



Province of Alberta

The 29th Legislature  
Fourth Session

# Alberta Hansard

Tuesday morning, November 6, 2018

Day 46

The Honourable Robert E. Wanner, Speaker

**Legislative Assembly of Alberta**  
**The 29th Legislature**

Fourth Session

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Deputy Government Whip  
Woollard, Denise, Edmonton-Mill Creek (NDP)  
Yao, Tany, Fort McMurray-Wood Buffalo (UCP)

**Party standings:**

New Democratic: 53    United Conservative: 26    Alberta Party: 3    Alberta Liberal: 1    Freedom Conservative: 1    Independent: 2    Progressive Conservative: 1

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## Legislative Assembly of Alberta

10 a.m.

Tuesday, November 6, 2018

[The Deputy Speaker in the chair]

### Prayers

**The Deputy Speaker:** Good morning.

Let us reflect. Hon. members, this is Veterans' Week, a time to remember the ultimate sacrifice paid by so many to give us the freedom to enjoy and exert our democratic rights, and as our neighbours south of the border head to the polls today, let's take a moment to reflect on the democratic system that brings us here to this Chamber and allows us to represent our constituents from all parts of Alberta.

Please be seated.

### Orders of the Day

#### Government Bills and Orders

##### Second Reading

##### Bill 24

#### An Act to Recognize AMA Representation Rights

**The Deputy Speaker:** The hon. Member for Banff-Cochrane.

**Mr. Westhead:** Thank you very much, Madam Speaker. I am pleased to move on behalf of the Minister of Health second reading of Bill 24, An Act to Recognize AMA Representation Rights.

Madam Speaker, physicians are a critical part of Alberta's health care system. They provide high-quality patient care, are committed to improving the health and well-being of all Albertans, and are leaders in keeping the health system sustainable in the long term. The proposed legislation recognizes the Alberta Medical Association as the representative for physicians who are authorized to practise in Alberta and provide publicly funded physician services. Proposed amendments would formalize the government's long-standing practice of working directly with the AMA on matters of physician compensation and physician programs. The amendments would also give physicians and the Alberta Medical Association clarity about their working relationship with government and Alberta Health Services.

We are proposing amendments to two pieces of legislation in the bill before us today, the Alberta Health Care Insurance Act and the Regional Health Authorities Act. Amendments to the Alberta Health Care Insurance Act would mean that when government consults on the rates of compensation for Alberta's physicians, the AMA will be the exclusive representative of physicians. Proposed amendments will also make the AMA the nonexclusive representative for physicians on other health-related matters that touch and concern physicians such as team-based care or how best to use information technology within the health care system. Making the AMA a nonexclusive representative for physicians means that government may speak to other stakeholders besides the AMA about these matters.

Through amendments to the Regional Health Authorities Act Alberta Health Services will recognize the AMA as the exclusive representative for negotiating certain service agreements with groups of physicians. The proposed legislation doesn't change existing processes between government and the AMA and doesn't give the AMA new powers or abilities. General representation rights have largely been within the current AMA agreement since at least 2003 but will now be enshrined in legislation. Alberta

Health Services has recognized the Alberta Medical Association's representation rights under contract since 2016, but now through amendments in Bill 24 they will be enshrined in legislation, and the scope will be expanded.

Madam Speaker, we are very fortunate to have some of the most talented doctors in North America here in Alberta, and I have had the pleasure of working with many of them, people like Dr. Garnette Sutherland, a neurosurgeon who was awarded the Order of Canada for his outstanding contribution to neurosurgery and was inducted into the Space Technology Hall of Fame for his role in developing an image-guided neurosurgical robot called neuroArm. Dr. Sutherland and I used to try to one-up each other on who had the best evidence on surgical site preparation in order to avoid postoperative wound infection, and it was truly an honour to work with such a brilliant yet humble doctor.

I'd like to use a bit of an analogy on why I'm supporting Bill 24 and why I sought to be a cosponsor of this legislation. By way of explanation, one of the roles for nurses in the operating room, where I used to work, is to be a scrub nurse. The scrub nurse sets up the sterile instruments and hands them back and forth to the sterile field. Scrub nurses sometimes set up two gigantic tables' worth of instruments, very complicated instruments that can be stacked on top of one another. The scrub nurse has to know each and every instrument and how they're used. Since the scrub nurse knows these procedures so well, they'll often be ready to hand the next instrument before the surgeon even asks for it because the scrub nurse is observant, knows what's going on, and can anticipate the next move.

But from time to time a surgeon will sometimes accidentally ask for a different instrument than what the nurse is about to hand them. In reality, the nurse is actually handing them the correct instrument, but they've asked for something different. So sometimes there are these moments of levity, where the surgeon will make a bit of a quip. They'll say: give me what I want, not what I ask for. It's kind of a funny situation in surgery if you can imagine such a thing. But in the case of Bill 24, Madam Speaker, our government is giving doctors what they want and what they ask for. So here we're satisfying the physicians in terms of the things that they've been asking for and the things that they want.

I've been proud to work alongside doctors for much of my clinical career, and I'd like to thank the Alberta Medical Association and all the physicians for working collaboratively with the government to meet Albertans' health care needs and for helping to create a health care system that is the best it can be. This legislation was a commitment the government made as part of the recent agreement with doctors, and now we're fulfilling that commitment.

I'd like to encourage all Members of the Legislative Assembly to support second reading of Bill 24, and I look forward to debating this bill with my hon. colleagues in the days to come. Thank you very much.

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

**Mr. Yao:** Thank you, Madam Speaker. It is an honour to rise today to speak to Bill 24, An Act to Recognize AMA Representation Rights. The bill looks relatively harmless at a glance, but we need to be reading in between the lines. I believe that we should be referring this bill to committee for further study so that we have time for consultation with more stakeholders. Certainly, I don't have the benefit that you guys do of knowing about these bills ahead of time. I'm still trying to reach out to the AMA, to the college, to all the other affected parties just to get their feedback on these things, so certainly more time would be appreciated.

Now, Madam Speaker, 89 per cent of voting members ratified the agreement that led to the creation of this bill, and those numbers are great. But what they forgot to mention is that only 30 per cent of all AMA members actually voted. Now, you might think that that was an election in Fort McMurray, but it was not. That's within the college. But those numbers aren't great. The legislation is entrenching the Alberta Medical Association as the exclusive representative for physicians in all compensation or benefit matters, and I feel that more than 30 per cent of members should be weighing in on this very impactful agreement. All doctors will have to settle with the agreement that is negotiated by the government and the AMA. Therefore, anyone who has not had a chance to voice his or her opinion, whether in favour of the agreement or against: they need to be heard.

That brings me to my next issue, Madam Speaker. Why do physicians have the right to opt out of the AMA, but they have to accept the terms agreed upon regarding salary? What is the point of allowing physicians to opt out? Why are physicians unable to choose who they want to represent them or to simply represent themselves? As we know, this government does not allow any form of free speech amongst its ranks, but that does not mean that they must enforce that on our health care providers.

Now, do not get me wrong, Madam Speaker. I believe the AMA does great work representing physicians. They make sure that physicians are advocated for and ensure that the highest standard of care is being administered across the province. But they should not be the exclusive bargaining power. We live in a western democracy, and we deserve freedom of association.

While I was grateful to see that existing contracts would be respected, I'm still troubled by the exclusive rights this bill is giving the AMA. This bill essentially creates a superunion for physicians. It's creating a large negotiating power that will be putting pressure on the government. While it will not be recognized as a union, it will be able to use some of the same tactics. As we know, unions are excellent at bargaining for higher wages for their members. At a time of attempted fiscal restraint in health care we have to be cautious of the powers that we're bestowing on others.

Madam Speaker, \$5.3 billion: that was the number that was allocated for physicians in the latest fiscal budget. Five point three billion dollars. Our physicians already make some of the highest wages in the country. We can't afford a spike in physician compensation, which this bill could lead to.

That said, though, there is one area where I can agree with this government's bill, and that is the fee freeze until 2021. The government has pegged \$98 million in savings in health care costs because of this bill. Great. You do know a little bit of something about fiscal responsibility. Very little, but good on you.

#### 10:10

But what about the long-term costs? How will this bill affect the ability to negotiate in the future? How will this affect our future generations? You guys haven't put that factor into any of your calculations when running up our debt and deficits.

In addition to the AMA pact, recent deals with the United Nurses of Alberta and the Health Sciences Association of Alberta have included two years of pay freezes while a new framework for dentists and pharmacists featured fee decreases. I hope the physicians are looking very closely at what happened to the pharmacists, Madam Speaker. For the pharmacists, with their issues over the last year, when they went to negotiations with the government, they only allowed two of the representatives into the meeting. They had to sign nondisclosure agreements, so they couldn't even share the information about what they signed with their own members. Transparency, accountability: things that this

government lacks. Now the AMA is just going right down that alley, so good luck to them if this is something that they helped create. They should recognize what a nondisclosure agreement is. They should recognize the bargaining tactics of this government and recognize what could happen to them. So they have been warned.

Does this minister plan to take the same steps for all medical practices in Alberta? That's the question. Will all medical professions soon be forced into a negotiation body that they may or may not want to join? What regulations are being hidden that will actually make negotiation with the AMA more expensive down the road? This bill has a lot of unknowns, and we do need some answers, so we're certainly looking to this government, who is trying to demonstrate that they're transparent and accountable, to share information with us so that we can make an educated choice on this bill.

This government continually passes legislation without doing their due diligence, and we will not let that happen again. Consultation: we've been trying to teach it to you for the last three and a half years. You kind of got it in bits and pieces. It depends on what the subject matter is. It depends on what you like and what you don't like.

I'm curious: what stakeholders did this government reach out to? I'd be interested in knowing what the college of physicians, what the nurses, what the other health professions think of this legislation, how it will impact all of them. We need more time to go through this bill, Madam Speaker. As I said, I don't believe the government has done its due diligence in studying the implications of this bill.

That said, I do have questions for the government side. You have teams of staff behind the scenes that can probably come up with a lot of these answers. I guess I would like to know more about the compensation that our physicians receive. I honestly thought that it was because we had one health organization, Alberta Health Services, physicians would more or less get paid consistent fees for all of the services that they provide, much in the way that dentists have their fee schedule and that sort of thing. I would like clarification on how different physicians in what places get paid differently and for what reasons.

I can understand, maybe, physicians in our far northern communities receiving some sort of financial benefit for working in a northern community, but I'd certainly like to know how much. Up in, say, Fort McMurray for many years the common number that was being thrown out by companies, by the municipality, by small businesses as a living allowance for their people was about a thousand dollars, but it did not matter what profession you were in. If you worked for these companies in general, you were getting that, including the hospital and all that.

Again, I'm curious as to: what is the financial disparity between the fees that are charged through our physicians? If there's anyone there – I'm looking at the good doctor. Maybe Edmonton-Whitemud could provide me with some explanations. I'd certainly like to understand that. It would be disappointing to know that a physician was able to negotiate a higher wage or fee for himself at one point. I might give him credit for that, but I'd also wonder about the balance and the fairness if they're all working under the same mandate.

I don't know if you guys remember when I was bringing up some questions about the WCB. You know, I don't know how much you guys are aware of how they use our own physicians. They contract them out, and it's for, like, 800 bucks more for an operation. The doctor I'm speaking with says that, yeah, he goes in there. He hires his team around him. The next time he's working in the OR, he's like: "Hey, guys, I've got a gig this Sunday. It's at Leduc hospital.

It's a minor hip. He's just got some spurs in there that we've got to take out. Any of you guys available?" He talks to his anesthesiologist. The anesthesiologist says, "Yeah, I can do that." A couple of the nurses: "Yeah, sure, we can do that." That's his team, and on Sunday at whatever, 10 o'clock they go in there, an Alberta Health facility, and do a private surgery. It does not compute, does it? I get a lot of blank stares from across the way. It's disappointing. Again, if you guys could provide some clarity on a lot of this, that would be wonderful so that we can see what the different physicians are getting.

An article from the *Edmonton Journal* stated that part of the agreement was to also end the retention program. Previously the program paid physicians between \$5,000 and \$12,000 as an incentive for each year they stayed in the province, and this is where a majority of the savings will be found. It will not be found from the freeze in fee increases but from the cancellation of this program that incentivizes physicians to stay in Alberta. While I'm all about cleaning up our health system, certainly I'm in agreement that a fund like this is unnecessary in this day and age. We can't afford to give extra. These physicians are working in a province and a nation that are beneficial to them and their families. They do not have to worry about certain extraneous things.

For example, my good friend who works for Shell just got transferred to Iraq. He had a choice of Texas or Iraq because Shell, as you guys know – you chased them away – is fleeing Canada. They've got their refinery here, but he had a choice. He got moved from Fort McMurray to Fort St. John, up in B.C., and now they're moving him out of the country. Texas or Iraq, they said. And he figures he had an equal chance of getting shot in either place, but Iraq pays more money, so that's where he's going.

My point is that we aren't under threat here and that any physician that chooses to make Alberta their home will have good schools and good postsecondary institutions. We have a good life. Unfortunately, crime is up, but that's also related to our depressed economy, that you guys put us in. Again, it's an incentive that I don't think we need, so I'm glad to hear that they cut out that incentive. But I am curious if that affects some of our physicians in some of our more rural areas and northern areas – I don't know if those are the ones that are getting a little bit extra – in which case that might be an aspect to consider because we do have to continue to promote good health professionals in our areas where we have more difficulty accessing those health professionals.

I'm pleased to hear that the AMA advocated for rural Alberta, from my understanding. The government often forgets everything outside of Edmonton and Calgary unless it's election time, so it's good to see. Included in the agreement was a rural northern program that provides up to \$60,000 a year to doctors who serve in the small communities as well as a business cost initiative that provides a maximum of \$146 per day to community physicians to help with overhead. Oh, goodness, I answered my own question here. So there is a little bit of an incentive for our rural people. Part of this agreement is great, and I'm glad the AMA did fight for the rural areas. However, I digress.

This bill ultimately creates a large negotiating body under which all other physician unions must negotiate. The minister recognizes the AMA as the exclusive representative regarding physicians' compensation matters, which will include rates of benefit payable for the provision of insured services by a physician and any funding for physician assistants programs. The act does say that Alberta Health Services is not required to recognize the AMA as the exclusive representative of these groups: managerial services, services provided by resident physicians or fellows when acting in that capacity, and any other services or classes of services prescribed by the regulations.

Again, with all the regulations, Madam Speaker, this government has a hidden agenda with this bill. Everything we need to know is in the regulations. Why is the government refusing to share all the information with us? Again I plead with you guys to provide us with some information. If you want us to support this bill, we need more data, more information, more statistics. I'd like to be in on those conversations you have with the physicians to understand all the nuances of it, certainly, but it is completely unacceptable that this government thinks we will let a bill pass without having all the information. We represent all Albertans here. We need to do our due diligence. If we don't support something, it's not because we necessarily disagree with the underlying issue that you wish to address, but we need to make sure that all facets of that bill are figured out so that we can support Albertans in every way. Otherwise, you risk people falling through the cracks one way or another. Some people might benefit; other people might have a detrimental result from it.

#### 10:20

The government also says that this bill will give the AMA new powers. However, this legislation makes the AMA the exclusive representative when governments consult physicians and other health professional unions on compensation and benefits. If they are not given any new powers, why do we need this bill?

There are numerous unknowns in this bill, Madam Speaker, and I do find that troubling. Again, it's about the details. I hope that this government will listen to our concerns and will do the appropriate consultations and research in order to truly understand the possible implications of this bill. While there may be short-term savings from the original agreement struck with the AMA, how does this affect our future negotiations? Could this result in soaring health care costs? We all can agree that we need to rein in and get control of our health care costs. Alberta pays some of the highest rates per capita in the country. Again, our health care rates are substantially more than everywhere else. We're paying approximately 20 per cent more per capita than British Columbia. That does not mean that we're going to cut 20 per cent, let us be clear, but we need to rein some things in. We mustn't be complacent. We must do our due diligence and ensure that Albertans are getting the best possible deal.

My biggest worry: in some other jurisdictions physicians, believe it or not, have actually done strikes. That's the part that greatly concerns me about this empowerment of physicians under the AMA. I'm kind of curious. Heaven forbid a physician strikes. I would call him out on his licence. I seriously would. When we have people that are suffering and in pain and are dealing with debilitating diseases and physical processes, we need our physicians. We rely on them. That is why they get compensated so well, quite honestly. So heaven forbid they take typical Dipper action like a strike. Heaven forbid.

We mustn't be complacent on these things. We need to do our due diligence. We need to ensure that Albertans are getting the best possible deal. We can't afford to make the wrong decision on this bill as the quality of our health care and the health of Albertans are at risk. As I've previously stated, Madam Speaker, we need more time to work through this bill and assess its short-term and long-term implications. There are too many unanswered questions that need to be clarified through consultation and research.

With that, I would ask: certainly, if this government doesn't want to share any of the information that they have – and I look to the nurse across the way; perhaps she can provide me with some insight – ultimately I have to do my own consultations on this. Our team has to do our own consultations, and we're trying to get those consultations done, but it's very hard when you guys don't give us

much time. You don't give us much of a heads-up on what these bills actually are, and that's disappointing. Transparency, accountability: those are the things that you are trying to pride yourselves on, but I recognize that you don't have a big vocabulary and that those aren't in there.

Unfortunately, we can't leave it up to this government. You're going to need our help, so give us some time to do this and, again, provide us with some information. Maybe we can ensure that you have a well-balanced bill that ensures the intent that you guys are trying to get across. Certainly, I'd love to hear from the health professionals across the way, now bureaucrats.

Madam Speaker, I want to thank you so much for this opportunity to speak. It's always a pleasure. I look forward to the debate that we'll have today on this particular bill. I look forward to hearing what the opinions are. If you guys can provide me with any of that information, I'd love to hear it, but I'm guessing not. We shall see.

Thank you so much.

**The Deputy Speaker:** Any other members wishing to speak to the bill? The hon. Minister of Children's Services.

**Ms Larivee:** Thank you, Madam Speaker. I would like to rise to speak in support of this bill. I have a tremendous respect for our physicians, who work so hard for all of us right across Alberta and provide such an important and integral part of our health care system. You know, as a nurse for many years I worked with them and certainly can speak to working with physicians in rural Alberta. In rural Alberta it's a huge challenge for them. They're there for the entire community. They are on call on a regular basis. It's a small team that works together to ensure coverage of a community, and they have to be everything to their community. There are no specialists in a small town. They can refer out, but they have a tremendously important role to the people within small northern communities in particular and, of course, obviously, throughout every size of program across the province.

You know, I'm really thankful for the conversations we've been able to have with the AMA regarding how we can continue to move forward with a sustainable health care system in the long term for Albertans, and I'm thankful to them for being a valuable partner. Part of that is addressing the fact that, going back to rural Alberta, we have a tremendous shortfall of physicians in northern Alberta and, in fact, in all rural Alberta. All of my colleagues from rural Alberta can definitely speak to that. That shortage is something that we need to work together to address. Certainly, as government we need to do that, but we also need the AMA to be a partner with us in making that happen, in the kind of collaborative conversations that we need to have to come up with the solutions that we need long term to ensure that rural communities have access to the kind of medical care that they need for the health and well-being of their families.

Madam Speaker, you would know that it's a huge issue for the sustainability of our rural communities when we have challenges around physician recruitment. You know, when people can't count on knowing that when they need access to medical care, it will be there, that makes them consider exactly where they want to live. It's an important part of the sustainability of rural Alberta. The kind of collaborative relationship we've been able to develop with the AMA allows us to have the conversations about dealing with this very important issue, so I'm so thankful for the fact that we've been able to get to a position with the AMA to have these conversations and to develop the kind of working relationship we've got.

What we're talking about here, ensuring that the AMA is the representative for physicians, is not a change, Madam Speaker. You know, sometimes legislation gets behind the times, and it's time for

us to update it and reflect what the practice actually is. The practice has been, since at least 2003, that this is the case, that when it comes to talking about physician pay, the AMA is the representative for physicians. It's not a change; it's just putting practice into legislation, which is something that makes sense. It's ensuring that the law reflects what's actually happening and is current and up to date.

Most importantly, it acknowledges and validates that relationship that we have with the AMA and our partnership and our respect for physicians. They truly are a critical part of Alberta's health care system. They provide incredibly high-quality care. They work in partnership with other health care providers to provide that care right across this province, and I'm proud to have worked with a number of incredible physicians over my time while I was a nurse. You know, I'm proud to support them in the House to continue to be able to do that great work, and I certainly will continue to support a collaborative relationship with the AMA, which is going to mean that ongoing we have a sustainable presence of physicians in our communities across rural Alberta so that communities such as Slave Lake and High Prairie and Wabasca and Peerless Lake and Trout Lake and all of the communities that I represent in northern Alberta continue to have access to the high-quality medical services that they need now and into the foreseeable future.

Thank you, Madam Speaker.

**The Deputy Speaker:** Any questions or comments under Standing Order 29(2)(a)?

Seeing none, I will recognize the hon. Member for Barrhead-Morinville-Westlock.

**10:30**

**Mr. van Dijken:** Thank you, Madam Speaker. I rise to speak to Bill 24, An Act to Recognize AMA Representation Rights. Bill 24 is a big deal. This bill matters greatly even though it is a very short bill, only about 12 pages long. Bill 24 establishes the Alberta Medical Association as a negotiating body, similar to a union, under which all other professional health unions must negotiate. Bill 24 makes the AMA the exclusive representative of physicians on any compensation matters but also gives the AMA the power to represent any group under regional health authorities if the majority of that group formally expresses that wish. That means that lab technicians, nurses, ambulance drivers, and paramedics could one day be represented by the AMA. Alberta Health Services is not required to recognize the AMA as the exclusive representative of these groups: managerial services, services provided by residents or fellows when acting in that capacity, and other services or classes of services prescribed by the regulations.

There is that magical word again, Madam Speaker, "regulations." Just what does the minister have drafted for regulations flowing out of Bill 24 that we are not allowed to see before Bill 24 passes? Regulations are how cabinet gets around bringing changes in law to the Legislature to be voted on. They just do it at the cabinet table. I hope the NDP knows what they are doing here so that they are not infringing on the inherent freedom of association.

Of the 30 per cent of AMA members who voted on this bill, only 26.7 per cent of members overall ratified it, 89 per cent of voting members. Only 30 per cent of AMA members voted on this bill. That is a concern. That is horrible voter turnout. That should bring concern to all of us, that we need to possibly reach out to those that were not participating in this vote to understand their position on this also. I am concerned that we have underrepresentation in this vote and that there could be another opinion out there that would not be in agreement with the direction that the AMA members that voted on this directed their association to go forward on.



But the beauty of Bill 24 is that it standardizes funding for physicians across the province – gone will be the days of two doctors doing the same job and making vastly different salaries in the same province – working towards equal pay for equal work. All of the current compensation contracts will be respected, but once they are over, all doctors fall under the AMA umbrella.

The NDP believes that this bill is going to help save the health care system \$98 million and that there will be no fee increases between 2019 and 2021. I would like to see the math on the \$98 million in savings. I've seen other estimates by this government on savings that could possibly come to our health care system, yet we see that we continually are increasing the cost of health care, with a continual decrease in the level of service from our health care system. Although the NDP might believe that we will be saving \$98 million, I'm not convinced. I am not convinced. That is certainly good news, if we can save \$98 million, for those of us who are trying to stabilize health care spending in this province and trying to find ways to do it more efficiently and more effectively.

Any doctor who chooses to opt out of the AMA cannot be represented by another body or themselves, so there goes that freedom of association again. Now the neurosurgeons can't be going out on their own and getting a different agreement than the cardiologists, who would want a different one than general practitioners in family medicine. I hope that all members of the AMA are fully aware of the implications of falling under one association that's doing their negotiating for them. If a doctor can choose to opt out of representation by the AMA but they are still bound by the collective negotiated agreement, wouldn't that mean that there is no reason to opt out if they are still tied by the agreement?

Bill 24 also entrenches the agreement framework between the AMA and the Ministry of Health in legislation. The government's hands will be tied in future negotiations as they must follow the framework laid unless they change those conditions through legislation again. That means changes to physician compensation won't come easy. It will require an act of the Legislature if those changes lie outside of the framework. That could seriously mess up health care reform if an enterprising government chose to undertake such a massive task.

Madam Speaker, I also understand that Bill 24 legislates the sharing of information between the AMA and AHS, Alberta Health Services.

Part of the agreement the NDP government struck with the AMA that resulted in this bill here today was to end the physician retention program. Previously the program paid physicians between \$5,000 and \$12,000 as an incentive for each year they stayed in the province of Alberta. I wonder what effect this cancellation could possibly have on rural Alberta. Could there be some unintended consequences buried in Bill 24 and the agreement with the AMA? You know, I reflect on the health care delivery in my constituency through the towns of Barrhead, Westlock, Morinville and on some of the difficulties that they've encountered trying to attract physicians into the rural area. We wouldn't want to see unintended consequences buried in Bill 24 that would inhibit the ability for physicians, doctors, to be attracted to those areas.

The questions around Bill 24 are many, and I'm afraid the time that we have here in this Legislature just won't be sufficient to answer all of them. I'm not sure that we have the ability in this process to actually get all the answers that we need, to hear from all the people that will be affected by Bill 24. Therefore, I'm thinking that Bill 24 may need to be sent to a committee for a short study. The Minister of Health could come in with her deputy minister and the president of Alberta Health Services and answer all of our questions. Also, the president of the AMA could come in and take

questions. We could also possibly get input from the United Nurses to give their opinion on this going forward, some of the pitfalls or the benefits that they might be able to identify that are within Bill 24.

Madam Speaker, the first glance here seems okay, but the devil is in the details, and I'm not certain that we are getting all of the details here. I know we are, as an Official Opposition caucus, reaching out to stakeholders to try and get some feedback from them. The people in the front lines and on the ground always are able to identify more easily the benefits and the pitfalls with any legislation that comes forward, so it's important to get that input from them. Has this government fully consulted with all stakeholders, or is their consultation just done with the negotiations with the AMA as an entity? It would concern me if that was the limitation that they had or if that's the limit of their engagement with the profession, with the association. Did they get all of the information necessary to make good decisions here, or are they relying on one association's opinion at this point in time?

While my colleagues and I are reaching out and consulting here, Bill 24 is riddled with unknowns. I think we need to make sure that each and every member here understands the ramifications and to not just blindly vote the way your whip tells you to but that we all make a concerted effort to take a look at the bill and to reach out to stakeholders within our constituencies, stakeholders that will be affected by this legislation, to get their understanding or to get their perspectives with regard to Bill 24.

With that, Madam Speaker, I thank you for indulging my thoughts on Bill 24, An Act to Recognize AMA Representation Rights. Thank you.

**10:40**

**The Deputy Speaker:** Any questions or comments under Standing Order 29(2)(a)?

Seeing none, any other members wishing to speak to the bill? The hon. Member for Calgary-Acadia.

**Ms Payne:** Thank you, Madam Speaker. I rise today to speak in favour of this bill. I think that it's really important, when government has a long-standing practice that seems to serve both parties involved, that there is a bit of a formalization of that relationship, and in many ways that is what An Act to Recognize AMA Representation Rights does.

As another hon. member noted, our government and previous governments have been negotiating exclusively with the Alberta Medical Association with respect to physician compensation for a great many years, going on 15 years, and I think that, you know, having systems like that codified so that both sides can have an understanding of what to expect is really important. It's a long-standing practice that government has had, and it doesn't change any of the existing processes between government and the AMA. It doesn't create new powers or abilities; it simply formalizes the existing practice.

I might also note that this is something that was come to during the course of the last round of negotiations with the Alberta Medical Association. It maintains the current scope of representation rights that the Alberta Medical Association has. It also kind of codifies what government will talk to about what. So when it comes to issues around physician compensation and benefits and things like that, then that conversation happens exclusively between government and the Alberta Medical Association. For other issues that impact physician working conditions, maybe interactions between doctors and other medical professionals, that is something that can be consulted on more broadly, and our government's policy has been to make sure that we're interacting with those other organizations as well.

I also want to comment on how I think this legislation will benefit individual physicians as well, because without an understanding of who it is that is representing them at the table with government when discussing important issues around salary and compensation – it's important for doctors to know who to turn to, and by formalizing this relationship, that really does provide that opportunity for individual physicians to reach out to their local AMA members, to maybe get a little more active in the association and be more involved members in their ongoing discussions both with the AMA and then, through the AMA, with government.

The two pieces of legislation being amended, of course: the Health Care Insurance Act and the Regional Health Authorities Act. It just basically sets out some of the existing relationships through those.

I do want to also take a moment to touch on the issue of the nonexclusive representation on other health matters. That refers to issues around team-based care, how to best use information technology in the health care system. What that means, then, is that government can work with the AMA on that as well as with the other stakeholders, whether that's the nurses' association or occupational therapists, nurse practitioners. It really allows for that well-rounded and interdisciplinary approach to these issues.

I would also note, though, that members opposite had some concerns with respect to rural physical recruitment, and I think that that's a really important issue. It's one that I know the Minister of Health takes very seriously. I can see why they would be concerned when in the past, with, you know, maybe contracts being imposed or cuts to health care budgets that didn't take into account impacts on smaller and rural communities, we did really see a number of physicians making decisions about where they wanted to live and where they wanted to practise. I think that making sure that we continue to have a respectful relationship with physicians and one where we recognize that we're all working together for the benefit of Albertans regardless of where they live and the benefits of working to ensure that Albertans have access to the health care that they need when they need it as close to home as possible is really critical.

I think the issues of rural recruitment, Madam Speaker, are really outside the scope of this bill, so I hope you'll indulge me for a moment to comment a little bit further on that. You know, the Ministry of Health is working very closely with both the AMA as well as RPAP, which in recent years has changed its name from rural physician action plan to be a more broad and more encompassing entity that also looks at the recruitment of nurse practitioners and other medical professionals that can meet the health needs of rural Albertans. Really, that's about bringing physicians and other health care practitioners to those rural areas but also supporting them when they're there. Through consultations with physicians and physician groups one of the messages is that it goes so much more beyond the dollars earned. It's also about the sense of community and that integration in community and feeling like you really belong. Anyone who's lived in a smaller community knows how that's just such an important part of the fabric of that community. Continuing to do that work through those two bodies and through different means is, I think, really critical and something that I know that the Minister of Health is deeply committed to.

I also wanted to take a moment to comment on why this legislation is necessary if it doesn't really change much. I mean, this is codifying the existing practice. Ultimately I think the reason that it is so important is that it really provides that clarity. It spells out for the AMA and for the physicians that it represents the working relationship between government via Alberta Health and through Alberta Health Services, the operator of the health care system. You know, those are two very distinct entities – I know there's some

confusion sometimes around that – and ultimately making sure that it's clear who to talk to and when is a really important part of a labour relationship.

I think it's naive to pretend that the relationship between government and physicians is anything other than a labour relationship, ultimately. Through Alberta Health or Alberta Health Services, wherever that physician happens to be employed, sometimes a combination of both, the government is the employer of that physician or is paying for this through the schedule of medical benefits. They do often operate kind of in an independent contractor arrangement. Having that codification and understanding of where to go when one has particular questions is, I think, critically important and also, you know, as I said, formalizing that longstanding practice and letting people know that. I would add that it was an important piece for the Alberta Medical Association to be recognized in this way and to be representative for physicians who are authorized to practice in Alberta and those who receive publicly funded physician services.

As I wrap up, I also wanted to comment on another question that was hinted at or perhaps asked by the members opposite with respect to doctors. Of course, different physicians have different specialties, and within that there can be a range of annual compensation that a physician earns depending on what they're doing. All of that is set out through the schedule of medical benefits, which is, again, completely outside the scope of this current legislation and this bill that we're bringing forward. Ultimately that is something that's negotiated between the physicians through the AMA and with government. I think that by setting that out and making it clear that that's where those negotiations happen, it helps physicians to, again, know who to talk to, know where to express their concerns, but also to make sure that we're reflecting, you know, some of those differences in costs for specialties.

The cost of equipment for one type of specialty or the cost of training is different than in another, and I think that the work being done between the Ministry of Health and Alberta Health and the work between the Alberta Medical Association really does help to address that. In fact, that was where a great number of the savings with respect to physician compensation has come, through that negotiation around the rates of the schedule of medical benefits. Contrary to what was alleged by one of the previous members, we've actually seen a reduction in a number of billing codes as well as some changes to acknowledge the costs to the doctors as well as demands on particular specialties.

**10:50**

Ultimately our government really does enjoy a positive working relationship with the Alberta Medical Association and with doctors. I think that that's because we have entered that conversation respectfully, approached negotiations in a spirit of negotiation and a spirit of bargaining in good faith, which has not always been the case in Alberta and certainly wasn't the case in other jurisdictions, where doctors and government have failed to come to an agreement. I think that the Minister of Health is to be commended for the work that she's done on that.

With that, I will close my remarks and again just reiterate that I think this is a really great bill. Thank you.

**The Deputy Speaker:** Any questions or comments under Standing Order 29(2)(a)?

Seeing none, any other members wishing to speak to the bill? The hon. Member for Airdrie.

**Mrs. Pitt:** Thank you, Madam Speaker. I rise today to speak to Bill 24, An Act to Recognize AMA Representation Rights. As you

know, this bill has just recently been tabled and suggests some pretty massive changes in the way that the AMA and the government will continue to have a relationship. You know, there are some good things and there are some bad things in any change of relationship with any organization and government. This bill seeks to do a number of good things, bad and good, or just maybe good and some concerns, I think, would be a better way to put that.

Madam Speaker, we know that this motion was passed by the Alberta Medical Association at 89 per cent approval of the members that voted, but we know that only 30 per cent of the members actually voted and participated. So I would say that that would suggest most certainly that that's not thorough consultation and perhaps maybe more needs to be done.

Madam Speaker, there are many things that I've learned over the last couple of years being a member of Her Majesty's Loyal Opposition, and one of those things I've learned is that government doesn't always get it right, quite often, I would say, not. I think that certainly reflects in the polling numbers that we're seeing nowadays. Polls are just polls, a snapshot of the day and time. You know, they'll change, I'm sure. I certainly think that members of the government are crossing their fingers in the hopes that they do. However, I've also learned that this government tends to have a difficult time consulting, so forgive me if I'm a little bit weary in taking the government's word for fact in this Legislature and not offering and bringing forward some concerns that I might have with this legislation.

I would say that from my first read-through of this bill, without having to actually do some consultant work myself, which I assure you I will endeavour to do, Madam Speaker, as I do with all legislation that comes forward to this House despite the time frame that we have and the lack, I would say, of fulsome debate in most cases – Certainly, there's an opportunity in committee where we could further investigate this bill, bring forward witnesses, and really feel confident in the process and in the potential passing of legislation that is the right thing, not the right thing for the government and its members and its election chances but the right thing for Albertans. Always, always, always we must remember that we need to do the right thing for Albertans, all Albertans, not just some of them.

This bill would suggest that members of the Alberta Medical Association would essentially be one bargaining unit with the government and that, most certainly, specialists, in particular, are not having a unique conversation with the government or those that are in charge. I would maybe like to understand a little bit more about that process and how some of those needs coming forward can be addressed, Madam Speaker, just specific cases, more certainly, knee surgeon specialists.

We have an increased wait time. Under the last few years of this government the wait time has increased despite their spending increases. You know, perhaps there should be, most certainly, a conversation with knee surgeons and hip specialists and the government about how to address these wait times and how to bring them down. I don't know if this bill allows for that provision to take place any longer. So that's maybe a concern, Madam Speaker, that I do have with this piece of legislation.

I think it's great that the government says that this agreement will save \$98 million. That's excellent. I didn't know that the government believed that they could save money in the health care system without firing nurses and doctors, but they said that it's possible. The opposition has been saying that for a long time. It's good to see that the government may be taking talking points from the opposition yet again, ideas – that's great – and we've got lots more, and we'd be happy to share them with members of this Assembly, Madam Speaker.

I'm happy to see that this could potentially save some health care costs. There's nothing that has been addressed in terms of quality of health care and ensuring that that's maintained through this process, Madam Speaker, and I think Albertans are mostly concerned about the quality of our health care system. You know, Albertans pay a lot in taxes. Alberta spends a lot of money on health care, and we don't have great outcomes. I'm sure you can agree that quality of health care is absolutely a concern.

Madam Speaker, there are a lot of questions around this legislation that I'm hoping will be fleshed out through the course of this debate. I haven't really heard a lot of answers to some of the questions that my colleagues have been raising thus far, and in saying that, I'd like to move an amendment. I'll wait until you tell me to proceed.

**The Deputy Speaker:** Go ahead, hon. member.

**Mrs. Pitt:** Thank you, Madam Speaker. I move that the motion for second reading on Bill 24, An Act to Recognize AMA Representation Rights, be amended by deleting all the words after "that" and substituting the following:

Bill 24, An Act to Recognize AMA Representations Rights, be not now read a second time but that the subject matter of the bill be referred to the Standing Committee on Families and Communities in accordance with Standing Order 74.2.

Madam Speaker, I have addressed some of the concerns that I have with this legislation that was just recently tabled and the time or lack thereof that the opposition has to thoroughly consult through this process. We always do our best, but I think the most appropriate place to delve into the facts and the relationships that are changing under this piece of legislation is in the Standing Committee on Families and Communities. I've been a member of that committee. I no longer am, but I was. And I was fortunate to be able to participate in a number of processes that brought in experts to our committee to testify, and it was amazing, the information that these people brought forward and the work that the committee did in creating a stakeholders' consultation list and that process.

**11:00**

With only 30 per cent of the AMA members actually voting on this motion, that did pass at 89 per cent, Madam Speaker, maybe the other 70 per cent of the AMA members were not aware or were not notified in time of what was taking place. If that's the biggest talking point for the government in terms of bringing this legislation forward, I think it's worth taking the time to delve into why that is what that is and perhaps open this up. I know that during the committee process we take out a number of ads to drum up interest – in the newspaper, on the radio, social media ads – to get that kind of feedback in there as well.

I will be participating in the college of physicians dine-and-dash event tomorrow, I believe, so I will certainly take that opportunity to ask the members at that event particularly about this piece of legislation. And if they have any concerns coming out of that, I will certainly be bringing that forward to this Assembly. So perhaps there'll be an amendment that I would see fit or the people of Airdrie.

Madam Speaker, I would certainly like to consult with the physicians in Airdrie and area. We have a great team. I've talked about the Airdrie doctors before, and they're doing fantastic things in our community, really genuine human beings that care, as I know most doctors do. But I would certainly invite them to participate in the committee process in terms of this legislation because they're the ones that are impacted.

But it's more than just physicians that are impacted by this legislation, like I alluded to earlier. It's the quality of health care,

which is something that everybody in Alberta cares about. There are maybe, potentially, unintended consequences from this legislation, and that's something that could be fleshed out during the committee process, Madam Speaker. That's a good thing, right? Taking the time to get these things right is important for Albertans. I know that my children and the children in the community of Airdrie, more specifically, are the ones that give me the drive to ensure that our health care system is getting better for them.

There are a number of seniors in my community as well that rely on a good-quality health care system for their quality of life, not just in emergency situations, Madam Speaker, but the quality of life, right? Waiting 18 months for a hip replacement is 18 months of pain. Once you've gotten to that point, and then we say: wait 18 months, that's not good health care; that's sad. Our seniors don't deserve that. People in Alberta do not deserve to have a very poor quality of life because our government can't figure out how to get it right.

I appreciate, with this piece of legislation, Madam Speaker, that this would be an effort from the government to try and make it better. We see the cost savings that the government claims in their talking points, and that's a good thing, but we need to ensure that there isn't something we're not really thinking of – right? – when debate on legislation in this Assembly only consists of maybe two, three days, you know. Maybe next week, hopefully. There's the weekend to try and reach out and get some feedback.

Madam Speaker, there's danger of passing bad legislation. Nobody wants to pass bad legislation. I know the government doesn't want to pass bad legislation. We could figure that out in committee, for sure, absolutely. Put together a list of stakeholders recommended by all party members represented in the committee, agreed upon. It would have an array of information brought forward. I particularly think that all legislation should go through a committee process to just flush out the bad stuff.

Madam Speaker, could you imagine if Bill 6 went to committee, the farm legislation bill, back in the beginning? First of all, we were all new then. That would have been a fantastic learning process and exercise in democracy. There wouldn't have been thousands of people freezing outside as they were protesting the government legislation that did not include consultation. That would have been, I think, just great for all of us as legislators and most certainly for the people of this province.

So I think it's imperative that when we pass legislation to change the relationship between government and our physicians in this province, we take the time to get it right, we take the time to get all of the facts.

Thank you, Madam Speaker.

**The Deputy Speaker:** Questions or comments under Standing Order 29(2)(a)?

Seeing none, any speakers to the referral amendment? The hon. Member for Little Bow.

**Mr. Schneider:** Well, thank you, Madam Speaker. It's always a pleasure to rise in this House to speak to legislation that is important to Albertans. Of course, today is no exception as we speak to Bill 24, An Act to Recognize AMA Representation Rights. Now, I wholeheartedly concur with my colleague from the fine constituency – is that what we're calling Airdrie now?

**Mrs. Pitt:** Most fabulous.

**Mr. Schneider:** Oh, the fabulous constituency of Airdrie.

I completely agree that this bill needs to be sent to committee for some fulsome and deliberate research.

Now, I have sat on the Alberta's Economic Future Committee since I got here in 2015. We certainly had a bill recently, Bill 201, a private member's bill that was sent to committee for research and to hear from stakeholders. Certainly, the members from this side of the House, certainly from our caucus, that were going to that committee to meet with stakeholders were very interested in hearing what the stakeholders may have had to say and whether they would be completely supportive or not. We were supportive when we got to that committee stage, but as we progressed and we had stakeholders come in and be very passionate about what their concerns were, we began to see that potentially there could be some more work done to Bill 201 that would be advantageous to all firefighters throughout the province.

That's a perfect example of why we need to send a bill to committee, and like my colleague from Airdrie said, not just this bill but certainly more than the bills that we do see get referred to committee. As she said – and she's right – things do get fleshed out that potentially were not put down on paper, that everyone could get a grasp on. So I'm all for sending this particular bill to committee as well.

Now, you might be wondering why we believe that it should be sent to committee. After all, from what we hear from the government, almost 90 per cent of the Alberta Medical Association's members have asked for this legislation. In fact, according to the president of the Alberta Medical Association's last missive there was a quote that said, "... a commitment to entrench physician recognition and representation rights within legislation." To me, and I think to the people in our caucus, it certainly sounds like they got what they wanted, which is interesting because I have no way of knowing that for sure as the president's message failed to say what kind of support the bill had among members.

**11:10**

Now, I certainly don't want to imply that I can't take this government at its word on this issue, but I just want to be a little bit realistic here. There are government members that spent the better part of their careers on this side of the House – they sat in opposition – and when bills came to the House that they were concerned about, they stood in some of these very same seats and made the same kind of request, that we need to get this bill to committee so we can further understand what it's all about. This is, I think, a four-page bill. When you sort through the meat and the chaff and the wheat and the straw, the pages that actually have some meaning on them add up to about four.

So if the roles were reversed, I wonder what the government members if they were sitting in opposition would be asking. Would they take the government at their word without saying a word? As the great conservative President Ronald Reagan once remarked, "Trust, but verify." It's a good piece of advice still today.

Now, to my understanding Bill 24 was brought forward as part of an agreement between the AMA and the government, a sort of negotiated gentlemen's agreement, it almost appears like, that in part was in return for bringing this legislation forward: the Alberta Medical Association agreed that doctors would receive no fee increases until 2021. This is where we see in our tech briefing notes that this looks like it leaves the government with a way for them to claim savings of \$98 million in health costs.

What we also know is from an article in the *Edmonton Journal* from May 30 of this year entitled Alberta Doctors Agree to Fee Freezes in Two-year Deal with Province. Now, that particular article talks about the part of the agreement that was also to end the retention program. Previously that particular program paid physicians between \$5,000 and \$12,000 as an incentive for each year they stayed in the province. Hey, whatever works.

I've been involved in physician recruitment and retention committees for most of my municipal career, and I understand that sometimes you've gotta do whatever you've gotta do to get a doctor to come and, certainly, to get a doctor to stay. I wonder what physicians new to this province feel about that particular quid pro quo that they had to relinquish. Perhaps they don't have an issue with it. Then again, perhaps they do. That's kind of exactly what referring this piece of legislation to a committee could flesh out and give us a chance to find out, Madam Speaker.

I mean, it's not like this question is the only one that bothers – it's not bothering me but bringing me to some of these questions, and I know that my colleagues have got the same.

Here's another one. While that number of 89 per cent of Alberta Medical Association members is a significant number – 90 per cent is a huge number in any kind of discussion when we're talking about percentages – just how significant is that, I wonder, to interpretation? After all, 89 per cent of Alberta Medical Association members that voted supported the agreement that led to this bill; however, only 30 per cent of the Alberta Medical Association's total members voted. I would say that it's hardly a ringing endorsement, unless it was such a foregone conclusion that members didn't bother to vote, which is possible. But it sure would be nice to hear that for myself. I'm sure everyone that's got anything to do with this bill would love to hear that part from those that couldn't be bothered to show up. If they felt this was a foregone conclusion, they didn't feel that they had to vote. It would be nice to hear it from the horse's mouth, I guess, so to speak, Madam Speaker.

You know, we were handed this bill yesterday afternoon. We saw a very brief technical brief late last week, and here we are trying to speak to it today. This bill is a lot bigger than the four pages that actually have details of the bill written on them. My colleague from Barrhead-Morinville-Westlock said it was 12 pages, I think. I think there are 12 pages within there, but five of them have nothing on them, and one or two have page numbers on them. So I think I'm closer when I say it's closer to four.

To me, Madam Speaker, the bill seems like, as my colleague from Calgary-Hays referred to it as we were speaking about this bill this morning, a Trojan Horse. When you look at this bill, all four pages of it – now, don't give me that eye – it doesn't seem offensive. From what I can garner from what I actually read, what's happening is that the Alberta government is actually setting up the Alberta Medical Association as some kind of a superunion, certainly maybe not a full-fledged union, as the word states, but they would have the ability to bargain and bargain on more than behalf of themselves. Forgive me, but the words within the legislation are a little bit vague in nature, and I'm not sure what else to think about what's going on here.

I will quote from the bill.

(2) The Minister recognizes the Alberta Medical Association as the exclusive representative of physicians on compensation matters.

(3) The Minister recognizes the Alberta Medical Association as a representative of physicians on health matters that touch and concern physicians.

Nothing vague there at all.

(4) The Minister shall engage the Alberta Medical Association in good faith and consider the Association's representations on matters for which the Association represents physicians.

Now, does that sound like a lot of power being given to one group, Madam Speaker? It sure does to me: a superunion, as we've determined to call this, under which all other professional health unions must negotiate. It not only formalizes the relationship between the government and the Alberta Medical Association; it

establishes the AMA as a negotiating body, a negotiating body for all other professional health unions. Wow. Now, to me, that seems like a lot of power for one authority to be handed.

For that reason and that reason alone, I have to suggest that the place for this bill to spend the next little while is in a committee, where committee members can sit down and talk with stakeholders to determine how good of a deal this is for Albertans or, more truthfully, Madam Speaker, whether this bill is a good deal for Albertans.

Now, the Member for Calgary-Acadia, when she gave her speech – and I appreciated it because she certainly has a lot more to do with health care than I do – commented that this was basically a formalization of a long-standing pact with the Alberta Medical Association, but nothing inside of this bill says anything like that whatsoever. So we are to believe that that is just what this bill is. I don't see it written anywhere.

But what she did talk about was funding for the rural physician action plan. I don't think that probably a lot of the government members have ever had to be involved, basically, in sitting on a committee in a 1,500-population town, that actually serves about 6,000 people, to try to figure out how to recruit physicians and have them stay. I as a municipal councillor spent, well, most of the years that I was there sitting on one committee or another, either a retrenchment or a recruitment committee for physicians, to try to get them there. I've got to say that the RPAP gal from Claresholm, I think, that we talked to online at night did a lot of background work for us as well so that we could try and do the good work that people were expecting us to do as we sat on that committee.

Now, what else do doctors give up? Well, from my read-through, of note, a couple of items pop out from that above quote. Doctors must settle with the compensation and benefits in the Alberta Medical Association agreement struck with the government, and physicians lose the ability to negotiate independently or in groups.

#### 11:20

I'll just deal with the last first: doctors give up the ability to negotiate independently or in groups. In essence, they've signed up for collective bargaining, which is fine. Lots of people in our province, lots of organizations in the province run under that framework. As long as we can be sure that the majority are fine under the auspices of this sort of new superunion, then everything is well and good.

As I stated a moment ago, this agreement not only formalizes the relationship between the government and the AMA, but it establishes the AMA as a negotiating body under which all other professional health unions must negotiate. What it does, Madam Speaker – and I need to make this point again – is that I guess it makes the AMA the only representative of physicians on any compensation matters, and if I understand, it also gives the Alberta Medical Association the power to represent any group under the regional health authorities but only if the majority of that group formally expresses that wish.

Now, the caveat here is that Alberta Health Services is not required to recognize the Alberta Medical Association as exclusive representation in all situations, which is, at the very least, interesting. Would that very statement not be another good reason to see this bill go to committee and flesh out that very statement right there?

This bill also entrenches the agreement framework between the Alberta Medical Association and the Ministry of Health. The government's hands will now be tied in any future negotiations because now they are forced to follow the framework laid. Is that the intent of what this bill is? Is the intent of this bill to get all that lined up within this piece of legislation so that any future

government now has nowhere to go other than the framework that was laid out in 2018 by this government? Now, I don't have any intention, once again . . . [Mr. Schneider's speaking time expired]

Thank you, Madam Speaker.

**The Deputy Speaker:** Questions or comments under Standing Order 29(2)(a)?

Seeing none, any other members wishing to speak to the amendment? The hon. Member for Bonnyville-Cold Lake.

**Mr. Cyr:** Thank you, Madam Speaker. I would like to take this opportunity to talk about Bill 24. It is An Act to Recognize AMA Representation Rights. Now, whenever we have a major realignment within Alberta of any group of individuals, we need to make sure that we adequately address this fact: have all the stakeholders that are involved in this been notified, and have they been consulted?

Now, it appears that the government has done an admirable job of reaching out to the AMA. We have a press release that shows that the AMA is very supportive, and I would like to just read some of the comments that the president of the AMA has made as well as our Minister of Health, because I believe this is important. To quote Dr. Alison Clarke, president of the Alberta Medical Association – I apologize. This is from the press release by the Alberta government on November 1, 2018, Alberta Formalizes Relationship with Physicians.

Going back to the quote here:

Agreements with Alberta's physicians have led the way to improved quality and access to care for patients. They have included advancement of electronic medical records, the introduction and evolution of Primary Care Networks, development of a provincial physician resource plan and programs to promote the most appropriate care. Ensuring clarity and formalizing the roles of the AMA and physicians in this regard is important to Albertans.

Wow. That's a lot, a lot that this four-page document is doing. I have to say that it seems to be a little ambitious to be able to lay all of that on a four-page bill. But you know what? I'd like to just move on, and we'll see what the Minister of Health has to say.

The Minister of Health says:

I'm proud that our government has maintained a collaborative and constructive relationship with Alberta's physicians, enabling us to stabilize health spending while improving patient care. This legislation was a commitment the government made as part of the recent agreement with doctors, and we've made good on that promise. I thank the AMA and all physicians for working with our government to meet Albertans' health-care needs.

So hers isn't as rosy. Summarizing that, what it does say – and I think this is more of an accurate description of what this does – is that it gives the ability to the government to be able to work hand in hand with the AMA.

One of the questions that I have for this government – and I would appreciate it if they would answer this – is that right now I see that there are approximately 10,000 physicians within Alberta. My question here is: how many physicians are registered members of the AMA? Right now we're showing – and this could be a little misleading – that 89 per cent of AMA members supported this deal. Now, if we've got, out of those 10,000 doctors, 9,000 doctors that are AMA members, then this was getting out a very strong consultation, other than the fact that we only had 30 per cent vote in this important vote. What I will say is that if this ends up being 1,000 doctors within this, I am worried that we may not have gotten this message out to the nonmembers of the Alberta government doctors.

We have two pools of individuals that independently contract to Alberta. We have your non-AMA members and your AMA members. Now, if we haven't done the appropriate consultation – and this is what we're trying to do. We're trying to say: let's refer this to committee; let's start looking at getting some of these answers. It appears that the AMA is almost one hundred per cent behind this when it comes to their leadership, and when it comes to the members, there wasn't engagement. With only 30 per cent of the members voting on this, we may not have had the engagement we need, and you would think that with something this important, we would have seen an engagement level of higher than 30 per cent. This would have been closer to 75 or 80 per cent engagement by the members of the AMA that are doctors.

I looked at the website of the AMA, and it shows that they have 14,000 members. Now, what's important to recognize is that this number includes other health practitioners. We don't actually have the breakdown, that I'm aware of, and if that does exist out there, I'd encourage the government to bring that information forward.

Now, when we're talking about referrals, about going to a committee, we've got to make sure we get this right, because if we get it wrong, are we going to end up with doctors across Alberta striking? That clearly isn't in the best interests of the patients, and it's not in the best interests of all of Alberta. So when we decide to move down this road, more or less moving towards – it's not really unionized, but it's an organization that represents independent contractors. This is very unusual, that we would have this kind of restriction or power that is placed over an independent group of contractors.

Usually what happens is that we have a union head on top of union employees, employees of the government or the specific company or private entity that they're trying to contract to. In this case what we've got are doctors, 10,000 doctors across this province who are individually or in a partnership or a joint venture working together to negotiate individual contracts with the government of Alberta.

**11:30**

Now what we're seeing here is that the AMA is suddenly going to inject themselves in between the doctor and the government. This will inevitably add a level of red tape that I think we can all say may prevent our independent doctors from actually being able to do their jobs. Suddenly, instead of focusing on the front lines, they're working to renegotiate some deal. I would say that maybe that is not the best use of their time.

In the end, I myself have an incredible respect for our physicians. I know that for myself and my family every time that I've been to see a physician, they have done an incredible job. I have, again, nothing but respect. I've had my father actually go through a heart attack. I will tell you that if it was not for the EMS and the physicians, my father wouldn't be here today. It is a clear indicator that there are things within Alberta that are just working. There are other things, like wait times, that we can work on, and we've heard from the government that this is an area that does need to be addressed.

Working on a press release from the AMA, AMA Legislation Tabled Today – this, again, is a discussion from the president of the AMA. It starts with:

Dear Members:

You may recall that one of the important provisions of the 2018-20 AMA agreement with [the] government was a commitment to entrench physician recognition and representation rights within legislation. I am pleased to let you know that this legislation was tabled today. It is called Bill 24, An Act to Recognize AMA Representation Rights.

And then they've got a little place you can click where you can actually see the news release from the Alberta government.

Now, what it is is that this was something that – it appears that the government, in order to get the reduction that they were looking for in spending, negotiated with the AMA to be able to more or less get the body to represent all of the doctors. I wonder how many doctors actually understand what this means and what the possible implications of this are. One of my concerns – and I would hope that the government of Alberta can answer this – is: will there be an impact to the funding for rural doctors?

It is almost impossible now, as you've heard from the government members themselves, to find physicians to go out to rural communities. So if we start to reduce the fees that these rural doctors are getting, that have been independently negotiated, to some base rate that the AMA has come up with, will we see a flight or a bunch of doctors from rural Alberta moving back to the major centres, the urban centres? I am very concerned with the fact that we have a lack of representation now. We will end up with no representation going forward. This is a reasonable question because, in the end, it is important that we recognize what the impacts are when it comes to rural Alberta and our physicians.

I do see that the government has had some discussions with AMA. What exactly has come up on this? Is there going to be one, I guess, standard for all general practitioners? And if that is the case, how are they going to deal with the unique complexities that come with the medical profession? Will we see reduced doctors? That is a question.

Now, I recognize that we are looking at some savings that the government is bringing forward here. They're saying that there's going to be \$98 million in savings. My next question is: is that \$98 million from rural Alberta? Where are the savings coming from? Is this an area that is more or less meaning that we're going to see cuts, massive cuts, in rural Alberta? Again, this is why it is so important that we refer this to committee because we can ask these questions. It is important.

Let's say that we have specialists in Edmonton here. It was Edmonton that saved my father's life. I will admit that. It was an incredible cardiologist that went through this. If we go to a standard for all cardiologists for their rate of pay, does that mean we will start seeing cardiologists going to other jurisdictions? That is important because I believe that we do have some of the best care when it comes to a lot of parts of our medical system. Obviously, we can always do better. But I will tell you, when it comes to a case-by-case basis, what I've heard, that in the end we need to continue making sure that we have some of the best even though we may not have all of the best results across Alberta.

Now, I would like to say that these are legitimate questions. It is important that you guys across the aisle recognize that there are more questions than answers, and this is exactly why we need to go to the stakeholders.

Now I would like to move on to adjourning debate. Thank you very much, Madam Speaker.

[Motion to adjourn debate carried]

### Bill 23

#### An Act to Renew Local Democracy in Alberta

**The Deputy Speaker:** The hon. Minister of Municipal Affairs.

**Mr. S. Anderson:** Yes. Thank you, Madam Speaker. It's an honour to rise today and move second reading of Bill 23, An Act to Renew Local Democracy in Alberta.

The first bill this government introduced in June 2015 was An Act to Renew Democracy in Alberta. It banned corporations, unions, and employee organizations from making political contributions associated with provincial elections. In the fall of 2016 the Fair Elections Financing Act was passed. It ensured that Albertans have a fair, democratic, and modern electoral system by limiting the influence of big money on election outcomes and lowering the cap on political donations.

In the summer of 2018 the government of Alberta held online consultation with Albertans about similar reforms for municipal elections. More than 1,500 Albertans participated in the consultation. We also met with municipal associations, school boards, Métis settlements, Alberta's Election Commissioner, and municipalities. We consulted with Albertans on putting a ban on corporate and union donations, and 90 per cent of responses said that it was time to take big money out of local elections. Eighty-five per cent of Albertans we talked to also agreed that the contribution limit should be lowered to \$4,000 to match the provincial limit.

We're also proposing to take steps to even the playing field by reducing the campaign period from four years to one year for local elections, much like what is done in B.C. and Ontario. This is because elected officials should be focused on delivering results for the community, not on building a war chest for an election years away. This proposed reform will ensure that politicians are working for Albertans, not campaign donations. Albertans expect nothing less.

This act will also ensure that Albertans have a fair, democratic, and modern electoral system. For instance, all Albertans should be able to exercise their right to vote, so we're breaking down barriers to voting so everyone has a chance to participate. Making it easier to vote by introducing mandatory advance votes is one of the reforms Albertans asked for, and we're delivering. Mandatory advance votes in communities over 5,000 is a reform that 95 per cent of Albertans we talked to support. Municipal stakeholders like the AUMA and RMA also support this reform.

We also heard from Albertans that they want to see local elections that are more fair and transparent, and that's exactly what these proposed updates will do. Albertans have the right to know who is trying to influence their elections, which is why rules around third-party advertising are vital. Ninety-four per cent of Albertans agreed during consultation that it's time to make third-party advertisers transparent, and we're delivering on what they've asked for.

We're also closing the fundraising function loophole that allows candidates to raise tens of thousands of dollars through fundraiser events without disclosing who donated. These reforms are necessary to ensure our local elections are fair and transparent.

11:40

Albertans and stakeholders also told us that we need to strengthen enforcement provisions in local elections to make sure that rule breakers are held accountable. Laws must be enforceable to be effective, and these updates would give new powers to the provincial Election Commissioner to investigate offences and make sure the rules are being followed. Again, Albertans expect nothing less.

Madam Speaker, it's time to update our laws to get big money out of local elections, make it easier for Albertans to vote, and create a more transparent election process. Albertans asked for these reforms, Albertans support these reforms, and we are delivering. Our government made it clear when we updated provincial election laws that we want to take big money out of provincial politics, and now we're doing the same on the municipal level. We consulted with Albertans, and we know that they want to

see local elections that are fair and transparent. That's exactly what these updates will do because elections should be decided by big ideas, not by big money. People should be running for election on their ideas, not on how much money is in their bank account.

These rules will create a more level playing field for everyone who wants to run, and these laws must be enforceable and effective. The reforms before us today will do this by giving new powers to the provincial Election Commissioner to enforce local election laws to make sure that offences are investigated and prosecuted.

I can't think of a better time to pass this type of legislation. Municipal and school board elections are set for 2021. Passing this legislation now would give our local authorities time to learn about, train on, and enact these changes so the next set of elections run as smoothly as possible.

Thank you, Madam Speaker.

**The Deputy Speaker:** The hon. Member for Calgary-Klein.

**Mr. Coolahan:** Thank you, Madam Speaker. It is really an honour to rise to speak today to Bill 23, An Act to Renew Local Democracy in Alberta. I really am thrilled to be discussing this, and I want to thank the minister for bringing this forward. Thank you. All of us in the Legislature here should be very proud to be supporting Bill 23.

You know, Madam Speaker, we pass a lot of important bills in here, but acting on something that stands up for democracy holds a particular resonance for me and, I think, for many others as well. As you know, Bill 1 of this government was An Act to Renew Democracy in Alberta, which stood up for democracy at a provincial level and strengthened election financing rules, eliminating corporate and union donations and putting a cap on individual donations, among other strengthening legislation. During the 2017 Calgary municipal election I heard from many Calgarians and many candidates that we needed to do the same for municipal elections, and I'm sure we all agree that it is the right thing to do. Albertans should be assured that candidates are being elected on ideas and not on how deep their pockets are.

There really are four pillars to this bill, Bill 23, Madam Speaker, which are campaign financing and disclosure, voter accessibility, accountability and transparency, and enforcement. Levelling the playing field in elections through financial reform is key to levelling the playing field in elections. I had a look back at the spending of the candidates in the Calgary municipal election, and it seemed that in every instance except the run for mayor, actually, the candidate who earned and spent the most money was victorious. One successful candidate spent nearly \$350,000. That's a hefty sum. That's a hefty sum for a single political candidate. To put that into perspective, that is much more than the Alberta Party could hope to get in a quarter, so that's a lot of money.

Campaign financing and disclosure. What that will do is ban corporate and union donations. Contribution limits will be lowered to \$4,000 province-wide for municipal elections as well as \$4,000 for school board elections. Candidates' spending limits will be set via regulation after consulting with stakeholders. Limits will be based partially on the size of the municipality and school board. Campaign periods will be reduced to one year, and fundraising contributions will be limited to only that period.

Now, voter accessibility is also an important part of standing up for democracy, Madam Speaker, because it helps to ensure that there are fewer barriers to voting and that everyone has a chance to participate. Eligible new Albertans will not have to live in the province for six consecutive months anymore before they can vote, which mirrors the changes that we made in the provincial rules. Wider use of vouching will be permitted, which means a voter with

identification can confirm the identity of a person without identification.

Communities of more than 5,000 will be required to hold advance votes to provide more opportunities for residents to cast ballots, and institutional voting will be allowed in more locations, for example in hospices, for people who can't get to traditional polling places.

Accountability and transparency. Madam Speaker, we've heard from Albertans that they want to see local elections that are more fair and transparent, and that's exactly what these updates do. Government will now require transparency from third parties that receive contributions and advertise to promote or oppose a candidate. Third parties will be required to register with each local jurisdiction they intend to advertise in, and campaign disclosure statements would be required from all candidates, including self-funded candidates. Candidates would be required to disclose names and addresses of those who contribute more than \$50, which is down from \$100 in the current legislation. The definition of what qualifies as an expense under disclosure rules has also been clarified to match the provincial rules. The fundraising function loophole that allows candidates to raise funds without disclosing their donors would also be closed, and campaign activities at voting stations would be restricted.

Enforcement. Madam Speaker, laws must be enforceable to be effective, and stakeholders and Albertans agreed that the enforcement provisions in the Local Authorities Election Act needed to be strengthened. To this end, Bill 23 would empower the provincial Election Commissioner to investigate, prosecute, and enforce rules related to campaign financing and third-party advertising. General administration of local elections would remain the responsibility of each local jurisdiction.

Now, Madam Speaker, consultation is very important in helping to get legislation correct. Unfortunately, unlike the opposition, whose leader has stated his disdain for consultation, this government did a fantastic job consulting on Bill 23 here. It actually goes back to 2016, when Municipal Affairs conducted a limited-scope review of the Local Authorities Election Act that included focused engagement with identified stakeholders. This consultation was completed, and recommendations were drafted for cabinet consideration. However, due to the proximity of the October 2017 municipal and school board general elections these proposed amendments did not proceed.

A further review in the summer of 2018 included broad public consultation through the use of an online public survey and stakeholder discussion guide. There were over 1,500 responses that were received through the survey and discussion guide. Two meetings occurred with representatives from the AUMA, the RMA, the city of Edmonton, the city of Calgary, the Local Government Administration Association, the Alberta Rural Municipal Administrators Association, and many more, actually. Additional meetings were also held with the AUMA, the RMA, and the cities of Edmonton and Calgary to specifically discuss potential solutions and formulas relating to campaign financing and identification of potential concerns regarding third-party advertising. Stakeholders agreed that amendments to the LAEA are necessary to promote fair and transparent local elections. The large majority of respondents to the survey were supportive of these proposed amendments.

The review also identified policy items to enhance the transparency and accountability of local authority elections. The updates encourage alignment with the Election Act and the Election Finances and Contributions Disclosure Act to provide consistency where applicable, of course, in both provincial and municipal elections. It also addressed matters of improved citizen engagement and access to candidacy. The amendments to the act will improve voter accessibility and encourage greater participation through



increased opportunity while addressing concerns raised by municipal stakeholders along with Albertans. The passing of the amended act will ensure that policy amendments occur ahead of municipal, school board, and Métis settlement planning for the October 2021 municipal general elections.

With that said, Madam Speaker, I want to thank the minister again for bringing this forward and for the opportunity to speak on this bill and for the opportunity to make municipal elections more fair and transparent. I encourage everyone to vote in favour of this bill.

Thank you, Madam Speaker.

11:50

**The Deputy Speaker:** The hon. Member for Livingstone-Macleod.

**Mr. Stier:** Yes. Thank you, Madam Speaker, and good morning, everyone. I have some remarks regarding this bill this morning. I see what time it is, so I'll hopefully be able to fit most of it in.

It's a great pleasure to be here this morning to speak to this bill. It proposes a wide variety of amendments to the Local Authorities Election Act, as has already been mentioned by previous speakers. However, unfortunately, we have been given only a limited amount of time to look this one over. It just came out yesterday. We didn't have the privilege to consult with a lot of people in such a short window of time, but I certainly look forward to debating it more as time goes on. Nonetheless, with the little bit of time we have, I haven't formed a solid opinion, nor has our caucus, on just whether we are going to commit our vote in favour or against at this precise moment.

There are a number of questions and concerns that we've identified, and I'd like to spend a little bit of time on some of those this morning. How they're funded is an interesting topic, as was stated just this morning. The rules are fairly relaxed. I can recall that when I was first elected many years ago – it's almost 14, 15 years ago now – we went through some of this. There were a lot of loosey-goosey rules, if I could use that term politely, so it is probably appropriate to be reviewing this now. I agree with that.

Let's start out with some of the things that we're seeing. It appears that currently we have individuals, corporations, or trade unions that have been able to donate up to \$5,000 per year per candidate, but under the new rules, apparently, corporate and union donations will be prohibited, and the amount of money an individual can donate would be lowered to \$4,000 in total.

The campaign period will also be shrunk from the current four years down to a single year. If you're a candidate running for re-election, therefore, or simply a candidate who's looking to start on a campaign early, you won't be totally prohibited, however. During the first three years the rules will let you spend \$2,000 in total on things like door-knocking materials and various promotions. That seems a little tight from our standpoint. If you're a self-funded candidate, your eligible contribution has been lowered from \$10,000 to \$4,000 as well, matching the new donation limits. Albertans would be able to donate an additional \$4,000 as well to a candidate for school board or trustee according to the new proposals.

Another change that is of concern, actually, is: who's going to be enforcing these new rules? The newly appointed Election Commissioner apparently is that person, and he will see his office's authority increase as his office becomes investigator, prosecutor, and enforcer related to campaign financing and third-party advertising. That's fairly interesting. It might be quite a workload, I might suggest. Anyway, if there is wrongdoing found by the commissioner, he can levy up to \$10,000 in fines. That's a new change.

Another change around donations that raised my interest a little bit requires that all candidates be nominated before they accept any donations or incur expenses, and they must open a bank account once contributions to their campaign hit \$4,000.

On another thought, nomination day, currently set at four weeks prior to election day, is now being extended to run from January 1 until six weeks before election day. This probably should help as nomination day can become a very busy day for municipal staff because every candidate is trying to submit paperwork to become a candidate at that time. So I can understand that.

Other concerns. While this bill does not directly address the issue of spending limits, it includes provisions delegating that to regulations, which the minister insists will be released prior to the 2021 municipal election. While the minister promises that any spending limit will be nuanced and will respect the differences between rural and urban and large and small municipalities, I'm disappointed to see that the government is sending something as important as spending limits behind closed doors to the regulations. There's a lot of this kind of thing, I think, that we need to go over a little bit and see just what is going to happen there. Regulations, as you know, give us a lot of trouble because we don't debate those in the House.

Unfortunately, though, one of the other concerns we've heard from stakeholders and constituents regarding the elections appears to have been not finalized yet as well, which is the proposed amendments in Bill 23 for a candidate to issue tax receipts for municipal school board donations, but officials have said that the issue hasn't been taken off the table completely. We look forward to debating that aspect as well because whether or not municipal candidates or school board trustees can issue receipts has always been a concern of most of the municipalities and the associations. I hope, therefore, because it hasn't been taken off the table, according to their briefing, that that could be further discussed.

I'd like to also point out that Bill 23 apparently seems to have a retroactive clause built in at the back, so if the bill does pass, then a lot of these changes will be effective as of first reading, which actually occurred yesterday. While I understand that timeline before the election and the three-year period and so on and so forth, it is something that I'd like to draw to the attention of all people that may be viewing this debate today and as the bill becomes debated further.

The bill does also propose interesting amendments around increasing voter participation that I think I can support. For instance, any municipality with over 5,000 will now be required to have at least one advance poll ahead of the regular voting day. That has been something, as may have been said earlier today already, that I think is making some sense. There will be some extra costs to municipalities, perhaps, in some respects, but I think this is ultimately about improving turnout and making voting more accessible for the public.

Additionally, along with donation and spending limits is the requirement to disclose who donated and what the money was spent on. Moving forward, candidates will need to file detailed disclosures, apparently, outlining where the money was spent, broken down by category. I'm not sure how those categories will work, but this seems like a lot of extra work for municipal candidates. However, I'm still waiting to hear back from groups like the AUMA and the RMA, and I'm sure that they will have more to say about this in the coming days, as will we.

Something that appears positive, too, is that the bill clarifies that there will be no campaigning allowed on the properties where the voting stations will be located. Whereas before you might have had candidates standing outside in school parking areas and/or right at the doorways handing out literature, as we've seen in some other types of elections, they would now have to move completely off the

property. That does seem to make sense, and we certainly wouldn't be against that kind of change.

On another issue, I'm not sure how some people may feel about removing the six-month Alberta residency requirement. I'm concerned that this may be a loophole. I don't know for sure because we've just gotten into the debate on this bill. There have been accusations in the past; as we all know, elections are controversial. There may be a loophole there by those seeking to undermine elections in some regard. I understand this may be impossible to determine in some respects at some points, but it will be worth while to hear what others have to say about that aspect because it is something that raises the ire of a lot of folks.

Another change is the ability for a voter to vouch or confirm that another elector meets all the requirements to vote with that change of removing the six-month residency requirement. In the opposition technical briefing yesterday morning we were verbally told that a person could only vouch for one person total per election. However, after reviewing the legislation, we may have misunderstood what was being presented because it doesn't appear to be the case in the documents. It appears that a person can vouch for any number of people, from what we can tell at first pass. I look forward to having

the minister perhaps clear up any confusion there may be on that topic as well.

Madam Speaker, to close my comments today, I will say that, you know, the fact that we've got a hundred-page document and that then we're expected to debate it in full, full detail the very next day: it is very hard and difficult for us to respond in clear detail with a lot of clarity and good debate with such a short window. With the complexity of this bill and the importance of these changes to all the municipalities, candidates, and Albertans, we hope that we can have a more thorough debate during Committee of the Whole and that we can have sufficient time to review that. I'm not sure exactly when that's coming forward, but I look forward to bringing a lot of amendments that we've identified that may have to become debate items at that time.

Thank you very much.

**The Deputy Speaker:** Thank you, hon. member.

Pursuant to Standing Order 4(2.1) the Assembly stands adjourned until 1:30 this afternoon.

[The Assembly adjourned at 12 p.m.]

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