort McMurray-Wood Buffalo.

Mr. Boutilier: Yeah. Thank you very much, Mr. Speaker. I thank the hon. member for some excellent points. One of the key points that he had raised is the issue of long-term care and our seniors. Our seniors have truly been the architects of building this great province of ours. I do know that on numerous occasions in here and again today under this bill he's made reference to the issue of long-term care in terms of what is taking place. In fact, at one point I believe the hon. member had referenced the point that there actually are fewer long-term care beds today, under the new administration of this government. My question, Mr. Speaker, to the hon. member is in terms of long-term care. Do you feel that this act today in any way, shape, or form will help when it comes to the issue of long-term care for our seniors, the very architects of this great province?

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

Mr. Mason: Yes. Thank you very much. I appreciate the question from the hon. member. No. I don't think that this deals with it. I looked at the charter. There's no guarantee in the charter that if you need long-term care, you get it. Of course, we all know that in the last election the Premier promised 600 new long-term care beds and 200 replacement long-term care beds, when, in fact, what they did right after the election was change the direction and start reducing the number of long-term care beds.

We released a document earlier this year that showed clearly that a committee of senior bureaucrats in the government was working to a strategy of cutting the number of long-term care beds substantially, potentially up to half, that had never been disclosed to the public. It had never been reported here in this Legislature. It was directly contrary to the Premier's commitment in the last election, yet they were working to a strategy of reducing long-term care beds, which are medical beds, where your drugs are covered and you get nursing care and you get a higher level of care because you need it, because you've been medically assessed as requiring that. This will only compound the waiting time problem in emergency rooms because many doctors are keeping patients who need long-term care in acute-care beds because they know they need the drugs and they know they need the nursing care, so they block the beds from emergency room patients.

The Premier says, "Well, you want to split up couples," and, you know, all of these kinds of things when he tries to dissemble and distract from the real issue. But, no, you can't move somebody who needs nursing care and needs drugs from an acute-care bed into a lodge, into some continuing care bed, where you have to pay for your drugs and you have to pay extra for nursing care. If you need help to go to the washroom or to get your meal, then that's extra, too. It's all delivered on a profit basis, so they have to double the price of the accommodation fees in order to make it profitable for their friends in the private sector to build.

None of this – none of this – is in fact going to solve the problem. It's in fact going to be worse. It's outrageous that the government should have a secret plan to reduce long-term care beds and mislead the public about it, keep it secret, and keep blathering on about continuing care and trying to confuse the definition so that nobody really knows what they're doing, and they deny the connection to that strategy. The worsening position in our emergency rooms is doubly unacceptable, Mr. Speaker.

I thank the hon. member for the question. I want to say that the broken promise in Fort McMurray about long-term care beds, which led to your departure from the government, is just one example of multiple broken promises about our health care system since the last election. I think that the government will pay a price for that.

Thank you.

5:30

Mr. Zwozdesky: Mr. Speaker, I'm not sure what the hon. member is referring to when he talks about a broken promise because there's about \$40 million or so going into Fort McMurray. So I think we should maybe just correct that for the record. In fact, there's going to be a 48-bed continuing care facility built there.* The \$3 million has already been advanced for purchasing the land.

I mean, I would like the debate to stay at a high level and pertain to the act specifically; however, they keep talking about certain things that they've done. I don't want to discount the 64 people that the hon. member met with. I'm sure they had valuable input, and we'll look forward to hearing more about that, but at this time let's stay at the high level if we could.

The Deputy Speaker: The hon. Member for Calgary-Bow, followed by the hon. Member for Edmonton-Gold Bar.

Ms DeLong: Thank you very much, Mr. Speaker. It's my great pleasure to join in this debate regarding Bill 17, the Alberta Health Act. Health care is a complex system of partners who all must work together to meet the health needs of Albertans. Albertans have told us that they find it difficult to understand the leadership and accountability in the health system. It's important for Albertans to understand who the key health players are, what their roles and responsibilities in the health system are, and what recourse Albertans have to resolve health care concerns.

Albertans want clarity in how their health system works and in who's responsible for doing what. We need better understanding of the relationship of the major players in the health system such as the relationship between the government of Alberta, as represented by Alberta Health and Wellness, and Alberta Health Services. The Alberta Health Act provides a high-level reference to the roles of Alberta Health Services, the Health Quality Council of Alberta, and the professional colleges. I'm pleased to see that the act does not try to duplicate the mandates of these entities, which are already established in other legislation.

The Alberta Health Act recognizes that because roles and responsibilities of key health organizations are addressed in various pieces of legislation, there is a need for the minister to be able to clarify and co-ordinate these roles and responsibilities from time to time. Albertans want their health system to work in a co-ordinated and integrated manner. Bill 17 proposes a provision that will enable the health minister to clarify and co-ordinate the roles and responsibilities of the major players in the system if required. There are regulation-making powers to support this. This provision will help to remove confusion about roles in the system where required.

I'd like to now provide a brief overview of the roles of the major players in our health system. Alberta Health and Wellness. The Ministry of Health and Wellness under the direction of the minister develops strategic direction and leadership that guides the provincial

*See page 1130, left column, paragraph 4

health system through its accountability of health services and its fiscal responsibilities, in other words, policy.

Alberta Health Services. The mandate of Alberta Health Services is established in the Regional Health Authorities Act. Alberta Health Services is the province's single health authority, that is legislatively mandated by and accountable to Alberta Health and Wellness. Alberta Health Services manages and delivers health care services and programs that are consistent with policy and program direction provided by Alberta Health and Wellness. Alberta Health Services assesses health care delivery needs, sets priorities for the delivery of service and the allocation of resources, and monitors health system performance. In other words, it actually provides the services.

The Health Quality Council of Alberta. Now, the mandate for the Health Quality Council of Alberta is established in the Health Quality Council of Alberta regulation. The Health Quality Council of Alberta is a provincial health board that works to identify and develop improvements to the quality of health services delivered to Albertans and to patients' safety. To accomplish this, the council works with Alberta Health Services and Alberta Health and Wellness, health professions, and other relevant stakeholders on an ongoing basis. The Health Quality Council of Alberta develops health service quality indicators and conducts patient experience surveys, patient safety reviews and assessments, and other quality assessments. The council is accountable to the Minister of Health and Wellness, and members of the council are appointed by the minister.

Professional colleges. Most professional colleges get their authority from the Health Professions Act, and they are responsible for regulating the activities of their membership. The legislation governing the colleges requires that they carry out their activities in a manner that protects and serves the public interest. This includes establishing, maintaining, and enforcing standards of practice and codes of ethics that govern their members. Colleges are responsible for ensuring that their members have the appropriate educational training and meet the requirements to practise in Alberta. Most importantly, colleges receive and address complaints from the public about their members. Examples of colleges in Alberta include the College of Physicians and Surgeons, the Alberta College of Pharmacists, and the College of Licensed Practical Nurses of Alberta.

A college is required to submit an annual report to the minister, who will table the report in the Legislature. Each college's annual report provides information about such things as complaints and their disposition, registration, continuing competence programs, committees and tribunals established under the Health Professions Act, and audited financial information.

According to the Putting People First report, Albertans want to know that there is sufficient oversight to ensure that Alberta Health Services is administering public resources in a way that is consistent with established policy direction and which achieves desired outcomes. Albertans also said they want to see clearly established policy directions and outcomes. The public consultation indicated that government needs to set out broad policy directions and health outcomes in ways that Albertans, Alberta Health Services, and other health providers can understand.

To conclude, our citizens want more clarity on how well our system is working and who is responsible for leading us down the path of continual improvement. Bill 17 will help to define the roles and responsibilities of the key players in the health system.

I ask all members to support Bill 17. Thank you very much, Mr. Speaker.

The Deputy Speaker: Standing Order 29(2)(a) allows for five minutes of comments or questions.

Seeing none, the chair shall now recognize the hon. Member for Edmonton-Gold Bar, followed by the hon. Member for Calgary-Varsity.

Mr. MacDonald: Thank you very much, Mr. Speaker. I have been listening with a great deal of interest to the debate this afternoon and, certainly, the initial remarks by the hon. Minister of Health and Wellness.

Dr. Taft: The Member for Vermilion-Lloydminster just arrived to listen as well.

Mr. MacDonald: Yes. I'm sure the hon. President of the Treasury Board is very concerned about how the consolidation of the regional health authorities has derailed his budget plans. But I will not be distracted, sir.

The hon. Minister of Health and Wellness in his initial remarks spoke about the year-long conversation with Albertans, that preceded this legislation, and the need for extensive public consultation. I listened with interest, of course, Mr. Speaker, and I have this question for the hon. minister. Why did the government have this extensive public consultation, or this year-long conversation, to come up with this bill, which is simply political distraction, and not have any public consultation when there was this internal discussion within the government to consolidate the regional health authorities and the Cancer Board and the Mental Health Board into the Alberta Health Services Board? Why the contradiction here?

5:40

Why have this elaborate public relations exercise for this legislation, yet take an \$8 billion plus portion of the Alberta Health and Wellness budget and have no public consultation whatsoever? And not only have no public consultation, but also, Mr. Speaker, there was no cost-benefit analysis done to determine if this Alberta Health Services organization would at least control health care costs and improve service. Nothing was done, yet the minister makes this statement this afternoon about how important conversations and consultations are. When we think about what has happened since 2008, when we consolidated into Alberta Health Services – and I know the President of the Treasury Board doesn't sleep at night worried about the budget and where they're going to get the money to pay for all the mistakes that they have made.

This is what this bill is essentially about. It's to try to distract the public from the real issues in health care. The minister of health and the government certainly hope that the public focuses on Bill 17, the Alberta Health Act, but what the public should be focusing on is the annual report of the department for 2009-10. If you look at some of the performance measures – we look at what the government wanted to do and what is actually going on with wait times. Whether it's wait times for surgery or wait times for an emergency room visit, we look at the urgency, the level.

Now, there are wait times for urgency level 1, level 2, and level 3. In level 1 – and I'm not going to in the time that I have describe these urgency levels – the current actual is two weeks and the target is two weeks. In level 2 the target is six weeks, but the actual reality for the government is that there is a wait time of 21 weeks. In urgency level 3 the target is 26 weeks, and the government has an actual wait time of 17 weeks. With hip replacements, unfortunately, Albertans have to wait an additional, on average, nine weeks longer. For knee replacement surgeries it goes from 26 weeks, Mr. Speaker, to 49 weeks, which is a considerable wait. That's 23 additional weeks.

These are some of the wait times that the government doesn't want Albertans to think about or to talk about in the coffee shops across the province. The government wants to get the public to talk

about this bill. This bill is just legislation that has come about as a result of this government's incompetence in dealing with the real issues in health care. They have failed. They have completely failed with their changes from regional health authorities, where some, not all but some, got national and international awards for their management and their administration. We just wiped them all out and went to this superboard, and our priorities – and I'm going to talk about that in a minute – have changed completely.

Not only have our priorities changed but how we account or report – there's nothing in this bill that suggests that the minister is going to change how we report where the money, the \$8 billion plus, is being spent in this province. Now, before, of course, we could have a look, and we could see, for instance with emergency services, how much was being spent in the Edmonton region through Capital Health, how much was being spent in Calgary, how much was being spent in Peace River, how much was being spent in East Central or the David Thompson region. I could go on. There was a breakdown of where the government was spending taxpayers' money to provide public health care. But now with Alberta Health Services, of course, it's just a global amount. This is not in the spirit of this bill. It certainly isn't.

Now, there has been a lot of discussion in the last couple of weeks about emergency services. In 2007 the provincial government spent – and I could give you a breakdown, Mr. Speaker – close to \$880 million in facility-based emergency and outpatient services. In 2009 the budget increased to over \$970 million. The entire health care budget has gone up and up.

It is interesting to note that now we are spending \$270 million more in facility-based emergency and outpatient services. We're spending \$270 million more than we did four years ago. How can that be? Why is it necessary? Are there that many more visits because we don't have family physicians? Is it an aging population? Is it an increase in population? Certainly, these are some factors, but they're not all of the factors.

One of the main factors, in my view, is the mismanagement of our health care budget by this government, the mismanagement of health care policy by this government, and they're trying to divert public attention with Bill 17. Now, also in 2007 and 2008, before we had this consolidation, there would be a breakdown. We could see how much money was being spent on emergency and outpatient services across different communities. We can't do that anymore.

I'm not confident that this health advocate is going to have anything to say about that. The health advocate will be at the pleasure of the minister and of the government. If this health advocate is appointed – I don't think it's necessary to appoint this person, but this is a government that likes to spend money, in my view, very, very unwisely – will this health advocate release, give us a detailed breakdown of what money is being spent in what regions of the province? I'm not confident that that will happen, but maybe it will.

Now, certainly, we do need more beds. If I could go back to one of the measures that the government talked about discreetly in their annual report which they do not want to talk about publicly, their target is to have 505 people waiting in acute-care hospital beds for continuing care placement. At the time this annual report was written, there were 200 more people waiting, 707. Why could we not have more beds? The minister said earlier in question period that he's been forced into opening more beds. There is this issue that, well, we don't have any money. Certainly, there was a budget surplus in the overall budget of the ministry, over \$200 million last year. I realize there was a deficit within Alberta Health Services of \$340 million. Today the minister gave a list of 10 beds here, 14 beds here, and that's welcome news, but why did they wait so long, and why are their priorities so different?

Now, whose priorities is this government meeting, Mr. Speaker? Well, one only has to look at the fine print of Alberta Health Services to see the supplementary executive retirement pension plan, or the SERP pension as it's called by some people. In 2009 the government was quick to find over \$21 million to top up that executive retirement pension plan, and this is for a select group of individuals that were hired, hand-picked by this government, maybe not by this minister but certainly by his predecessors. These are hand-picked folks. This \$21 million certainly wouldn't include the \$22 million that was paid in 2009 in severance.

5:50

When you look through this report, you can see why this minister and this government don't want taxpayers to read this. This was, again, at a time when Alberta Health Services had an accumulated deficit of \$343 million. Taxpayers ask me all the time: how come there's no money for any more beds? Well, this is one reason. Last year this government and this minister – and the minister is certainly in charge – found an additional \$21 million to top up not the employees' contribution but the actual employer contribution. This is taxpayer money. This is an additional \$24.9 million going to top up the supplementary pensions of 119 people, 64 of whom are active within the government and 55 of whom have been retired or terminated. So there's \$45 million.

This is why I say that the priorities of this government are completely out of perspective and out of order from what the taxpayers and those who want a good public health care system in this province demand. We can be quick to find \$45 million in two years to top up this executive retirement pension plan, where a lot of the employees if not all of them don't have to make a contribution. It's all from the government. We've got to always be mindful that these individuals are also probably eligible for a local authorities pension plan.

This is an example, yet again, of this government failing the interests of those who want a well-funded and a well-managed public health care system. The focus seems to be on these lavish perks for a few select individuals.

Thank you.

The Deputy Speaker: Standing Order 29(2)(a) allows for five minutes of questions. The hon. Member for Calgary-Glenmore.

Mr. Hinman: Thank you, Mr. Speaker. I really appreciate the due diligence of the good MLA for Edmonton-Gold Bar. He chairs Public Accounts, and you know that he goes through these numbers in great detail. I'm just wondering if the hon. member had a few more points of government waste that he's found as he scrutinizes those books that he could share with us on how this government isn't focused and prioritizing its spending, especially when it comes to health care.

It's just fascinating – or maybe I should say discouraging – to see the number of contracts that this government enters into and says: "Oh, there's nothing that we could do about that. The previous minister signed this contract." These lucrative contracts, these golden parachutes continue to be signed, yet when they sign contracts with the teachers or if they sign contracts with oil and gas companies, they see no problem in saying: "Well, we can't honour those ones. We'll tear them up." Yet with all of these other ones that they've appointed, they seem to honour and have great delight in writing those cheques on behalf of Alberta taxpayers. Perhaps you could share a few more numbers with us.

The Deputy Speaker: The hon. Member for Edmonton-Gold Bar on Bill 17.

Mr. MacDonald: Well, certainly, I appreciate those comments from the hon. Member for Calgary-Glenmore, but I would urge him to have a look at page 150 of the Alberta Health and Wellness annual report and also on page 138 of the annual report. The hon. member can see for himself where we quickly had \$45 million for a select group of people whose track record in operating this \$8 billion plus enterprise is not good. If they were a hockey team, they certainly wouldn't have made the playoffs.

Now, if we also look at Alberta Health Services' annual report – and this is directly related to Bill 17 – you can see where the fees and the charges are outlined. You can see where there is quite a difference or quite an increase between the private health service providers and the voluntary health service providers between 2009 and 2010. I don't know how this is going to work.

**Point of Order
Relevance**

Mr. Zwozdesky: Mr. Speaker, point of order, *Beauchesne* 459. We've put up with this off the track, off the beat, nothing to do with the bill business now for much of the afternoon. I don't mind a little bit of that. There has got to be some leeway, but come on. We're talking about the Alberta Health Act, Bill 17, not about certain specific pages of certain accounts. I wonder if they could save those things for question period or for motions for returns or written reports or something else. Let's get on with the debate of Bill 17, please.

The Deputy Speaker: For the expediency of the debate on the bill, I already said: on Bill 17. Stay on the health care bill, Bill 17. Thank you.

Debate Continued

Mr. MacDonald: Thank you, Mr. Speaker. That point of order that the hon. minister suggested certainly confirms to me that the hon. minister wants the people to look at this bill and see it as a public relations exercise. The hon. minister is embarrassed by what's in the financial statements. The financial statements, hon. minister, are directly related to what's in this bill. You're talking about having the health advocate. You're talking about having the health charter.

Well, what's going to be in that health charter? Are people going to have access to this information? Are they going to know? Of course, they're not going to know if you have your way. They're not going to have any idea.

The Deputy Speaker: Hon. member, address the chair.

Mr. MacDonald: Yes, Mr. Speaker. Thank you.

Now, with the health advocate. The health advocate perhaps should report – and it should be mandated; it shouldn't be in regulations – why there has been an increase of 9 per cent in fees and charges from private health service providers between 2009 and 2010. Who knows what it'll be after this minister is there for another year? The voluntary health service providers – these are the public ones – had an increase in their fees and charges of .6 per cent. Perhaps that's where the health advocate could, if it is going to be appointed, this office, start to work because certainly the Friends of Medicare would be interested in knowing why there is, Mr. Speaker, such an increase in private fees and charges and not in the publicly delivered system.

Mr. Speaker, I would also like to note that all this is related. Thank you.

The Deputy Speaker: I'd like to recognize the hon. Member for Calgary-Varsity.

Mr. Chase: Thank you. Given the time, Mr. Speaker, I would like to adjourn debate and have the opportunity to continue in first place tomorrow.

[Motion to adjourn debate carried]

The Deputy Speaker: The Deputy Government House Leader.

Mr. Zwozdesky: Thank you, Mr. Speaker. In view of the time, which has nearly run out for today, I would move that we recess until 1 p.m. tomorrow.

[Motion carried; the Assembly adjourned at 5:59 p.m. to Wednesday at 1:30 p.m.]

Table of Contents

Introduction of Visitors	1053
Introduction of Guests	1053
Members' Statements	
Edmonton Police Chief Mike Boyd	1053
Emergency Medical Services	1054
Family Violence Prevention Month	1054
School Board Trustee Elections	1054
Gifts for Government MLAs and Cabinet Ministers	1055
National Pain Awareness Week	1055
Oral Question Period	
Gifts for Government MLAs and Cabinet Ministers	1055
Emergency Medical Services in Red Deer	1056
Emergency Medical Services	1057
East Edmonton Health Centre	1057
PDD Administrative Review	1058
Sale of Public Land for Commercial Use	1058
Tailings Pond Emergency Response Plans	1059
Medicine Hat Pain Management Clinic	1059
Child Intervention System Review	1059
Highway 21	1060
Medical Procedure Wait Times	1060, 1063
Legal Aid	1061
CCSVI Clinical Trials	1061
Building Construction Review	1062
Grande Prairie Hospital Construction	1062
Tabling Returns and Reports	1063
Tablings to the Clerk	1064
Government Bills and Orders	
Second Reading	
Bill 20 Class Proceedings Amendment Act, 2010	1065
Bill 21 Wills and Succession Act	1066
Bill 22 Family Law Statutes Amendment Act, 2010	1067
Bill 23 Post-secondary Learning Amendment Act, 2010	1070
Bill 17 Alberta Health Act	1072

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