



Province of Alberta

The 30th Legislature
Second Session

Alberta Hansard

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Day 41

The Honourable Nathan M. Cooper, Speaker

Legislative Assembly of Alberta

The 30th Legislature

Second Session

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Legislative Assembly of Alberta

7:30 p.m.

Wednesday, July 8, 2020

[Mr. Milliken in the chair]

The Acting Speaker: Please be seated.

Government Bills and Orders Second Reading

Bill 32

Restoring Balance in Alberta's Workplaces Act, 2020

The Acting Speaker: I see the hon. Minister of Labour and Immigration has risen.

Mr. Copping: Thank you, Mr. Speaker. I rise to move second reading of Bill 32.

Mr. Speaker, our government promised to restore balance in the workplace, and last year we took steps to keep that promise by introducing Bill 2, An Act to Make Alberta Open for Business. These changes were the first step in restoring prosperity, getting people back to work, and attracting investment, but we need further to restore balance to Alberta's workplaces, support economic recovery, and get Albertans back to work. That is why I'm pleased to move Bill 32, Restoring Balance in Alberta's Workplaces Act, 2020, for second reading. This legislation will further amend the Employment Standards Code and the Labour Relations Code.

In the fall of 2019 we consulted with Albertans to find out how we could further support job creators in the province. We engaged with thousands of employees, employers, labour groups, and unions to discuss potential changes to employment legislation that would reduce regulatory burdens and red tape on job creators and help restore the Alberta advantage. During our consultations we received more than 5,400 survey responses as well as written feedback on our employment standards rules. Submissions were also received online through the red tape reduction site.

These consultations have provided valuable insight into the perspectives of employees, job creators, and unions. Through this process we heard that, in general, employers needed more flexibility in the Employment Standards Code to help them save time and money, which in turn protects the jobs of hard-working Albertans. The feedback also identified regulatory burdens that limit Alberta's investment potential and highlighted the need to reduce red tape for employers. We also held multiple in-person consultations and received more than 60 written submissions on the Labour Relations Code.

Now, a lot has changed since the fall of 2019. These last few months have been very difficult for all Albertans, and we are facing one of the most challenging times in our history. We are in the midst of an economic crisis. Job creators have been hit hard across all sectors of our economy, and many businesses are uncertain about their future. During our consultations we heard loud and clear from job creators that simpler, more flexible rules were needed for several sections in the Employment Standards Code, including general holiday pay, group terminations, payment of final earnings upon termination, payroll processes, and paying administrative penalties. Bill 32 will support job creators and the province's economy by restoring balance to labour laws and saving job creators time and money so we can keep businesses open and Albertans employed.

I will now look at how Bill 32 will update each of the codes, starting with the Employment Standards Code. Complicated employment standards rules can cost job creators time and money,

and we want to create efficiencies wherever possible. The proposed changes will simplify the way employers calculate general holiday pay for their employees.

Bill 32 will also make rules for group termination and temporary layoffs more flexible. This bill proposes changes to the Employment Standards Code that eliminate the tiered notice period for group termination. These changes include allowing job creators to provide four weeks' notice to the Ministry of Labour and Immigration when they intend to terminate 50 or more employees at a single location within a four-week period. If employers cannot provide four weeks' notice, they must provide notice as soon as they reasonably can. This notice gives the ministry time to organize support for affected employees if required. Now, this would essentially restore the previous approach in effect prior to 2017 and aligns with the temporary group termination provisions that were put in place under the Public Health Act to help job creators manage operations during COVID-19.

Bill 32 will also update the rules for temporary layoff notices to reduce costs for employers and help Albertans stay attached to their jobs longer. Bill 32 proposes to further amend the Employment Standards Code to extend the maximum length of temporary layoff and remove specific timing requirements for employers to provide written notice of temporary layoffs. This includes extending the time for temporary layoffs to 90 days in a 120-day period and allowing temporary layoffs to be extended in unique circumstances such as a pandemic. These changes will address what we heard related to the need to reduce the burden to employers and address situations where employers aren't able to provide advanced notice of layoff. Now, these flexible policies will encourage job creation and make it easier for businesses to reopen or stay open during these challenging times.

If Bill 32 passes, the rules around termination pay will also be updated. These proposed changes would allow employers to pay employees on their next pay cycle, and we have set a maximum to ensure that employees are paid in a timely manner while reducing the administrative cost for job creators. Under the current legislation when an employer or an employee terminates the employment relationship, an employer is required to pay an employee their earnings within three consecutive days. With the changes in Bill 32 employers can choose to pay an employee their earnings within one of the two periods: 10 consecutive days after the end of the pay period in which the termination occurred or 31 consecutive days after the last day of employment.

I want to be clear that the intent here is to save job creators money by reducing red tape. We are setting a maximum to ensure that employees receive their final payments in a timely manner. These changes are estimated to save employers approximately \$100 million annually according to the Canadian Payroll Association, but there's no added cost to employees. They will still receive their full termination payment. The CPA estimates that the cost to employers to generate an off-cycle cheque is approximately \$91 per cheque. This is an example of how reducing cost, time, and resource burdens will free up job creators and help get more Albertans back to work.

Next I would like to discuss changes to provide greater flexibility for collective agreements. Bill 32 will allow greater flexibility and allow employers and bargaining agents to agree to alternate standards for hours of work confined, notice of work times, rest periods, days of rest, overtime hours under work averaging. This will make it easier for employers and unions to follow alternate rules and agreements with their employees to meet the particular needs of their business. This will also help reduce the number of variances issued by Labour and Immigration.

Next I will speak to rest periods. Prior to 2017 employees were entitled to one 30-minute break during each shift that was longer than five consecutive hours of work. Under the previous government's changes employers needed to provide a rest period of at least 30 minutes within every five consecutive hours of work. We are maintaining the 30-minute rest period for every five hours. However, changes under Bill 32 will provide greater flexibility for employers and employees on when rest periods can be taken.

In addition, the bill will also make changes to the hours of work averaging agreements that were introduced in 2018. Prior to 2017 employers could use compressed workweek provisions to manage nonstandard work schedules. In 2017 the previous government imposed requirements for an agreement to use such arrangements. It also put in place a number of significant restrictions regarding how such agreements could operate. Now, during consultations stakeholders made it clear that these averaging agreements were confusing and carried regulatory and administrative burdens when employers needed to make changes to the schedule. This bill will add flexibility to rules for work averaging arrangements to make it easier for employers to set up, create schedules, and calculate overtime.

At the same time, these rules put in place requirements that employers must give at least two weeks' notice when an averaging arrangement is going to be put in effect or is amended. The employers must address how shift schedule changes occur, address the applicability of daily overtime, and that copies of averaging arrangements are provided to employees when it applies to them.

It should also be noted that rules concerning the maximum 12-hour day remain. So, too, does the requirement that overtime be paid if hours worked exceed 44 hours a week on average.

Lastly, I'll speak about changes to employment standards that will help youth find work. As part of the changes that we are making – and this is in the regulations – we will help Albertans find work by expanding the types of jobs that 13- and 14-year-olds can do without requiring an employer to get a permit. Now, removing the need for permits will reduce administrative burden and red tape for job creators. These changes will give youth practical job skills and experience that will equip them for the future.

Currently the legislation specifies jobs for adolescents – these are 13- and 14-year-olds – which do not require a director's permit. Bill 32 will expand this list of jobs to include light janitorial work in offices, coaching, and tutoring. These jobs are consistently approved for permits, and adding them to the regulation will reduce administrative burdens to employers by removing their need to apply for a permit. Thirteen- and 14-year-olds will continue to be employed in some jobs in the restaurant industry without a permit if they are working with someone 18 years or older.

Now, the health and safety of all Albertans continue to be a priority, and employers are still responsible for the health and safety of young workers and are required to ensure that they are properly trained and capable of doing the work. Parents will have the choice to decide. Their consent is still needed before 13- and 14-year-olds can be hired. This change is about reducing red tape and encouraging job creators to hire more young Albertans so that they can get important work experience to help them secure future employment and secure their futures. These are just some of the changes to the Employment Standards Code that will reduce costs for employers and help them stay in business during these difficult times.

7:40

Next, I would like to speak to changes in the Labour Relations Code. During the last election our government campaigned on a

platform that promised to amend the Labour Relations Code to restore balance to Alberta's labour laws. Bill 32 will bring balance and flexibility to Alberta's labour laws while reducing red tape and redundancy and encouraging employees and employers to work together to reach agreements.

Our government also made a commitment in our platform to protect workers from being forced to fund political activities and causes without explicit opt-in approval. Bill 32 delivers on that promise. Some national unions have used their workers' dues to actively campaign against Albertans, their jobs, and our foundational industries. For example, Unifor launched a lawsuit against the Northern Gateway pipeline despite representing oil sands workers in northern Alberta. Mr. Speaker, we support individual workers' rights, and we are following through with our campaign promise to protect workers, restore balance, and strengthen democracy. Now, Bill 32 does not change the ability to campaign for causes; it simply confirms that a worker's explicit approval is required if they choose to support political activities with their union dues. This does not change the status quo for how unions collect their core union dues in order to represent their members.

Now, Bill 32 will also increase transparency and democracy in the workplace by requiring unions to provide members with financial statements. This change will make sure employees know how unions are spending their money, and it brings Alberta into alignment with almost every other province in the country.

Bill 32 also proposes to make changes to first-contract arbitration to reduce red tape and encourage stability. Now, first-contract arbitration should remain a remedy of last resort, and this was introduced by the previous government. Now, these changes under Bill 32 will encourage employees and job creators to reach agreements on their own rather than resorting to the costly and time-consuming arbitration process. These proposed changes would make sure that first-contract arbitration only occurs if there are serious problems preventing an agreement from being reached when employers are negotiating with a union for the first time. Serious problems include refusing to recognize a union as a bargaining agent and failing to make a reasonable effort to reach a collective agreement. Now, these changes will align Alberta with the majority of other jurisdictions and encourage more co-operation between employers and employees and their unions when negotiating collective agreements.

Further, this bill will clarify in legislation that strikes and lockouts can occur if enhanced mediation process did not work without having to access normal mediation process under the legislation. This is all related to the first-contract arbitration process.

Now, Mr. Speaker, Bill 32 will also make changes to strikes, lockouts, and picketing that balance employees' rights with our need to protect our businesses and our economy from harm. Our government supports workers' rights to strike and picket. The previous government made changes to the code, recognizing that secondary picketing could occur under certain circumstances. We are maintaining this provision, but now unions will first need permission under these changes to picket at locations other than their employer before they set up their picket lines. B.C. has a similar approach.

In addition, changes are being proposed so that illegal strikes, lockouts, and pickets must be filed with the courts immediately if one of the parties in the dispute requests it.

Further, with the proposed changes in Bill 32 the Labour Relations Board would also be able to prohibit picketing where it obstructs or impedes a person from crossing a picket line who wishes to cross. Again, this is similar to the approach in British

Columbia. Now, these changes ensure that employees will still be able to strike and picket while balancing the rights of employers and individuals.

Mr. Speaker, Bill 32 will also allow collective agreements to be renewed before they expire. For more than 30 years in Alberta this practice was permitted, but since 2009, however, the board has not permitted the early renewal of collective agreements. If passed, Bill 32 will allow that practice again with the inclusion of a board safeguard to ensure informed consent of employees. This change will allow employers to be more competitive by allowing new collective agreements to be negotiated with their unions and then ratified by employees outside of the open periods while also ensuring that employees' rights are protected. It will also help reduce labour conflict.

Now, other proposed changes will get Albertans back to work by supporting investment, job creation, and competition in the construction sector while ensuring stability. Bill 32 proposes changes to the rules for the construction industry to ensure workforce stability and attract major projects and investment into Alberta. These changes will encourage competitiveness and reduce administrative burden, with more flexible rules for industrial construction and maintenance unions to organize their members. For example, it permits the building trades to negotiate special projects agreements. It also allows for all-employee bargaining units, and this will help improve the competitiveness of Alberta's construction industry.

Mr. Speaker, Bill 32 will also make changes to rules about major projects that add clarity and certainty, encouraging further investment and increasing the number of major construction projects in the province. These changes include allowing major projects to be approved by a minister instead of cabinet, setting a timeline of 120 days for the ministry to respond to a major project application, project owners can also be principal contractors when negotiating a major contract agreement, projects can have more than one project agreement, principal contractors can delegate authority for bargaining with consent from the ministry, maintenance workers are included in major projects, and parties bound by the project agreement don't have the right to strike or lockout. Instead, any disputes will be settled through arbitration.

Now, these changes to rules about major projects will add clarity and certainty, encourage further investment, and increase the number of major construction projects in the province while allowing a collective agreement to stay in place for the remainder of the contract's term, even after the employees have chosen a new union.

Finally, other changes will enable the Labour Relations Board to serve employers, employees, and unions more efficiently by reducing administrative burdens, costs, and unnecessary hearings.

Mr. Speaker, our government has promised a bold and comprehensive plan to chart a path forward for the Alberta economy. Bill 32 is an important step to bring back balance to Alberta's labour laws, reduce red tape, and to get Albertans back to work.

With that, Mr. Speaker, I move to adjourn debate.

[Motion to adjourn debate carried]

Bill 30 Health Statutes Amendment Act, 2020

[Adjourned debate July 7: Mr. McIver]

The Acting Speaker: I see the hon. Member for Edmonton-Glenora has risen to speak.

Ms Hoffman: Thank you very much, Mr. Speaker, for the opportunity to engage in this important debate here tonight with regard to Bill 30, the Health Statutes Amendment Act, 2020. A pretty boring title given some of the titles we've seen in this place, but it happens to be that sometimes the ones that have the less exciting titles happen to have a lot of juicy bits in those bills. This certainly is a juicy bill.

It reminds me a lot of some of the first rallies I ever attended at this place, which were in response to the Third Way campaign that was driven by then Premier Klein, and the public uproar. That's probably a mild term, actually, for what happened here. I met some people who years later said: "Yeah, I still have a criminal record because we broke into the Leg. because we were so mad. We needed to get into the building and make sure that they heard what the people actually believed were the values of the citizens of this province because it certainly wasn't reflected in that bill." To Ralph's credit, he heard the people, he backed down, and he removed a lot of pieces of the legislation that were the most egregious affronts towards Canadian public single-payer universal health care.

Here we are in Bill 30, which probably should be titled the Third Way 2.0 or the Third Way: Let's Go Again or the Third Way: Let's Try This One More Time because it is definitely a huge affront to the commitment that was made in the last campaign on a big piece of bristol board in my riding when the Premier came and made this big decree of a public health guarantee. Like, he actually used the words "public health" when he did this big press conference trying to dispel the impression that so many had that he was indeed going to erode the very foundation of our public health care system. He had this big press conference. He signed this decree in front of the media and many seniors who lived in the building where he did it.

7:50

Then here you are, a year and a half later, recycling tactics from the late '90s, early 2000s to push more American-style privatized health care on Albertans. It is little wonder that the government is regularly saying, "Well, no, that's fear and smear," when it's actually right in front of us in black and white in this bill. A lot of the initiatives are straight out of that old playbook from decades ago, that resulted in so much public outcry and very serious protests. I don't wish to live in a society where people feel that the only way they can be heard is to break into the Legislature. I don't think that that's good democracy, and I don't think that that should be the standard that we initiate again through legislation such as Bill 30.

I just want to say that this is coming just a few days after Canada Day. We're on the 8th here, so a week ago today we were hopefully with our friends and families and in our constituencies celebrating what it means to be Canadian. I'll tell you that one of my favourite questions to ask as a conversation starter is to name three, and then you name three of whatever. I happen to say to a lot of the people in my life on Canada Day: name three things that you love about being Canadian. Some of the littlest asked me what it meant to be Canadian, and I explained, you know, that it's where we live, that it's the country that we're a part of. I said: well, it's our home, we like hockey, and we like our friends. That's a really nice start. Some of the older folks in the crowd, who have a number of medical conditions, talked about our public health care system here in Canada.

Indeed, when you look back at times when Canadians have been recognized for contributions that they've made to our Canadian society, a number of years ago Tommy Douglas was recognized as being the greatest Canadian for his commitment to bringing

medicare 1.0 to Canada, public health care for all. I am really proud of that legacy. In his final speech he talked about: “We can’t take our foot off. We have to keep moving forward. We have to keep pushing for medicare to go further than it is today because the second we take our foot off the gas, they’re going to push us backwards.” That is exactly what’s being attempted here in Bill 30, a big push to remove patients from the centre of care.

Anyone who was here in the last Legislature probably heard me say a hundred times – and I’m going to say it one more time – that I believe that patients should receive the right care in the right place at the right time. That, I think, means that universal access needs to be number one, with no barriers to being able to achieve full engagement in public health care. This definitely is going to create more barriers. Instead of being patient centred, it’s clearly profit centred.

We’ve seen through the pandemic that there are some areas of our system clearly that have already been privatized over many years. When you look at some of the health outcomes in some of the privately delivered care facilities, not just in Alberta but in other provinces as well, versus the health outcomes in some of the publicly delivered care facilities, I find it very, very troubling. There are serious concerns with the motivations in some facilities given the fact that some are publicly traded. Of course, when you have an ownership model that is counting on you for fair returns to the owners of the organization, there are different motivations than when the owners of the organization are the people who live in the organization, the people who receive the care, and the people who love the folks who are in those facilities. I don’t think that there should be further privatization of our public health care system. That is clearly one of the main tenets and focuses of this bill.

Bill 30, I would say, is another attack on the – when people think about health care, they often think about doctors and nurses. Of course, there is a whole other team of folks that are involved in the health care system, but those are two of the professions that people often think of first. We know that in 2019 there was the first health bill, I believe it was, by this government. The number escapes me at this moment; maybe Bill 19 was the first health bill, which, I would say, was probably an act to try to divorce or diminish the relationship between the government and the AMA. Actually, it was Bill 21 of 2019. So it is little wonder that there is such mistrust right now between doctors and the government of the day. Doctors, who a lot of us rely on to be there with the expert advice they have and the passion and commitment they have to serving our needs, have had other things on their minds, and the fact that that bill come through and tore up an agreement that was negotiated in good faith by the previous government, of which I was the Minister of Health at the time, I think set us off on a very bad path.

Actually, it was a former MLA who said this very recently for Drumheller, former minister.

Ms Phillips: Oh, Jack.

Ms Hoffman: Jack. Jack said that if you realize you’re on the wrong train or that you’ve missed your stop, you can get off the train, no shame.

Ms Phillips: Yup. Jack Hayden.

Ms Hoffman: Jack Hayden. You can get off the train, no shame. You don’t need to keep going on an express train in the wrong direction following the wrong path. You absolutely have the ability to get off and change course.

But it seems like the government is doubling down on this path of attacking and discrediting doctors and attacking the foundation of our public health care system, which, of course, is the people

who provide that care and those services, so it’s little wonder that doctors don’t feel a sense of trust with this government because the very first thing this government did was bring in legislation essentially to divorce itself from the relationship that had been created under prior bills and many long negotiations.

I’d say that if you start your relationship by saying, “We’re not going to talk to you. We’re going to tear up this agreement and give ourselves the ability to tear up any other agreement,” and then you say, “Hey, doctors. Come and sign individual agreements with us,” you’re probably not going to get a lot of them who want to do that because trust has been eroded, and confidence has been broken.

So instead of doubling down and moving forward even faster in a direction that has been seen as damaging to the relationship and to the outcomes that we count on those doctors for – the government is going to put more pressure on breaking down and eroding what I am very proud of, our universal public health care system. I think that when you ask a lot of folks who’ve had experience on both sides of the Canada-U.S. border which health care system they prefer, the vast majority say the Canadian health care system. They know that if they’re in a state of crisis, they won’t have to remortgage their house to be able to pay for the services that they need. Simply, you can turn on Netflix or most network television stations and see TV shows that are based on the foundation of the main character needing to access public health care, but it’s not there because it’s in the States, and therefore they turn to a variety of different means to get money to pay for life-saving procedures, for example. I don’t think that that motive should be what’s driving our work in this Legislature.

Clearly, the Premier knew that Albertans wouldn’t vote for it otherwise he wouldn’t have signed the public health guarantee. If he thought that people would vote for further privatization and American-style care, he should have run on it, but he didn’t. He did the exact opposite. He said that it was all being made up. He signed this big fake agreement. It looked like a cheque almost in some regards, but clearly it wasn’t worth the bristol board that it was printed on. [interjections] Paycheques are for other folks. I’m sure my colleagues can finish those thoughts in their opportunities to speak. I look forward to hearing what they have to say about that.

We know that when you have both a public and a private – and sometimes not-for-profit, but let’s talk about public and private – dichotomy, everyone is expected to provide care. There are a number of private care facilities that have already said, “You know, we’re going to choose the patients that have fewer needs. We’re going to choose the patients that are more efficient to care for. We’re going to choose the patients that take less time, that will cost fewer resources in terms of human power but also in terms of actual supplies or equipment or services” because the motives are different, right?

8:00

When people try to say, “Well, long-term care, you know, you’re building a facility for patients; others can build it much more efficiently and have lower operating costs,” we’re not talking about the same patients, or we very rarely are. There are a number of things that have been done intentionally over 44 years of PC rule. Now here we are into year 2 of UCP rule, where there has been intentional undermining and creating false narratives to try to make it look like the public system isn’t meeting the needs as efficiently, but the truth is that it’s about different patients.

A lot of folks who have complex needs who apply to go to a facility that don’t want them either end up living their days out in a hospital, which I don’t think anyone wants – I think anyone who attests to being fiscally conservative will want to make sure that the highest cost health care pieces are saved for those who are most in

need, not for patients who are going to live in hospitals for years. That certainly is not the most fiscally responsible, and it doesn't give the best health care outcomes, either. We know that people have diminished life expectancy rates if they've stayed in a hospital as opposed to being in a different type of care facility for prolonged periods of time. To move forward with this legislation today – legislation that wasn't campaigned on, legislation that wasn't spoken of in the public, and legislation that definitely erodes our Canadian universal public health care system – is definitely moving in the wrong direction.

Another piece I want to highlight. The government regularly says, "Well, you know, we put half a billion dollars into the health care system to address the pandemic," but that is also on the eve of cutting what would have been a billion-dollar increase if they just would have kept up with population growth and inflation. Taking half of the money that was cut and putting it back in doesn't get me a lot of head nods or confidence. At the same time, there's still a plan to fire about 750 nurses once the pandemic is over. Well, I guess it's good that they weren't fired in the middle of the pandemic or at the beginning of the pandemic, but, you know, firing nurses in a province that is growing and that has an aging population is not the right direction for health care.

The Acting Speaker: Thank you, hon. member.

Standing Order 29(2)(a) is available should anybody wish to make questions or comments. I see the hon. Member for Lethbridge-West has risen.

Ms Phillips: Well, thank you, Mr. Speaker. You know, oftentimes we hear justification – I was just reviewing the Ernst & Young report around government investment levels in health care as somehow being too high. I'm wondering if the hon. member can talk about the stabilization of health investments over the last four or five years and the situation that was inherited in 2015 in terms of wild swings in public investment in health care.

Ms Hoffman: Thank you very much to the member for the opportunity to talk about this. This is definitely something that I believe – I hope – that everyone wants to make sure that we have, health care there for all when we need it. That was our guiding principle, but also we wanted to make sure that we had reduced the levels of increase to something that was in line with the budget pressures that we know we were all facing in response to the former government's eroding of our income base as a province as well as the response to the significant reduction in the price of natural gas and oil as well and the revenues that we lost as a result of that.

I was incredibly proud to be able to work with AHS, with providers, with workers to get to a 3 per cent increase per year as opposed to what we used to see under former governments, which were often 6 or 7 per cent increases one year and then, you know, a zero per cent the next year or a 2 per cent cut the next year. We managed to get to stable, reasonable 3 per cent increases in something that is so fundamental as public health care and did it without having massive province-wide labour unrest, which certainly seems to be something that this government is moving towards full speed ahead.

The ways we did that, including working with the AMA – if you open your books and you invite the partners to come to the table, it's amazing what can be accomplished. RxA brought forward significant concessions, for example, the over-the-counter fee that pharmacists were being paid, because they were at the table and working through the math with us, and we saw that the biggest pressures on the health budget were hospitals and drugs and physician compensation. Under the drug piece we got a number of

moves by the RxA, the association that represents pharmacists, as well as from pharmaceutical companies. The amount of bulk buying that we were able to do to reduce the pressures on drug costs in this province was exceptional over the last four years before this government won the election in 2019.

One of the things that we didn't do is kick dependants of seniors off the drug plan. In fact, we were planning on removing the copay altogether. I'm confident that every member of this House has had a senior tell them how expensive their copay is for their drugs. For many of them – it is for all – it's up to \$25 per prescription. For many of them they will reach their \$25.

One example of one of the ways that seniors have been especially hard hit during this pandemic is that the government said – and I appreciate wanting to make sure we had control and stability in our drug supply – that rather than being able to get a 90-day supply, no one was allowed to get more than a 30-day supply. You were allowed to get a third of the drugs, but your copay was still the same formula, which meant that most people were paying \$25 for their copay on a 30-day supply instead of \$25 on a 90-day supply. So there we were, this government bringing forward changes specifically to seniors to have them pay more out of pocket for their copay because of the lesser supply. It would have been nice if they'd said: you know, we're cutting the supply into one-third, so we will also cut the copay into one-third. But that didn't happen.

We know that thousands of dependants – I believe it was about 60,000 – were kicked off the seniors' drug plan. The minister will say: well, the drug plan is meant for seniors. Of course it is. But if seniors happen to have a spouse who is a dependant who is not a senior yet, that money is still coming out of that senior's pocket. If they happen to be raising their grandchildren, that money is still coming out of their pocket. So kicking their children and their spouses off their drug plans is a direct attack to the pocketbooks of seniors.

I have to say that the actions that this government has taken – I know that the drug budget is a big pressure item for the province and specifically for the Health ministry, but the way to address it isn't by hurting the people who need the plan. It's by going to your partners saying, "We want to work with you; we want to find savings," and going to drug companies and leveraging the capacity that we do have under a universal single-payer health care system to be able to get a better rate for all Albertans when they need to buy drugs, not by downloading more pressures onto individuals and our seniors.

The Acting Speaker: Thank you, hon. member.

We are on second reading of Bill 30. Are there any hon. members looking to join debate? I see the hon. Member for St. Albert has risen.

Ms Renaud: Thank you, Mr. Speaker. It's my pleasure to rise and speak to Bill 30, Health Statutes Amendment Act, in second reading. Just to echo, you know, some of the things that my colleague has said, I certainly agree with her that Bill 30 is indeed a major step towards bringing in American-style health care to Alberta. And like so many of the things that the UCP is doing, it's just eroding and chipping away at something until, before you know it, there's a great big hole. For those of you that might believe that introducing more private health care or American-style health care is a good idea, I would suggest that you probably haven't lived in the United States for very long because it's not pretty.

Take a little snapshot about what's going on right now. We're in the middle of a global pandemic. I think it has laid bare a number of problems both in Canada, in Alberta but also in the United States, and I think because we are their neighbours, there is a great deal

that we can learn from them, not all bad. There are certainly some good things we can learn from our American neighbours, but there are some weaknesses now that we are seeing. I think we knew that they were there before, but we see them now. It's sort of coinciding with what's happening around the globe around Black Lives Matter, right? We're talking more and more about systemic racism. The reason that I'm bringing that up is that one of the things that we're seeing as a result of a global pandemic is some of the flaws and weaknesses in the American health system.

For example, I think we've all probably heard of Dr. Anthony Fauci. He's probably pretty famous by now. He's a leading expert on infectious diseases in the United States. I believe he was on the President's coronavirus task force. One of the things that he has been saying in interviews is that he has been acknowledging some of the weaknesses in the American health system. Disproportionately, black Americans, people of colour are dying as a result of COVID-19. There are a number of reasons. He goes on to explain some of those things, but they are very much related to the weaknesses in the health care system.

8:10

For example, in the state of Illinois black Americans make up 14 per cent of the population, yet 32.5 per cent of the people who have died from COVID-19 are black. In Michigan, another example, 14 per cent of that state's population is black, but 41 per cent of the coronavirus deaths in that state are black people. Absolutely, there is a disconnect between the size of the population and the numbers of people that are dying. The reason that is is poor access to preventative health as well as not being able to afford treatment when something like this hits. That is a reality.

For anybody that hasn't lived in the United States, I can tell you that even with good insurance, even with a good plan, with good copay, it takes one illness or one injury to set you back a very long way. For example, let's say there was an emergency appendectomy, and you had a fairly good insurance plan. That could set you back, with a good copay plan, like, \$14,000. This is for somebody with solid coverage. That is the reality. The vast majority of working people don't have these great plans, and, unfortunately, there are so many uninsured Americans that aren't even able to afford that.

The thought that the UCP thinks that continuing to enlarge the size or the pool of private health services here in Alberta, in Canada is a good idea: I disagree with that. I completely disagree with that. I think that public health care in Canada is one of the things that sets us apart. I'm sure there are lots of folks that have friends or relatives that are American. I know that frequently those are discussions that we have. We talk a lot about the strengths in each of our countries and maybe some weaknesses, but certainly our public health care is something that people around the world, particularly our neighbours to the south, point to when they talk about some of the strengths of Canada.

I'm just going to divert and tell you a quick story. I went with an American friend to a Canada-U.S. hockey game during the Olympics in Vancouver, and it was quite funny. The United States beat Canada in that particular game. It wasn't the final, actually; it was in the series. As we were leaving, my friend said something like: "Oh, you know, Canadians are going to be so hard on us as American fans because we won." I said: "No. Canadians are nice. It will be fine." And the worst thing, the worst sort of call, that the American, who was, of course, duded up with American gear, got was: "Oh, yeah? Well, you don't have public health care." Just a little story to let you know that this is something that I think people value.

The fact that the UCP is doing this on purpose is sort of mind-boggling. What makes it even worse is that we're literally in a

global pandemic, when we've all come to understand how important accessible public health care is, yet we're going to create more opportunities for people that have more money, more ability to purchase private care or maybe get a faster MRI than somebody that has to wait for months and months because now there's a lineup. That is not fair. It's fundamentally not fair.

Yet, you know, I hear the UCP say: well, this will reduce wait times, and this will do this. But it's like that with everything. It's like looking at the child tax credit and saying: well, now we're just going to give it to more people. You're just diluting. You're not making it better for individual people. You're diluting it to spread it around to more people without investing more. That is wrong. That is fundamentally wrong, in my opinion.

One of the things I would also like to point to: I talk a lot about, you know, American health care, but I think right here in Canada we have learned some really important, really frightening lessons about privatized care in this country, in this province. One of those things is long-term care. I think the Health minister got up during question period and pointed to some of our successes in long-term care here in Alberta. I didn't go back and look at the exact words he used, but that's a little bit shocking because we haven't done very well with keeping people alive in long-term care in Alberta and in Canada. In fact, Alberta is – what? – the fourth worst in the country. For example, the stats I have only go to – I think this reporting was at the end of June. We had 101 deaths in long-term care, yet those people only made up 8 per cent of the total cases but 73 per cent of the total deaths. That's not acceptable.

You know, when we stand in this place and we talk about the value of passing legislation that will save one child, maybe it's one child in school that needs an EpiPen, or maybe it's one child that will be saved because a predator doesn't get to legally change his name. Yet we're in this place talking about the value of private health care when we know some of the dangers. I'm sure most of you heard that in Ontario and I think it was Quebec as well, things got so bad in long-term care – and I might add that these were private long-term care facilities, for the most part – that the military was sent in, and thank God they were sent in. Sadly, a number of them ended up getting sick as a result.

But what we got was a really in-depth picture of what was going on in long-term care during a pandemic. I don't know if people have had an opportunity to look at that military report, but it is quite shocking. It is absolutely shocking. Some of the things that the military report: cockroach and bug infestation, seniors repeatedly calling out for help and not getting the assistance they need, rotting food, COVID-infected patients put in the same room with people who were healthy.

Obviously, we have all heard the stories, I am sure, in our constituency offices with people that maybe have a friend or a spouse that is in long-term care, and they feel the need to go there on a regular basis to provide the extra care that they're not getting from the staff there. And this is not to say that the staff aren't doing their job, because I think the vast majority of staff that work in long-term care are not paid very well. They tend to have to work in multiple places to survive, to feed their families, and it is a tough job. If anyone has ever worked in long-term care, it's a really, really physically demanding, mentally demanding job.

What happens in private facilities is that it is about profit. Let's be honest. It is about profit: how much profit can that company make? The biggest expense very often is staffing. So what do you do? You lower the number of staff, or you lower the amount that you pay your staff. It is the very same thing in for-profit service delivery for people with disabilities. I can tell you that. I did it for a very long time. I did it as nonprofit, so there are different rules, but I have seen for-profit companies who will hire the same quality staff

that I would as a nonprofit operator and pay them less. If they can shave off a few hours here and there or eliminate an outing or make a ratio bigger – so instead of supporting three people, you’re supporting five or six, and that’s where profits are made.

So when we talk about American-style health care, it’s not just about the MRI test or going to see the doctor or cataract surgery or maybe a knee replacement. I’m talking about things that are as valuable and as important as long-term care, disability services, all of these things. This is not a direction that we need to go.

I also want to say that I’m not part of this government, but I am a member that sits in this place, and I am appalled by the treatment of our physicians and our nurses in this province. I’m appalled by the minister. I’m appalled by the staff who go online and troll them and say ridiculous things that aren’t even true, that block them. I mean, you have someone show up at someone’s house and yell at them. It’s appalling. These people are actually heroes. They are truly heroes: the hours that they work, the investment that they make in schooling, the money that they spend to go to school, the investment that they make. What they give back is incredible. It is truly incredible. Nurses are some of the hardest working people that I know, yet look at the way this government is treating them. I think it’s appalling.

8:20

I think Albertans are appalled by this one more piece of legislation that is taking us down a path that is dangerous. It seems like there is so much that this government is trying to do to make us look like America, and that is just wrong. That is wrong. What makes us so strong and unique, in part, is public health care. The fact that this piece of legislation: this government is bringing it in during a pandemic, during the worst public health emergency in, like – what? – 100 years. They’re purposefully eroding public health care in this province, and they are attacking the physicians that deliver the care, and they are attacking the other health care providers. It is truly appalling. It is truly appalling. It is so appalling.

I mean, when does this happen? The AMA filed a 19-page statement of claim with the Court of Queen’s Bench, suing the government of Alberta for \$255 million for violating the doctors’ constitutional rights and for breaching employment contracts. I don’t know what you think is so funny over here. I don’t know why you’re looking at me like this. Are you trying to intimidate me? I hope I’m entertaining you.

An Hon. Member: Through the chair.

Ms Renaud: Mr. Chair, I will go back through you.

My concern with this bill is that we are going down a path that is taking us to a place that Albertans don’t want to be. This was not in the UCP platform. In fact, there is a picture – we’ve all seen it – with the great big Sharpie signing the health care guarantee. I mean, at least it wasn’t a hurricane map. But, you know, that was worth nothing. It was a public health guarantee. It was a guarantee to preserve and to protect public health care, to invest in public health care. Instead, we’re opening the door – through this piece of legislation, Bill 30, Health Statutes Amendment Act, 2020, we are going down a road that is leading us to American-style health care. That is precisely what it is. Certainly, there are pieces in this legislation that I am quite certain we can agree with, that need to be done to deal with some of the complexities of the pandemic.

You know, it’s really funny, Mr. Chair. I have never ever worked in a place where I’ve had to deal with the nonverbal stuff that goes on, the intimidation stuff that goes on. I have never as an adult worked in a place where I’ve had to deal with this stuff.

The Acting Speaker: Hon. member, I think that it is quite clear that we have entered into an area of the debate which I think is intended to cause disorder and is of an insulting nature. I would ask that the hon. member, when referring also to the Speaker, use the term “Speaker,” but with regard to your comments I would ask that you withdraw and apologize and then continue. There are about 10 seconds.

I am unsure as to why you stood up. I think that the hon. Member for St. Albert has the call, which is now completed.

Mr. Eggen: No. Excuse me. I am the House leader for the Official Opposition, and on behalf of the Member for St. Albert . . .

The Acting Speaker: Hon. member.

Mr. Eggen: Point of order.

The Acting Speaker: Okay. That’s fine. You have made a point of order. We are currently in the process of dealing with a previous call to order. Once that is dealt with and the Member for St. Albert has withdrawn and apologized for the insulting comments that were called to order, I would happily listen to your point of order.

Ms Renaud: Is it possible to ask for clarification, Mr. Speaker?

The Acting Speaker: Of course.

Ms Renaud: I would just like to ask for some clarification of what you would like me to apologize for.

Speaker’s Ruling Imputing Motives

The Acting Speaker: When you were referring to the imputed idea that nonverbal things were being very, very insulting and that kind of stuff, I think that you were imputing onto other members something that was not fair to do or parliamentary. Therefore, I very, very respectfully asked you to withdraw and apologize, which would have then also allowed you to continue with your comments. However, the time has run out on your comments. There will be a 29(2)(a), but I would ask that the hon. member withdraw and apologize.

Just waiting for the withdrawal and apology, and then we’ll go on to 29(2)(a).

Ms Renaud: Let me just preface my comments. What my comments were – we can go back and look at *Hansard* because I don’t recall the words that I used.

The Acting Speaker: I am unsure as to whether the hon. member is trying to not follow the ruling pursuant to the Speaker’s ruling just previously. If the hon. member will please withdraw and apologize, we will happily continue with this vigorous debate on Bill 30.

Ms Renaud: I withdraw my comment about feeling intimidated by the nonverbal communication coming from over there.

The Acting Speaker: I would say that that is a withdrawal. There are two parts to this. Withdraw and apologize, please.

I am waiting for the hon. member. She has withdrawn, but she hasn’t apologized.

Ms Renaud: I’d just like more clarity about what precisely I’m apologizing for.

The Acting Speaker: I would like to take this opportunity, as you have not followed the order – I would warn the Member for St. Albert that persistent disregard for the authority of the chair will result in the member being named to this Assembly and required to withdraw from the Chamber for the remainder of the sitting day pursuant to Standing Order 24. I would please ask that the hon. member, having already withdrawn the comments, would then apologize for the comments that she has already withdrawn.

Ms Renaud: I would ask for the third time that I would like some clarity . . .

The Acting Speaker: Hon. member, I gave clarity. Whether you believe that that was enough clarity or not is now part of my ruling to ensure that we move forward with effective debate on this matter.

I am not quite sure why other members are waving or trying to get my attention. I am currently simply just waiting for an hon. member in this House to follow the orders of the chair. I'm waiting.

Ms Renaud: Mr. Speaker, it is not my intent to cause disruption. I simply made a comment that I've never worked in a place where I've had to feel this kind of intimidation. I'm not going to apologize for saying that. I apologize for disrupting the House but not for my comments.

The Acting Speaker: I will offer you one final opportunity to follow the order of the Speaker in this regard and apologize for the comments that the Member for St. Albert has already withdrawn. Please apologize.

As the member will not follow orders, then she is hereby named. Ms Renaud, I would ask that you remove yourself for the remainder of the day.

[Ms Renaud left the Chamber]

Debate Continued

The Acting Speaker: We are debating Bill 30 on second reading, Health Statutes Amendment Act, 2020. Are there any hon. members who wish to join debate? I see the hon. Member for Brooks-Medicine Hat has risen to debate.

Ms Glasgo: Thank you, Mr. Speaker . . .

Ms Gray: Mr. Speaker.

The Acting Speaker: Hon. member, the person, the individual member with the call is the hon. Member for Brooks-Medicine Hat.

Ms Gray: Point of order.

The Acting Speaker: A point of order has been called by the hon. Member for Edmonton-Mill Woods.

Point of Clarification

Ms Gray: Thank you, Mr. Speaker. I'm rising under 13(2), the Speaker shall explain the reasons for any decision on the request of a member. This is in regard to the incident that has just taken place in this Chamber. With the greatest of respect to the Speaker and the role that you play in this House, I'm seeking to understand the reasons behind the decisions that you made, as I believe is my right as a member under 13(2).

8:30

The Acting Speaker: Thank you, hon. member. This request was already previously made, so I will not entertain the same request twice. However, what I will say, just for general clarity for the benefit of that, is that the hon. member who was named did actually reiterate – when discussing what the insulting language was, she then reiterated it, stating that she would not apologize for it. I think that it will be very clear to all members in the House as to what she has stated, what she did not apologize for. My ruling previously was explaining to the House why it was insulting language, which was, of course, the right under the standing order.

Debate Continued

The Acting Speaker: We are back to debate, and I see the hon. Member for Brooks-Medicine Hat has risen to debate on Bill 30, Health Statutes Amendment Act, 2020. We are on second reading.

Ms Glasgo: With all due respect, Mr. Speaker, I just would like some clarification whether we're on Standing Order 29(2)(a) or if that does not apply because of the removal.

The Acting Speaker: Yeah. So as the member who would be referred to for questions has been named and removed from the Legislature for the remainder of the day, we are moving on to the next speaker on this matter.

Are there any members who wish to speak to and debate this bill? The hon. Member for Edmonton-North West has caught my eye.

Mr. Eggen: Thank you, Mr. Speaker. I must say that that was a very confused set of circumstances that we'll have to unravel over the next while, I suppose.

In regard to Bill 30, the health care bill, certainly there is a lot of consternation amongst Albertans for the choice that this government is making to make changes around the delivery of health care in this province. Perhaps the single moment that made me, on a personal level, start to think about what goes on in this Legislature and how it affects the lives of my family and, you know, the security and safety of my family in the broadest possible way was many years ago around Bill 11, which was a health care bill that sought to privatize parts of our health care system. I can tell you that Albertans were very unequivocal in their rejection of that attempt by the Conservative government of the day to bring in private clinics and other forms of private delivery of health care here in the province.

This has continued on in a pattern of Alberta's recent history from that. It must have been in 2001, I guess, maybe 2000 when again we saw another Conservative government try to bring in what they had characterized as the Third Way, which again was an attempt to increase private delivery of health care using public monies. Again, the public did make a significant push-back against this, and it was defeated.

This is, I'm sure, history that is not lost on this present UCP government. You know, it's important to know a number of things from that history. Number one, Albertans are quite knowledgeable about the utility and value of public delivery of health care in the province of Alberta. It's a mistake to presume that they, in fact, are pretty laissez-faire about how their health care is delivered and where it comes from and all of those things. Quite the opposite is true, right? Albertans know that the delivery of public health care is more equal and equitable and delivers superior health outcomes.

You know, I can't think of a better time, really, in the history of this province and an unprecedented time around the world to just make some quick analysis about how successful different

jurisdictions across the country and around the world have been and correlate that to what degree those jurisdictions and countries do have a strong public health care system to fall back on during times of crisis.

You know, we don't have to look any further than the tragic circumstances that we're seeing in many parts of the United States right now. I mean, sometimes we have to insulate ourselves from the news because you literally see, I think, today more than 60,000 new cases breaking out in different regions in America. We know that many, many jurisdictions are being overwhelmed – right? – by this terrible turn of events, and my thoughts and prayers go out to so many people that are facing this. I can't imagine. We dealt with isolation and the sort of lockdown of our society over the last few months, but can you imagine that happening at the same time where thousands of people are being infected and then many people dying and many thousands being adversely affected in the broadest possible ways?

[The Speaker in the chair]

My point being, Mr. Speaker, that we look at, you know, the success that we have in our health care reactions, and I think that Alberta has done a commendable job in regard to our COVID response, and I would say that it's an awful lot to do with the strength of our public health care system, right? We have, despite some difficulties along the way, maintained the highest degree of professionalism and of trained medical delivery, and we have pretty good coverage. I mean, our success is very much – we can't rest back on the success that we've had because certainly we know how fast COVID can spread and how fast numbers can change. It's an exponential situation where you can go from – I remember that first case here in Alberta just a few months ago, and then it's two, and then it's four, then it's eight, then it's 16, then it's 32, and it spreads at that sort of speed and rate if we're not vigilant every step of the way.

Again, my point is, Mr. Speaker, that we have seen relative success in our province, and I'm very proud of the health care professionals and everyone, the general public, in how they've reacted to it. But, you know, you're only as good as the next thing you do, quite frankly. You can have the strength of our public health care system compromised very quickly, right? It doesn't take long to erode the integrity of a system that we've built very carefully piece by piece over generations.

I know that we'll hear a lot about, you know, private delivery of public health care over the few weeks because of course we will be debating this both inside and outside of the Legislature, but I can certainly tell you that it's pretty well established that the private delivery of public health care is very uneven, right? We see it certainly happening in some parts of our health system here in the province now, and you can see how through simple comparators of – let's say, just off the top of my head, that you have cataract surgery, which is delivered by a public health clinic here in Edmonton at the Royal Alex, and then you had cataract surgery through a private delivery mechanism in Calgary, I think. The differences in outcomes and expenses associated with that are striking.

8:40

We know as well that – again, we only have to go back as far as looking at the example of the United States, which spends significantly more money on health care than Canada does. I think the last time I knew the statistics, it was by a factor of at least 10 or 11, so spending 10 or 11 times more on health care and then delivering very mixed results. They can deliver some of the best

health care in the world in the United States if you have the money to do so. If you don't – of course, we watch the debates with interest in the United States all the time about people who don't have adequate insurance or think that they have adequate insurance, and then when it comes to using that health care when they need it, they find that it's not there, right?

Again, there are a lot of good examples and bad examples of health care delivery around the country and around the world, and I think it's incumbent upon us to be students of those examples to make sure that we provide the best health care for our population here in the province. I mean, this is not to say that we should look at our public health system as static, right? It is a dynamic system that needs to make adjustments as time moves on, as different technologies come along, and as different circumstances arise, of course, the pandemic being an obvious example of that.

One of the most, I think, important lessons that we can learn from the pandemic is that, of course, the large, up till now, portion of people that are most seriously affected by COVID-19 and affected with a serious illness and even the highest mortality rate by far was those people in long-term care and in seniors' lodges. You know, the numbers speak for themselves, Mr. Speaker. So, yeah, should our public system be static? No. I mean, I think there's a lesson built right into COVID-19 that's unfolding as we speak, which is that we need to look for ways to better protect and deliver long-term care to protect our citizens.

You know, we all aspire to become seniors some day, and we all want to make sure that our future is safe and secure. What we've seen – right? – very clearly is that there are some questions around that in our long-term care and seniors' facilities around the province and across Canada, too. So, yeah. I mean, we're certainly not standing here to suggest that our public health system must be static. It must be dynamic and adjust to changing circumstances and technology and so forth, but certainly we must defer to ensuring that we retain the strength of our public health system.

I think that Albertans resoundingly have told successive Legislatures that very message, and they are telling us that now, in no uncertain terms, to make sure that we meet those needs. It's not just the public wanting strong public health care but our 4.1 million or 4.2 million people in the province of Alberta requiring that, quite frankly, requiring it for themselves and their families, requiring that for the physical health and psychological health and mental health of people but I would suggest the health of the economy as well.

We know that jurisdictions that have a strong public health system available to all people regardless of their ability to pay is a noted asset in economic development in jurisdictions throughout the world, right? We know that it is a way by which – you know, I'm trying to use the language of business – people can know that they can set up a business and know that that public health system is there for their workers. That is no small thing, and it affects the bottom line of businesses as well.

I mean, there are just so many ways to approach this. You know, in second reading, obviously, we're looking for a general analysis of things, but since this is an omnibus bill, I think it's important to perhaps look at some of the detail surrounding Bill 30 straight away. Of course, there are nine pieces of legislation that are affected by this Bill 30, so we need to all buckle down and make sure we're getting a full picture of what we have before us. The Health Quality Council of Alberta Act is certainly affected. The Health Professions Act is affected directly. The Health Care Protection Act is affected. The Alberta Health Care Insurance Act is directly affected, for sure, and the Regional Health Authorities Act, the Hospitals Act, the Public Health Act, the Health Governance Transition Act, and the Provincial Health Authorities of Alberta Act as well.

I mean, when you have omnibus legislation – right? – it's important to take it apart a little bit, to unpack it, to make sure that we are not, you know, missing some of the good pieces with the ones that need assistance or the bad bits to be moved out. I would strongly suggest to all members that we do this in the spirit of co-operation.

The Speaker: Hon. members, Standing Order 29(2)(a) is available. I have multiple options of members on the opposition side. The hon. Member for Lethbridge-West.

Ms Phillips: Thank you, Mr. Speaker. You know, I was just reviewing some of our memory lane on private surgical facilities and, in particular, the bankruptcy thereof. Of course, the hon. Member for Edmonton-North West's name was in some of the coverage that I was just reading, so I'm wondering if the hon. member could talk a little bit, just finish the thought that he was talking about, in terms of what this bill actually does and how we've seen some of this movie before.

Mr. Eggen: Thank you, Member for Lethbridge-West. Yeah, I'm a bit of a student of, you know, the private delivery of public health care. We've seen this unpack in many ways over the years here in the province of Alberta. What I saw more often than not is that certainly it was more expensive to do so, and then you had these problems associated with bankruptcies and these private clinics going out of business – right? – having to be propped up by more government money. The whole thing, just on a business level, on a business case, really kind of exposed itself to be problematic at the very least.

We know that the default thing that happens when you do have a specialized, let's say, hip-and-knee private delivery clinic – right? – is that, you know, they can pick and choose certain cases that are perhaps easier to deal with, and then you are left with the more expensive cases, the more complex cases moving back to the public system. I mean, on first glance that seems fine, but what happens is that by the very existence of a private clinic delivering public health care, it opens the door for people to be able to buy extra services, to buy insurance that would allow you to go to the more premium level of health care and so forth.

You know, we always must look at health care as being a social good, right? As I said before, it is an economic driver, too. Good public health care is a valuable asset to a society economically, but you have to approach it through science. For doctors to be making a decision around someone's health procedure, treatment, and making those decisions based on how much coverage a person has in their health insurance and so forth or how much they're able to augment their health care procedure with money out of their pocket, I mean, that moves firmly and decidedly away from science and the public good to just buying a commodity, right?

8:50

I know of a number of health care professionals and doctors that, let's say, had worked in a private or mixed system, either in the United States or in Australia, and who said that it interfered with their professional ability to provide treatment for someone by having to ask, first and foremost, like: "How much money does that patient have? Do they get the special budget hip or knee, or do they get the super deluxe model?" The integrity of a health care professional to make those decisions on what's in the best interest of the health of that individual and not on how much money they have in their pocket I think is fundamental. It's a fundamental strength that we have here at this point in our history in the province of Alberta, but it's so easy to lose that. It's so easy for that to be eroded.

So as we unpack our way through Bill 30, I think that we have to do it with our eyes wide open. We need to make sure that we're doing what's for the best for everybody in the province so that we don't leave people behind. You know, the inequality that takes place between regions in health care delivery in our province has already shown itself with this new government with the loss of services.

The Speaker: Hon. members, is there anyone else wishing to join the debate this evening? The hon. Member for Lethbridge-West has risen.

Ms Phillips: Thank you, Mr. Speaker. I'm pleased to – well, I'm not actually all that pleased – provide my comments at second reading on Bill 30, the Health Statutes Amendment Act, 2020. I've had a chance to go through it at some length: lots of comments in the margins for me in this bill. You know, pull up a chair, kids; grandma here is going to talk about the history of medicare on the steps of this Legislature over the last 20 years.

Some of this we've seen before. In 2001 the government brought forward a bill called Bill 11. There was actually another one before that, called Bill 37, which was some other ways to bring in private health care. But Bill 11 proposed that we have a bunch of private clinics, for-profit clinics, and that we delist a bunch of procedures, and then private clinics will come in, and the public will pay them to perform those surgeries. Originally, I believe, there were also arrangements for overnight stays in some of these private clinics, essentially making private hospitals.

This was in 2001 in the spring – no. In 2000. I'm sorry. It was exactly 20 years ago. Every night thousands of people gathered on the steps of the Legislature here, and they protested and protested. Some of the private clinic stuff did go through, but a lot of it didn't. In particular, the overnight stays piece was pulled.

The other thing that happened was that over that period of time, then, in those early – well, they were sort of the mid Klein years, right? What happened was that the legislation governing these outfits changed a little bit over time, and it was sort of tinkered with again around the Third Way that was proposed, that Klein backed down on. I'll get to that. But one of the things that the PCs did for these private surgery clinics in order to kind of turn down the temperature around the file – what preceded AHS, of course, were regional health authorities. What ended up happening, Mr. Speaker, was that rural MLAs in the PC caucus got one look at this and what it would mean for access to rural health care – does this sound familiar? – and they were not having it.

At that time the rural health authorities had quite a bit of power in terms of influencing government. In fact, I mean, in and around that time the rural health authorities were actually elected. Klein didn't like that, so he just stopped that part; he just appointed them. Even then, after he appointed them, they still didn't like it because they knew what would end up happening for access to rural health care. And we're not talking, like, entirely rural either here. We're talking about, you know, places with larger towns, small cities. Prominent members of the PC backbench and even of cabinet at that time said, "No; we have to back down on this," and they did.

But what they did is that they did bring in some private surgical facilities, key among them, of course, Health Resource Group, that ended up going bankrupt, and AHS had to cover \$4 million of their costs. That worked out well. What they did is that they had some language around the approval of these private surgical facilities, and here is some of that language:

(c) that the provision of the insured surgical services as contemplated under the proposed agreement . . .

This is an agreement with, like, a private, for-profit facility.

- ... would not have an adverse impact on the publicly funded and publicly administered health system in Alberta.
- (d) that there is an expected public benefit in providing the insured surgical services as contemplated under the ... agreement, considering factors such as ...
 - (iv) the efficient use of existing capacity, and
 - (v) cost effectiveness and other economic considerations.

And the private surgical facility, in terms of getting their approval to do this from the government, also had to prove

- (e) that the health authority has an acceptable business plan in respect of the proposed agreement showing how the health authority will pay for the facility services to be provided.

I mention section 8 of the act, Mr. Speaker, that was some form of circumscribing how private, for-profit surgical facilities got approved in this province, because all of those pieces are now missing. So if you want to be Joe's private surgery clinic, who's, you know, coming up from the States because you've got a lot of liability on your books now from having to pay out a whole bunch of claims due to coronavirus in the United States and you're a big American health care company, you don't have to come up here and prove that there is cost-effectiveness, that you have a plan for how the government is actually going to pay for what your agreement contains within it, you don't have to prove or talk about at all how or if your services will have an adverse impact on the publicly funded and publicly administered health system – that is to say, whether or not it will siphon off resources from the public system into a parallel private system – and you don't have to prove that there is any effect on the efficient use of existing capacity; that is to say, you don't have to now make a public interest case for your private facility in any way, shape, or form with reference to whether there is capacity in the public system, right?

We do have some private surgical paid for through the public, single-payer system, but they've had to adhere to all of those conditions in the past. But we've just thrown all that out the window because people can do whatever they want now, and we don't have any controls.

I'll just remind the House what ended up happening in 2010. Health Resource Group got a contract at that time – well, it was with the previous Calgary health authority – and they ended up going bankrupt. The company was restructuring and doing things and stuff. They went in and they made AHS pay for their insolvency costs. They stuck AHS with a \$4 million bill over and above the cost of the surgeries, and then they pulled up stakes and left town. So that's how that worked out, and that's even with those guardrails – you know, I think that at the time we would have argued that they were insufficient guardrails – in place. That's the first piece of the story. The other piece is around the Third Way. Then Klein moves forward again in '05 – right? – '06 ...

9:00

Ms Hoffman: Yeah.

Ms Phillips: Yeah.

... and proposes a private insurance system, so undermining the concept of the single-payer system. Therefore, the doctors could bill within a public or a private system, right? This is something that has been experimented with to various degrees in other jurisdictions. Certainly, in a place like New Zealand they stopped doing this because it was undermining their public health care systems badly. There are other examples of where this has not gone well.

He proposed this, and he had to back down. At the time the government said: oh, well, you know, this has created an opportunity for Albertans to give us even more feedback. That was

a fun one. They said: oh, we're not really backing down; it's evolution, not revolution. This was very funny. But it was a very clear rebuke of those plans, and again it came from the rural backbenchers, in particular, of the PC caucus of the time because they understood the effect that it would have on their constituents' ability to access health care over time.

Now, what's being contemplated in this act is actually a bit different from both of those things in that it proposes to expand the private surgical facility scope, including allowing for overnight stays, by my reading, in private facilities, and what ends up happening is that these companies, a person, execute an agreement with physicians and others to provide services for which they bill, those basic services, over to the single payer, right? So we don't have the proposed amendments to the Health Care Insurance Act as we had proposed in the Third Way. We have something different here, where that is then billed to the single-payer health care system.

I guess that was an idea that the lawyers gave them, to stay within the confines of the Canada Health Act so that they don't open themselves up to having health transfers withheld, which, you know, obviously, the federal government threatened to do at the time of the 2000 attempt in Bill 11 but they actually did do earlier, in the '90s, when the Klein government was charging facility fees for reproductive health services for women because those were deemed to be outside the Canada Health Act.

This scheme here: what it does is that it proposes to give an agreement with health care professionals here. A company comes in, sets up shop. They bill us for those services according to an agreement for which there is – you used to have to, but you do not have to show an acceptable business plan. You don't have to show how the health authority will pay for that agreement anymore. You don't have to show cost effectiveness. These agreements are opaque. They are done in the Ministry of Health. There's, by my reading, not a whole lot of transparency on how those agreements are going to go down.

What happens is that they deliver insured services, and they are allowed to deliver uninsured services, so this is where things are fun, right? Let's have a look at what kinds of services of limited clinical value the brainiacs over at Ernst & Young put down on page 79 of their report when they were like: "Oh, yeah. We're going to fix health care, and here's how we're going to do it. We think that abdominal hernia procedures are of limited clinical value, so, you know, candidate for delisting." My mother just had an abdominal hernia procedure, an otherwise very healthy woman in her 70s who could probably under normal circumstances outrun us all in a foot race, Mr. Speaker, but I can tell you right now that that procedure was not of limited clinical value. I darn near had to take her into the emergency room when she was waiting for that during the pandemic. It was not of limited clinical value.

Some other things in this silly report that Ernst & Young provided were things like female sterilization – I'm going to assume that's tubal ligation – breast reduction. Anyone you know that's had that procedure done will tell you that it is not of limited clinical value. It is life changing. There are a number of other things. You know, what Ernst & Young has done, at least preliminarily, is give an examination of day-surgery procedures that might be delisted. In fact, they've made a case for it here. It's a partial case that was utterly dismantled by some physicians on Twitter, but a case nonetheless exists sort of.

So if the minister then chooses to delist a number of these currently covered surgical procedures, then what can happen is that you can pay for those in the clinic, where, you know, Joe's HMO has set up shop here to charge you up the nose for those uninsured services – right? – because that's now legal under the single-payer system. So what we're looking at doing here is bringing in a system

where you've got docs, physicians, billing AHS under the old schedule, fee for service. That's why we've seen the government start to move around fee for service and change a bunch of things to make that system more difficult, particularly for family physicians, so that down the street we can have a proliferation of Copeman-style clinics, where you're either paying a membership fee or you can go get some private insurance or whatever the case may be. Docs are under arrangements.

They might, in fact, make more money than in the public system because there's all of this stuff that you can now bill for over and above, charge for, because it's being delisted by this government. You've now got a business case – right? – for private health care. That is exactly what is being contemplated in this bill, and that's why you are going to see me speak against it at every possible opportunity, Mr. Speaker.

The Speaker: Hon. members, Standing Order 29(2)(a) is available. I see the hon. Member for Brooks-Medicine Hat.

Ms Glasgo: Thank you very much, Mr. Speaker. I think that we've all been enthralled by this debate so far tonight. I have noticed that, obviously, there's a lot of information coming out on both sides. I wouldn't say that all of it has been particularly accurate. We can start anywhere, I guess. We'll just start here. You know, I've noticed that there's a lot of talk of Americanization in the Chamber lately. The opposition likes to say that things are American this, American that. The only people that are talking about the States right now are the members opposite. In fact, we are coming up with a made-in-Alberta solution for patient-centred care, and that's exactly what's happening right now with Bill 30.

This piece of legislation just basically improves the status quo. Independent surgery clinics are not new, as we all know. They have been a valued partner in our health care system for decades, including under the NDP. I mean, the hon. Member for Edmonton-Glenora was the Health minister, so she should know that, and their caucus should be aware of that. They've been providing publicly funded surgeries at a lower cost than hospitals for a long time here. It's a little bit concerning that the members opposite don't even know – like, apparently they don't even know their own files that they had and how that worked. I mean, we'll wait until we hear some more from the members opposite. I suspect that we'll just continue to hear that this is, you know, American-style this and that. At the end of the day that's not what the bill says at all.

What the bill actually does say is that it's modernization legislation to help meet our commitment to reduce surgical wait times, which we know are extremely important. We know that there have been significant wait times in the province. It was a campaign commitment by our Premier and also by our caucus to ensure that we reduce surgical wait times. I know that there have been certain philosophical arguments about that and how we will continue to do that. This legislation addresses that.

This also makes sure that grievances can be filed more swiftly and more easily with the Health Quality Council. It maintains more oversight through the Health Quality Council to ensure better collaboration and improve care and services. I don't see what's contentious about that.

9:10

You know, we keep hearing about the pandemic, and of course, like, this is a reality that's happening right now in our world. We know that our health care workers are working around the clock. They are doing everything that they can to save Albertans and to keep Albertans safe, and we're very proud of them for that and very grateful to them for the work that they're doing. So it puzzles me,

Mr. Speaker, as to why any member in Alberta politics, be it opposition or government, would try to scare Albertans at a time when they're already unsure. By claiming things that are absolutely erroneous, such as American-style anything, all you're doing is scaring Albertans when they already are going through a troubling and upsetting time. I would just ask the members opposite why they think it's appropriate to stand in this Chamber and blatantly try to scare Albertans with this kind of rhetoric.

You know, I've also heard some concerns from the members opposite about independent providers. That is just a complete misunderstanding, Mr. Speaker. Their services are still publicly funded. That has not changed. These resources and the services will be allocated through Alberta Health Services. So when the members opposite are talking about, quote, delisting surgeries, what came out of the Ernst & Young report was a recommendation. It doesn't mean that the government has to accept that recommendation.

I believe that the Health minister actually came out on Twitter saying that, you know, we're looking at this as an Alberta solution. We're looking at this with a lens from an Alberta point of view. I think what's important here is that we don't continue to do things in the way that we've always done them just because we've always done them that way, to quote the Minister of Children's Services, and that we look for transformational opportunities to improve our health care system and to improve patient-centred care here in the province. As a rural MLA I know that we need more access. We need to use every tool in the tool box to make sure that Albertans have that access to timely medical care.

With that, Mr. Speaker, I will end my remarks.

The Speaker: Hon. members, there is approximately 10 seconds remaining under Standing Order 29(2)(a). I'm not really sure if there's time left, but I suppose if you want to add one comment.

Ms Phillips: There are private hospitals in this bill, which is an American-style system, and a forecast of 160,000 deaths by July 25.

The Speaker: Hon. members, second reading debate is available. I see the hon. Member for Edmonton-City Centre has risen.

Mr. Shepherd: Thank you, Mr. Speaker. I appreciate the opportunity to rise for the first of what I'm sure will be many times as the Official Opposition Health critic speaking to this bill, the seemingly innocently named Health Statutes Amendment Act, 2020, but a bill that has dire implications for the delivery of health care services in the province of Alberta.

My colleague from Lethbridge-West was talking about Bill 11, the early attempts by Premier Klein to inject more private profit into our public health care system, indeed American-style private profit, I would say, Mr. Speaker. That was my first time at a protest, coming down here with some other folks from my church youth group. Well, by that point I guess we were out of high school, so you'd call that college and career. We came down, and we joined in those protests with thousands of Albertans. Indeed, as my colleague noted, Mr. Klein had the wisdom to back down somewhat and realize that that was not something that Albertans wanted and that was not something that Albertans would accept.

That is why, Mr. Speaker, my colleagues and I will continue to inform Albertans about the implications of this act. I can tell you that my comments on this bill are considerably more accurate than previous comments that some members may have made, say, about the level of carbon tax being paid at their church.

Now, let's be clear about what this bill actually does in the context in which we find ourselves. We have a significant change

and serious implication for the delivery of primary care for Albertans in this bill. Now, we have seen this government putting primary care, putting family physicians in the crosshairs since last fall with a sham of bad-faith negotiation predicated on their bill allowing them to tear up the master agreement with physicians and then indeed proceeding to do precisely that at the end of February and, in the midst of a pandemic, continue with the social media smear campaign attempting to paint physicians as greedy and entitled, grinding them with the new physician funding framework, which was unilaterally imposed by this Minister of Health on April 1 and which was so poorly thought out, so badly implemented that it caused enough of a revolt in his own caucus that he was forced to retract and change many portions of it in mid-April, but in the process of doing, he has so badly damaged the relationship between physicians in this province and the government of Alberta.

I would almost say, you know, that he damaged it so badly now that he has to try to get corporations to come in to run medical clinics. Perhaps, Mr. Speaker, that was his intent all along, to cause so much disruption, to cause so much difficulty for physicians, to make his attempts to divide them and pit them against each other and against their collective body that they have chosen to be their collective voice, the Alberta Medical Association, so that he could create this additional space now for corporations to step in and directly bill the Alberta government for the same services that physicians currently bill and provide.

Members are referring to this as a made-in-Alberta solution, a made-in-Alberta innovation. Mr. Speaker, that is an insult to Albertans because this is a badly thought out plan. This is not modernization. This is not innovation. This is putting profits before patients. There are serious concerns with this model that they are bringing forward, a model that exists nowhere else in Canada.

Physicians know their patients. Physicians have spent years building up their clinics, building up the delivery of services in rural communities, contributing to their communities in collaboration with the government of Alberta. There have been some contentious negotiations. Certainly, there were some when we were in government, but what physicians have told me is that they at least felt they were heard and respected. But what we have here now is a government that is bent on utterly undermining all of the work they have done, in the midst of a pandemic, forcing through those sweeping changes, and indeed, as we are still living with the reality of COVID-19, deciding that now is the time for a wholesale uprooting of our health care system.

Primary care is the foundation of that system. Now, what they want to bring into place is that corporations will step in and run those medical clinics and hire doctors on salary, and corporations will then bill the government of Alberta. There are numerous problems that come forward with that kind of a plan, Mr. Speaker. For example, physicians have certain obligations that they have to follow because of their affiliation with the College of Physicians & Surgeons of Alberta.

Dr. Matt Henschke wrote – and he was talking about how nonphysician-owned clinics may not have to follow those same ethical guidelines because they are not, in fact, under the aegis of the College of Physicians & Surgeons of Alberta. He gives the example of a colleague that worked at a clinic that abruptly shut down because it wasn't profitable enough. It gave one week of notice to their patients and to the doctors who worked in that clinic, who then had to scramble to find coverage. Now, if it was a physician-owned clinic, Mr. Speaker, they would be in deep trouble with the CPSA because they are required by their ethics under that body to provide better support and more notice to their patients. But

in this case or in the case of a corporate-owned clinic, they do not have that obligation.

9:20

Let's be clear. Doctors put in a lot of work to get where they are. They follow all kinds of rules and ethics that ensure that they are providing quality patient care, rules that a corporate-owned clinic would not necessarily be bound to in the same way. Is what this government wants, Mr. Speaker, to create franchises of clinics across the province owned by a single corporation, focused on quick-turnover care to maximize profits? Is that the only option they want to be available, perhaps, in some rural communities?

I look at this, Mr. Speaker, and I think about how this government, when it made the changes it said were supposed to be better for rural doctors, on April 23, quietly made a number of changes to the rural, remote, and northern program, which included the removal of the flat fee for physicians that live and work in a rural community for a number of communities, including the community of Sundre. However, they kept the top-up fee. That fee is paid on any service that someone charges in that zone, so it's a top-up on top of the charge.

Taking out the fee that encourages a doctor to actually live and work in the community and replacing it only with this top-up fee: Mr. Speaker, a corporation doesn't benefit from living in the community, but a corporation would certainly benefit from a top-up fee that it gets to charge to the government on every service, that it gets to charge under Bill 30.

At every step this government seems fixated on undermining family physicians and doctors in the province of Alberta, and this bill just continues that. Indeed, this bill seeks to divide doctors and weaken the AMA even further by the minister saying that he will sign contracts directly with doctors, contracts he will not even consult the AMA on, as he did not even speak to them about this bill, again one of those situations, as we see so often with this government and their ministers, of wanting to consolidate more power in their hands, weaken any collective voice for workers or doctors or anyone who might want to speak up against them, using legislation, using the powers that they have to grind them down and try to shut out their voice.

Doctors are speaking up, Mr. Speaker, and they are deeply concerned for the impacts the decisions of this government are going to make on their ability to continue to ensure that we are providing quality patient care to Albertans. We do not need more McClinics. So the minister, again, is shutting out the AMA, who has been the collective voice of doctors and has been their choice, and doctors have spoken out clearly over the last few months as the minister has attempted to say that the AMA is spreading false information, much as he has tried to accuse me of that as well. He is yet to convince a single doctor of that fact.

But he is going around doctors at every turn, wants to divide and conquer, Mr. Speaker, and he has taken that further with Bill 30. And this is just one piece of this bill. It's confusing to me because this government cannot succeed in their goals to decrease surgical wait times without the co-operation of doctors. They can attempt to create more capacity in the system, but unless there are doctors to perform the additional surgeries they want to perform, those surgeries are not going to happen.

Now, of course, we see that they want to also increase the number of private surgical facilities to perform these surgeries and perform these procedures, and government members have stood and talked about: "Well, this happened under the NDP as well. It happened under your government. This has been happening for some time." But this is a very different list of procedures that they want to move forward with, Mr. Speaker.

Ms Hoffman: Or they wouldn't bring in the bill.

Mr. Shepherd: Indeed. If all they wanted to do was continue, they would not have to bring in this legislation to make these changes.

Now, they are expanding the list of surgeries. The question then becomes, Mr. Speaker: where is this capacity going to come from? Indeed, are these facilities prepared and able to deliver these services that may require much more scrutiny, could raise some real quality concerns, have greater cost variability, as has been noted by Dr. Lorian Hardcastle from the University of Calgary?

Indeed, I have yet to hear a single expert in public health law or policy or delivery speak out in favour of the changes that this government wants to bring forward because this government is not listening to health care experts; they are listening to business people. They are not looking at how to improve patient care. It is not patient-centred care. This is profit-centred care, Mr. Speaker.

There are serious questions about where they are going to find the additional capacity to staff these clinics. It was just a government release shortly, I believe about a month ago where they noted that they expect a shortage of anesthesiologists over the next two years, and many of the procedures that are currently taking place in private clinics have much less complex anaesthesia needs than the surgeries that they are now proposing to additionally start offering in private surgical facilities.

There are questions of capacity because where are these additional doctors coming from to perform these additional surgeries? Unless they are suggesting that right now the majority of our surgeons in the province of Alberta are not, in fact, working at full capacity. They're sitting on their hands or perhaps spending half their week on the golf course? The question is: where are they going to find sufficient anesthesiologists to run all of these ORs without taking capacity away from the public system? As we have discussed previously, medical graduates are not sticking around in Alberta given the changes from this government. Young doctors that are currently on locum are looking elsewhere to go and work and set up their clinics.

The Speaker: Hon. members, Standing Order 29(2)(a) is available. The hon. Member for Edmonton-McClung has risen.

Mr. Dach: Thank you, Mr. Speaker. I know that the hon. Member for Edmonton-City Centre has a lot more to say and will rise many times during the course of debate on this bill in the future, but I know that he is just getting started, and there are a lot of things and a lot of groundwork to lay tonight at his first opportunity to speak. I certainly would like him to finish his commentary.

The Speaker: The hon. Member for Edmonton-City Centre has the call.

Mr. Shepherd: Thank you, Mr. Speaker, and thank you to the Member for Edmonton-McClung. I did see some government members getting up, so I imagine they'll be sharing their thoughts later this evening. They seem quite enthusiastic to speak to the bill as well.

I'd just like to review a couple of the other pieces that are happening in this act. Now, another area of concern here is the Health Quality Council of Alberta. This bill proposes, then, that they would no longer report to the Legislature but instead directly to the minister. Now, this is a government that has talked long and loud about how much they support democracy and having more opportunity for the people. Why are they taking this independent health quality review board, this group that is there to help monitor and report on the quality of health care in the province of Alberta,

and taking the reporting away from the full 87 members of the Legislature and put them under the thumb of the Health minister?

That to me is concerning, Mr. Speaker. It is a question of how much independence it seems they want them to have. Indeed, when we see that this is a government who appointed their executive director of their party to the role of Health Advocate and mental health advocate, one cannot help but wonder if they are simply trying to make sure they control all avenues by which Albertans could actually learn about how their poor decisions are going to impact their health care system.

Now, of course, we've seen with the Health Quality Council that the minister is only really interested in listening to them or working with them or indeed pointing to them when they seem to agree with him. We saw that on lab services and how he made decisions that were directly contrary to the recommendations and is plowing ahead now with his decision to privatize more and more of lab services in a potentially fractured system versus the unified public system that was recommended by the HQCA.

9:30

It's concerning to me that they are moving forward with that decision clearly to change. You know, the change indeed around reconfiguring the boards of regulatory colleges: in general certainly, yes, more public scrutiny and more public involvement, in principle, is a very good thing. But I am concerned, Mr. Speaker, given the track record of this government on appointments to boards, agencies, commissions in the province of Alberta, of who those persons are going to be that they are going to choose to appoint. Given how aggressive this government has been in attacking health care workers, doctors, the AMA, and so many others, I have to question what they are going to do with the power they are granting themselves here, which could do much good but in the hands of the wrong people with the wrong intentions could also do a great deal of harm.

There will be much more to talk about with this bill, Mr. Speaker. There will be much more to discuss about how indeed this is seeking to bring more American-style private profit into our public health care system, how this is bringing corporations – again, what are the questions that come with that? With corporations and shell corporations and others and multiple directors, where does accountability begin to go? These are questions that we are going to need to ask and we're going to need to explore and that I'm going to look forward to having the opportunity to perhaps engage with the minister on directly through Committee of the Whole. There seems to have been very little thought given to the potential impacts of these far-reaching decisions, reaching into the most intimate and personal areas of people's access to health care in the province.

These are vast and sweeping reforms for which there is, to my knowledge, Mr. Speaker, no precedent. We have no example to which we can look and learn from. This is a vast ideological experiment, some aspects of which, particularly around increasing surgeries at private surgical facilities, have indeed been demonstrated to have failed right here in Alberta and next door in Saskatchewan and have not yielded the kinds of results that this government claims they will.

The Speaker: Hon. members, is there anyone else wishing to join in the debate today? The hon. Member for Calgary-East has the call.

Mr. Singh: Thank you, Mr. Speaker. I rise here today to take the opportunity to express my support on Bill 30, the Health Statutes Amendment Act, 2020. I would like to applaud and thank the Minister of Health and the team for supporting and protecting Albertans who have voiced their frustrations about the health care

system in Alberta. Also, I would like to thank all Albertans who have been patiently waiting to share and provide insight on Alberta's health care system. This bill represents and introduces many changes that will help modernize the health care system to meet the current needs of Albertans today. Bill 30 will improve governance, accountability, and deliver effective and efficient health services to ensure Albertans meet their health care needs.

Mr. Speaker, every Albertan is entitled to have access to high-quality, efficient, affordable, and patient-centred care. This amendment will allow our health care system to be more sustainable and effective. The government is here to commit and help strengthen the health care system so that Albertans just like me and you will have improved access to a better, high-quality health care system. The proposed changes will help strengthen Alberta's health care system and commit to improve and modernize the system to deliver effective and quality care for Albertans.

This legislation will support the work of the Health Quality Council of Alberta, or the HQCA, modernize, clarify legislations, help meet government commitment to reduce surgical wait times, and clarify roles and responsibilities of Alberta's health care system. The HQCA's current mandate is to promote and improve patient safety and the quality of health care service provided in Alberta. Changes to the HQCA will help strengthen the voice of patients and families that utilize the health care system to improve overall health and wellness. This will also allow the health quality of Alberta to expand beyond the hospital and provide safe, quality, patient-centred care in communities, such as pharmacists, mental health, and rehabilitation facilities. This bill will allow the HQCA to work closely with Alberta Health Services and the Minister of Health when providing and gathering evidence-based information, appraising and exchanging knowledge, which will allow for the best practice in high-quality care for Albertans.

Mr. Speaker, the Health Professions Act maintains the highest standard of safety and ethics to ensure Albertans are receiving safe quality care. Increasing the public membership from 25 per cent to 50 per cent will allow an increased number of public members to serve on the regulatory college committees, tribunals, and panels, which will allow for greater patient involvement and input in decision-making. The proposed changes will ensure that the health, safety, and voice of the public, community, and Albertans are reflected and supported at all levels to provide a patient-centred health system.

The current Health Care Protection Act will be now introduced as the health facilities act, that regulates independently operated health care facilities providing services within the publicly funded health system. This will reduce barriers and administrative burden to all current and new chartered surgical facilities that can provide more publicly funded surgeries and help reduce surgical wait times by simplifying and streamlining the process to create chartered surgical facilities. This will also improve the lives and options of Albertans who need immediate surgery.

Moreover, the bill outlines the process the minister must follow to approve and designate chartered surgical facilities to open, operate, and provide low-risk publicly funded surgeries to patients outside of hospitals. It also provides the basics of which chartered surgical facilities can provide in-patient services for Albertans under the Workers' Compensation Act or other act of Parliament or in-patient services for individuals not eligible for publicly funded surgeries.

Our government has committed to offering 80,000 more surgeries in the next three years to ensure Albertans get their surgeries within approved wait times. The goal is to streamline this

process so patients can have increased access to surgeries as quickly as possible.

This bill will as well enable the government to enter into contracts with physicians who want to participate in alternative relationship plans, or ARP. As requested by the Alberta Medical Association, the government is supporting changes to the act to include flexibility for innovation compensation models, including alternative relationship plans, which will speed up the process of enrolling in ARP. The physician community has asked for this, Mr. Speaker, and it aligns with our commitment to expand these patients' medical home. Compared to the rest of Canada, Alberta has the lowest percentage of doctors participating in alternative compensation arrangements. That is 13.2 per cent compared to the national average of 28.7 per cent. These changes will lead to more options for doctors to choose to be paid in ways other than fee-for-service. These options will create opportunities for physicians to allow other types of organizations to manage the administrative work for their business so that they can focus on spending more time with their patients.

The amendments to the original health authorities act will clarify the accountabilities of AHS within the health system, affirm Covenant Health's role in the largest provider of faith-based health services, and clarify the roles of other third-party providers in the system. As recommended in the AHS review on the roles and responsibilities of AHS, the bill will provide clarity and recognition to AHS as the single health authority body and the Covenant Health strategic partner in faith-based health care provider. The amendments will help guide the health system as a whole and ensure accountability for taxpayers' money that is invested in the health system. Further, the amendments will help to improve clarity across the health system and improve AHS's ability to plan and deliver health services directly and through service providers.

9:40

This bill likewise provides changes to the Hospitals Act and will ensure the Hospital Privileges Appeal Board continues to have a strong and qualified group of members to review complaints brought forward by medical staff against hospital boards. The position will be available to any person with senior-level public-sector administrative experience as determined by the minister. These administrative amendments will help lessen the challenges in appointing and retaining qualified board members to the Hospital Privileges Appeal Board and will ensure hearings are scheduled in a timely and orderly manner.

Bill 30 will as well amend the Public Health Act to better align with the intent of the chief medical officer of health's order 05-2020, which is to require all persons entering Alberta after having travelled internationally to quarantine for a minimum of 14 days, not just those returning to Alberta. This is necessary to ensure that all international travellers are required to quarantine while the province continues to respond to the COVID-19 pandemic. The outdated Health Governance Transition Act will be repealed. The act is no longer needed since it successfully served its purpose for transferring the responsibility of three former provincial entities – the Alberta health board, the Alberta Cancer Board, and the Alberta Alcohol and Drug Abuse Commission – to AHS. This bill will also repeal the Provincial Health Authorities of Alberta Act as the nine regional health authorities, the Alberta Mental Health Board, and the Alberta Cancer Board are no longer operating.

Accordingly, repealing outdated and unnecessary legislation supports government's effort to reduce red tape and streamline these operations and transforms the entire health system across Alberta to keep it sustainable and efficient.

In Alberta our commitment is to strengthen public care so Albertans can continue to have access to high-quality, person-centred health services in the most sustainable and efficient manner.

Mr. Speaker, I encourage everyone in this Chamber to support this bill and support all individuals that are dealing with the challenges and the families that are affected. Again, I applaud the minister and the team members that have been involved in the crafting of these changes that will ensure the protection of Albertans and will ensure that our communities, families, and patients are being protected and supported.

Thank you, Mr. Speaker.

The Speaker: Hon. members, Standing Order 29(2)(a) is available. I see the hon. Member for Fort McMurray-Lac La Biche.

Ms Goodridge: Thank you, Mr. Speaker. I just want to correct the record and take a few minutes here. As you know and as you're very well aware, representing a rural riding similar to my own, wait times for surgeries have ballooned in Alberta over the last number of years. It's important to note that access to the wait-list isn't access to health care. Our government, our party was elected on a platform that involved reducing that wait-list, and that was something that I was very proud to campaign on when I went door to door in my riding of Fort McMurray-Lac La Biche.

It is worth noting that independent surgery clinics are not new. They've been a valued partner in our health care system for decades. I believe they've been around longer than I've been alive. That would include time under the NDP when they were in government and the Member for Edmonton-Glenora was the Health minister. They performed approximately 15 per cent of the surgeries. We have 43 chartered surgical clinics currently operational in Alberta, and currently the process to approve these requires a ministerial order. One of the things we are proposing in this bill, in Bill 30, is to allow it to be approved through policy mechanisms which will speed up that process while still having all of the safety regulations followed, while still making sure that we are focused on patient-centred care.

I am really lucky to be relatively young and very healthy, but not everyone necessarily is. I'm not a huge fan of going to hospitals. Most of the time when I go to the hospital I'm either, like, seriously hurt or have had to experience a family member dying, so that's not my favourite place to be. If I needed to get a surgery, I would probably prefer to go to a clinic rather than to a hospital simply because of some of those negative feelings I sometimes have with the particular hospitals. For example, I still have a hard time going to the third floor of the hospital in my hometown of Fort McMurray because that's where my mom died. Every time I go up there, that is the first thought that comes to my mind, so I prefer not to go there. It is a spectacular facility. We have amazing doctors and nurses that work there, and they took amazing care of my mom, but that's just not somewhere that I would choose to go.

If I had a choice, if I needed to have a surgery, a relatively simple surgery – that's something that is really important. These chartered surgical facilities perform surgeries at a lower cost with the same level of quality. A reason why they can do it at a lower level of cost is because they have a lower administrative cost. Hospitals are some of the most expensive ways to get surgery. Hospitals are definitively needed in our health care system. However, that is something that we really need to keep for the most complex patients with the most complex needs. Someone that's relatively young and relatively healthy like myself might be better suited to go to a chartered surgical facility, should I need a service.

They also have lower equipment costs since they don't need the complex equipment that a hospital has, and staff costs often tend to be a little bit lower. For example, a facility that just does cataract surgeries in a row would need a different level of service and could possibly get by with a technician rather than an RN to support the surgeon because of the risk of the surgery.

Moving less complicated outpatient surgeries to these chartered surgical facilities will help us to give these people access to health care rather than simply more access to a wait-list. I really do think that this is something that the members opposite are failing to understand. We are saying that we support our publicly funded health care and we support delivery of this through hospitals and other items, but we believe that this piece of the pie could be a little bit bigger and it could serve Albertans better.

I've had lots of people contacting me saying that they're a little bit concerned, and when I explain to them that these chartered facilities have existed in our province for decades and that already 15 per cent – they're actually quite happy. I would urge everyone to support this.

The Speaker: Hon. members, those interested in joining the debate have an opportunity now. The hon. Member for Edmonton-McClung will do so.

Mr. Dach: Thank you, Mr. Speaker. I promise not to go over time by not listening to timers but just trying to use my best judgment and standing on my feet, and, hopefully, that will get me off the hook.

I wanted to ensure that the previous speaker, the Member for Fort McMurray-Lac La Biche, knows that I was listening intently to words that she had to say with respect to her ability to afford to go to a clinic rather than a hospital, something not a lot of Albertans are able to do. Good on her if she's able to afford to go to a clinic. I debate whether or not indeed that lower cost might be achieved at those clinics because that indeed is not . . .

Ms Goodridge: Point of order.

The Speaker: A point of order has been called.

The hon. Member for Fort McMurray-Lac La Biche.

Point of Order Imputing Motives

Ms Goodridge: Thank you, Mr. Speaker. I would like to call a point of order under Standing Order 23(h), (i), (j), as the member has imputed false motives. I by no means said that I was going to be paying for this. I was simply stating that I would like to, if I were to need a service, go to one of the independent surgical chartered clinics that currently exist that are funded through our publicly available health care system.

The Speaker: The hon. deputy Opposition House Leader.

Ms Gray: Thank you very much, Mr. Speaker. I would suggest that this is not a point of order. The member was not making allegations or imputing false motives, simply joining in the debate on this issue, which, as we've heard through many, many speakers, revolves around the concerns around privatization and Albertans having to pay for medical services. He was beginning his remarks on that subject. I believe this is not a point of order at this time.

9:50

The Speaker: Thank you for your submissions. I can only imagine there are no other submissions.

It looks like the hon. Member for Cardston-Siksika would like to provide one. I sure hope that he has new information.

Mr. Schow: If the hon. Speaker is ready to rule, then I'm happy to withdraw.

The Speaker: I certainly am ready to rule. I'd like to provide some caution to all members of the Assembly, particularly in a debate that is likely to take a number of weeks. I would never presuppose the activities of the Assembly, but one can imagine that individuals in this House have strongly held views on this particular issue. I think this is a good opportunity to remind all members to ensure that their comments are directed through the chair. I think that will help to depersonalize the debate somewhat this evening and as we move forward in the debate on Bill 30.

While each member in the Assembly can make statements that they believe to be true and we should accept them as that, this is a matter of debate, and I do not find a point of order. But I would encourage members to, one, direct their comments through the chair in a very intentional manner and, two, if we stick to the substance of the bill, that will particularly help us all ensure that order and decorum is maintained.

The hon. Member for Edmonton-McClung.

Debate Continued

Mr. Dach: Thank you, Mr. Speaker. Thanks for that ruling. I take it under advisement, and of course as I think my behaviour in this House has exemplified, I certainly take no opportunity to personally attack the integrity of an hon. member. If indeed that hon. member saw that as such, it certainly was not my intent.

In any case I will continue and suggest to all hon. members in the House that this piece of legislation is definitely going down the path of American-style health care and weakening our public health care system, something that is not unexpected of this government, but the depth and breadth of the measures within this Bill 30, this attack on our health care system, our public health care system, is certainly going a long way to cause Albertans to be concerned.

We were being accused in this House, Mr. Speaker, of scaring Albertans. Well, I'll tell you what. It doesn't take us to scare Albertans. The government of the day is certainly doing a good job of that all by themselves, whether it be health care or labour legislation or child care or \$25-a-day daycare, anything that has to do with looking after your own family, making things costlier. Believe me, Albertans are concerned, and the concerns are being generated by the moves of this government. They continue to be concerned because of pieces of legislation like this horrific one we're looking at right now, Bill 30, which is an attack on our public health care system that has been planned and is being rolled out at this point in time by the current government at a point in time where they believe that they will have the least push-back from Albertans on it because they know that it is a very contentious issue.

Mr. Speaker, as you mentioned in your remarks, this debate will be a long one, and it will be hotly contested. The government's decision to strategize to bring forward this legislation at this time is a reflection of the seriousness that they take Albertans' opposition to these kinds of measures. We've heard other speakers from this side of the House mention past pieces of legislation during the Klein years, his Bill 11, which resulted in massive protests and the backing down of the government. I certainly was aware and lived through those days, and this government, I think, forgets those massive uprisings of the Alberta populace at their own peril.

Certainly, we are hearing increasingly volatile news from our electorates that they are diametrically opposed to these moves that

the government is taking in Bill 30 as it becomes more and more widely understood exactly what the details are and what effects this will have on individual families, individual Albertans, on children, on the health care of seniors, on the general affordability of health care in the province, on the divisibility of universal health care, the accessibility of it, the privatization of certain elements of it, all under the guise of efficiency and creating a more affordable system which is able to operate at lower cost. It is something that Albertans are going to see through once again. Believe me, they'll be a loud and very clear voice throughout this province about the effects of this proposed Bill 30's attack on our public health care system.

As others have said – let's be clear – this is not patient centred or person centred; it's definitely profit-centred medicare. It's not even trying to hide the fact, although naming the legislation is something that this government has once again taken upon itself to do in such a fashion as to try to mask the actual intent and outcome of the legislation.

We really don't understand – and Albertans are shaking their heads – what in the world this government is up to at a time when we see a hospital in my own riding of Edmonton-McClung close its doors to, first of all, most patients and now, as of yesterday, all new admissions. The Misericordia is closing its doors to all new admissions because of an outbreak of COVID-19 at that hospital. You know, the government tells us that it's safe. I know that the health care professionals in that institution are doing their level best, but this is an insidious infection, Mr. Speaker, and it's gotten into one of our hospitals.

We are doing our level best, and I hope that there's a great accounting and very precise accounting of what is working right and what's not working so that we get a handle on that infection in that hospital very, very quickly so that we don't see a repeat of the same very serious situation in other Alberta acute-care hospitals. We've seen how quickly it happened at the Mis, where basically the institution is not accepting any new patients and has become an ineffective acute-care hospital for taking and caring for patients in a pandemic situation in the province. If that starts replicating itself in other hospitals, Mr. Speaker – boom, boom, boom – you can have two or three acute-care hospitals not accepting patients.

We are in the middle of a very, very serious health emergency, a global pandemic, which is having repercussions here. Yes, we've done better than other places in the world, but by the example of the Misericordia being closed to admission of new patients, we see just how fragile things are health care wise in my own neighbourhood, my own riding in the west end of this city, in this province. That, Mr. Speaker, is something that we should be very aware of and very focused on at a time when Albertans are concerned in many ways about their livelihoods and their health. Now this government has chosen to undertake a massive overhaul of our very health care system that is at risk right now of serious fracturing because of a pandemic that's ongoing that we're struggling with.

I hope that the government sees fit to back down on a majority of these items that are imposed upon Albertans by this piece of legislation. It took a whole lot of effort on the part of thousands and thousands of Albertans and massive demonstrations on previous ventures by Conservative governments in the Klein era. You know, it was an ugly, ugly period of time in this province when that government of the day forced Albertans to rise up to their feet in anger and eventually cause the government to back down from major pieces of legislation which then attacked our public health care system.

Here we go again in 2020 with a government that thinks it's going to get away with something even more insidious, and I can tell you right now, Mr. Speaker, that that is not going to happen. The

population of Albertans who remember what happened in the past is large. I count myself among them. It's not only my generation, but there are young members of this Legislature who were going to school at that time and remember exactly what was happening when those cuts ended up deeply cutting their health care budget. The members of the Klein government and the health care minister at the time definitely took it upon themselves to try the same type of decimation of our public health care system. Albertans are not prepared to sit on their hands while this happens. Believe me, once you light that fire, Mr. Speaker, careful what you start because Albertans, once incited to rise up against the government in this province on a health care issue, will be motivated to take it all away. I can see that happening already.

10:00

This is an attack on a system that people in this province fought long and hard for. I know I've mentioned in the past and other members of this Legislature have talked about their own family situations with respect to public health care and how the generation past didn't have that to rely upon. In my case my grandmother, in the middle of the Second World War, while looking after the farm while my grandfather was away overseas with the Canadian Army, had to undergo a goitre operation and then subsequently had to get somebody to come in and help with the farm, ended up having to sell the farm while my grandfather was overseas. They relied upon, of course, a doctor's help. The operation was successful, but it took three years to pay the doctor. In a couple of those first years the doctor got a chicken at Christmastime, and that was because there wasn't any money left over to pay him. She paid over the course of three years for that operation, and that was the way things worked then. A lot of members may not recall those things, but that was not that long ago.

We put in place, in the middle '60s, a public health care system that we've envied for a long time, and successive Conservative governments have seen fit to attack it. Believe you me, Mr. Speaker, we're not going to stand by and lightly accept this. We're going to fight this every step of the way.

With that, Mr. Speaker, I move to adjourn debate.

[Motion to adjourn debate carried]

Bill 31 Environmental Protection Statutes Amendment Act, 2020

The Speaker: The hon. Member for Lac Ste. Anne-Parkland on behalf of the hon. Minister of Environment and Parks.

Mr. Getson: Yes. Thank you, Mr. Speaker. I rise today on behalf of the hon. Minister of Environment and Parks to move second reading of Bill 31, the Environmental Protection Statutes Amendment Act, 2020.

Sand and gravel operators play an important role in our province, and we want to provide certainty wherever possible for our job creators while protecting the environment. That's why we're proposing amendments to the Environmental Protection and Enhancement Act and the Public Lands Act to clarify how minerals and pits are defined in provincial legislation and provide clarity about how sand operations are best regulated.

In May of this year, 2020, Alberta's Court of Appeal ruled that sand is a mineral under the Environmental Protection and Enhancement Act. The implications of this decision mean that sand extraction operations moving more than 45,000 tonnes of material per year must now be regulated as a quarry instead of a pit. To put this in context, Mr. Speaker, if you were to take 45,000

tonnes, spread it over 10 kilometres about six inches deep, that's the amount of material that we have; not very much, quite arguably.

While the terms "quarry" and "pit" appear similar since they both involve removing in situ material from the ground, they're regulated very differently. A pit is regulated through a simpler authorization process that's been in place in Alberta since 2004, and it's been working very well. A quarry that produces more than 45,000 tonnes of material per year requires an approval under the Environmental Protection and Enhancement Act as well as an environmental impact assessment.

The court decision contradicts the intent of Alberta's current regulatory framework around sand. Without Bill 31, sand extraction projects that would have been regulated as a pit with a straightforward authorization process will now be regulated as a quarry. Subjugating sand to the same regulatory oversight as minerals is unnecessary and does not reflect the actual environmental impacts of sand and gravel operations. This is complicated and unfair to our sand and gravel operators and creates unavoidable challenges for future sand operations in the province, including those with implications currently under review. The Environment and Parks department estimates that about 500 sand and gravel operations would be affected by this, Mr. Speaker. The applicants who are waiting for approval submitted the information required for a pit authorization, not a quarry approval, so these applications are now incomplete, and they can't be authorized without passing Bill 31.

Bill 31: what does it do? In order to address the implications of the court decision, we need Bill 31 to clearly identify how sand is regulated. We need to change the definitions of minerals and pit in the Environmental Protection and Enhancement Act and remove the reference to silica sand from the Public Lands Act. Amending the Public Lands Act to remove references to silica sand will remove additional uncertainty about the interpretation of sand. Sand is already defined in our legislation, so defining silica sand creates confusion, ambiguity, and more work for the applicants. Bill 31 will align with the current framework, with the philosophy and the intent of our legislation. This will maintain lower costs for the industry and the government and avoid unnecessary work activities with well-understood environmental impacts and instill confidence for those seeking to invest in Alberta.

The stakeholders: you might ask, Mr. Speaker, where are they at on this? I've heard from the Alberta Sand and Gravel Association and from the rural municipalities association, and both of them are in favour of the amendments we're passing under Bill 31. Some larger operators with more financial resources at their availability may have benefited from the court decision that removes a requirement for a municipal permit. While the two-step regulation on this industry – and the environmental department will look into it – still needs some work, it's not recommended that municipalities be excluded from the process simply as an unintended consequence of this court decision.

In conclusion, the amendments under Bill 31 will avoid unnecessary red tape for industry, provide clarity to the operators, instill confidence in investors looking to do business in Alberta, and maintain the effective environmental sand and regulatory process for pits that has been in place for more than 15 years.

Mr. Speaker, I just want to give my unfettered thanks to the environmental minister for allowing a private member to speak on this as some of the court rulings actually originated in my area. Again I think it shows a difference between how our government operates and how the previous government operates. I've heard lots

of backbencher comments before, and I can say wholeheartedly that as a private member our voices are heard here, and we're working very well altogether.

With that, I'd like to adjourn debate, Mr. Speaker.

[Motion to adjourn debate carried]

Government Bills and Orders Committee of the Whole

[Mrs. Pitt in the chair]

The Chair: Hon. members, I'd like to call Committee of the Whole to order.

Bill 22 Red Tape Reduction Implementation Act, 2020

The Chair: Are there any members wishing to join debate? The hon. Member for Edmonton-North West.

Mr. Eggen: Thank you, Madam Chair. I appreciate the chance to speak very briefly in regard to Bill 22, the Red Tape Reduction Implementation Act, 2020. You know, always in the spirit of making things better for Albertans, we're here to help as the Official Opposition, to provide constructive criticism. Thus, as a token of that sentiment I have an amendment to Bill 22. If I could just pass that round, it would be great.

The Chair: This, hon. members, will be known as amendment A1. Hon. member, please note that you're moving on behalf of another member. Please proceed.

Mr. Eggen: Yes. If you'd like, Madam Chair, I'll read the thing into the record. The hon. Member for Edmonton-Decore to move that Bill 22, Red Tape Reduction Implementation Act, 2020, be amended by striking out section 12.

Shall I?

The Chair: Oh, yes, please.

10:10

Mr. Eggen: Okay. Good. We're talking about the AER in this section. You know, we just have a concern that removing cabinet approval for the AER decisions could potentially lead to more problems down the road. We've already heard concerns of how this might affect nation-to-nation relations – right? – in regard to energy developments adjacent to First Nations and Métis settlements. It's always good to be practical. We certainly concur that having approval times be moved in an expeditious kind of way is important for energy projects. Time is money and all that. I know as a former cabinet member that you certainly can move those decisions in a quite timely and expeditious manner, too, but it's important – especially for some of these really big projects and so forth, you need to make sure that there's full provincial oversight to make sure everything is going to work for people.

This section 12 amendment, I think, is very practical, and I hope everybody gets a chance to chew on it a bit and see what you think.

Ms Hoffman: And vote for it.

Mr. Eggen: And vote for it, of course. Yeah. Don't just chew on it; actually act on it, too.

The Chair: Sounds like a germ spreader.

Any members wishing to join debate on amendment A1?

Seeing none, I will call the question.

[Motion on amendment A1 lost]

The Chair: We are back on the main bill, Bill 22, in Committee of the Whole, the Red Tape Reduction Implementation Act, 2020. Any members wishing to join debate? The hon. Member for Edmonton-North West.

Mr. Eggen: Well, thank you, Madam Chair. You know, I didn't take that personally. Certainly, the amendment had its merits. For the greater good you just have to take the "me" out of the game sometimes.

You know, I think that we need to carry on with this Bill 22, Red Tape Reduction Implementation Act, 2020. I know that there are lots of elements to this bill, and I'm looking forward to having everyone get a chance to speak their minds on it. I will certainly be one of those persons.

But I think at this moment, Madam Chair, I would like to suggest that we adjourn debate on this. Thank you.

[Motion to adjourn debate carried]

Bill 23 Commercial Tenancies Protection Act

The Chair: Hon. members, are there any members wishing to join debate? The hon. Minister of Economic Development, Trade and Tourism.

Ms Fir: Thank you, Chair. It is my honour to rise and move an amendment to Bill 23, the Commercial Tenancies Protection Act.

The Chair: This will be known as amendment A1.

Hon. minister, please proceed and read it into the record.

Ms Fir: Thank you. Bill 23 was introduced in the Legislative Assembly on June 16 and is intended to protect commercial tenants from evictions due to the COVID-19 pandemic. The proposed amendments will ensure that the act and its regulations have the ability to effectively protect Alberta businesses impacted by COVID-19.

The amendments being put forward today are as follows. Section 2(1) is amended by striking out "only to a class of landlords or a class of tenants prescribed by the regulations" and substituting "with respect to a commercial premises only if the conditions and requirements prescribed by the regulations are met." Section 10(1) is amended by striking out clauses (b) and (c) and substituting "(b) prescribing conditions and requirements that must be met for the Act to apply to a commercial premises."

These changes address concerns I have heard from Albertan businesses and landlords. Specifically, I have heard that as it is currently drafted, Bill 23 requires more clarity to effectively meet our intent of protecting small businesses affected by the COVID-19 pandemic. The proposed amendments address these concerns by enabling regulations to set out conditions and requirements that trigger additional eligibility for protection under the act. This change will increase the flexibility of the act and its ability to protect Alberta businesses that are experiencing declines in revenues but do not fall into the groups of businesses ordered to close or adjust their practices.

Thank you.

The Chair: Any members wishing to join debate on amendment A1? The hon. Member for Edmonton-South.

Mr. Dang: Thank you, Madam Chair. It's my pleasure to rise and speak to amendment A1, an amendment to the Commercial

Tenancies Protection Act. The Official Opposition has expressed some serious concerns about this legislation. We've been calling for months for the UCP government to fix the commercial rent problem and to fix the failed agreement that they signed with Justin Trudeau when they jointly introduced the CECRA program. Let's be honest. The commercial rent program hasn't been fixed, and the CECRA program is deeply flawed. Even federal Finance minister, Bill Morneau, has apologized for the failure, but our Finance minister, who jointly negotiated this agreement, has been silent. It's very disappointing.

Over the past two weeks we've heard from thousands of tenants who are unhappy with this legislation. They tell us that it doesn't fix the problem. They are worried about closing their doors, laying off their employees, and losing their entrepreneurial dreams. I think that all members of this House have heard from commercial landlords. They are up in arms because this legislation is so flawed. We have all been copied on the correspondence of the minister of economic development and trade, and they've been begging this minister to fix the problem. Industry is right here. The minister dithered for the past two months, didn't consult, and brought in legislation that will make a bad situation completely untenable. Rarely have I seen this level of industry blowback, and it's not just one section of the bill. The list goes on and on and on.

Let's see what the industry is asking for: direct changes in the legislation so as not to jeopardize a roughly \$7 billion market and 100,000 commercial tenancies. And what is the minister's solution? There is none. There's a hope to fix one of the roughly seven big problems through regulation. At the same time as industry both tenants and landlords are desperately struggling to make it work in very challenging circumstances. The minister has completely dropped the ball, and she needs to pick it up. Regulatory fixes sometime in the future are not the solution. The government caucus has heard that from a \$7 billion industry, and that same message has been delivered to your Official Opposition.

If the government needs time to fix this, then take that time. Take the time, fix this bill, and make it right because right now this bill is completely untenable, one this opposition cannot possibly support. And we can't support this amendment that leaves a bill so deeply flawed because tenants and landlords, the two parties that this affects, don't support it. If the government can't fix this bill, then we will have to assess our options. We are listening to both tenants and landlords, and nobody would accept this amendment as a solution to a failed bill.

The Chair: Any other members wishing to speak to amendment A1?

Seeing none, I will call the question.

[Motion on amendment A1 carried]

The Chair: We are back on the main bill, Bill 23, the Commercial Tenancies Protection Act. Any members wishing to join debate?

Seeing none, I will call the question on Bill 23.

[The remaining clauses of Bill 23 agreed to]

[Title and preamble agreed to]

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

Hon. Members: Agreed.

The Chair: Any opposed? Carried.

10:20

Bill 28

Vital Statistics (Protecting Albertans from Convicted Sex Offenders) Amendment Act, 2020

The Chair: Are there any members wishing to join debate? I see the hon. Minister of Service Alberta.

Mr. Glubish: Thank you, Madam Chair. I'm pleased tonight to stand and speak about the Vital Statistics (Protecting Albertans from Convicted Sex Offenders) Amendment Act, 2020. I've been listening with interest to the comments and questions that members have raised so far in the debate, and I'd like to take the opportunity to address some of those questions here today.

First of all, I want to address the fact that several members asked why we don't just check the national registry and what we think a criminal record check would show that the national registry does not show. The answer to this, Madam Chair, is very simple, and the members opposite should know this. First of all, the national registry is not public. Average Albertans cannot access it, nor can the government.

Second, the federal government is not the owner of that registry; Canadian police agencies are. The federal government doesn't have access to that list nor does the provincial government. Police agencies are the only ones with access to the information contained in the national sex offender registry. Considering that, a provincial requirement for a criminal record check will reveal information to the government and identify if an Albertan is convicted of a sexual offence and whether or not they are therefore ineligible for a legal change of name.

On the related question of whether or not the national sex offender registry is updated, we would not have any information on that as we neither own nor have access to the registry. But again, members opposite should know that those on the list are only required to report for the duration of the order placed against them, and they can apply for a termination order. With the legislation that we are bringing forward, it is not being on the national sex offender registry list that prohibits someone from being able to legally change their name; it is whether or not they have been convicted of a sex offence.

On the question of whether there's work we can do with the federal government on advocacy as to how these matters are handled, I'll make two points, Madam Chair. First, legal changes of name are the responsibility of the provinces and territories. Some members opposite referenced the press conference where I made my announcement on this bill being introduced, which means they would have heard me say that there are currently 13 different rules on legal changes of names across this country, one for every province and one for every territory. They would have also heard me say that I have sent a letter co-signed by Saskatchewan's ministers of Justice and of Health to all of our provincial and territorial colleagues across this country encouraging them to join us in implementing these strong and important protections. This is an issue that is for provinces and territories to resolve, and that's what this legislation does.

Furthermore, they would have heard the Premier commit to bringing this issue to the next Council of the Federation meeting, where he will urge every Premier across this country to make this a priority in their provinces or in their territories.

I can tell you that this advocacy has already had positive results, Madam Chair. Just recently, shortly after we made the announcement, I had a call at the request of the Minister of Government and Consumer Services and also the Solicitor General from the government of Ontario to talk about what we are doing with Bill 28, to ask questions about what we're doing, how we're

doing it, and to brainstorm on how we can collaborate to make our community safer. This is just one bit of evidence to show that the work we are doing to make our communities safer is working, and we will be leaders on the national stage.

Next, several members mentioned the registrar's current ability to refuse to register a legal change of name. While it's true, Madam Chair, that they do have this ability, the registrar does not have access to information regarding criminal convictions, so they cannot refuse to register a name on those grounds. The current legislation does not provide the registrar the information needed to accomplish the goal of prohibiting convicted sex offenders from being able to legally change their name, but the legislation that I have proposed will do exactly that.

Members also brought up questions about tracking legal changes of name. They would know, of course, that they changed legislation so that legal changes of name are no longer publicly reported in the *Alberta Gazette*. Service Alberta submits the information to the RCMP's Canadian police information centre to ensure that law enforcement agencies have up-to-date information regarding an individual's legal name. I'll note that when an offender is designated as high-risk, it is the police who decide how to notify the public about their release. When police issue a high-risk offender notice, only information that is necessary for public safety is released on this registry. What the proposed changes that I'm bringing forward will do is prevent people convicted of these designated offences from being able to change their names in the first place. That's the whole point, Madam Chair.

Now, Madam Chair, I'd like to address the fact that some of the members opposite, I will say, had some honest, good-faith questions and comments, which I hope I have now addressed in my opening remarks, but some of the members opposite also had some completely unreasonable comments and went so far afield in debate on what I believe is some very good legislation, which even many members opposite have said they support. But some of the members opposite have gone so far afield and have made some absolutely ridiculous comments to say that this legislation is no good and that it is simply an empty shell of an attempt to address the issue or that it is flag-waving on a very dangerous issue. Those members should be ashamed of themselves.

I mean, if that is how they feel, I wonder if they've said that to survivors and advocates like Sheldon Kennedy, who have had to endure these heinous crimes and have been fighting to try to raise awareness and to advance the causes of survivors. These are survivors who support what we're doing, Madam Chair. I wonder if the members opposite who have made some of these irresponsible comments would have the courage to say what they've said to survivors like Sheldon Kennedy.

What about Alberta's child advocacy centres, which have written a letter to governments across Canada and to their counterparts across the country in which they state that, and I quote, this legislation is imperative to provide protection to child and youth victims of crime and to ensure safety from their offender. End quote. Have they raised their same concerns about our legislation and made their same criticisms about our legislation to the staff and clients of these child advocacy centres?

Let me just say, Madam Chair, that this legislation is one more step. It is not just one step. It is one more step in how our government is acting to protect and support survivors. We have passed Clare's law to ensure the protection of those at risk of domestic violence. We have not only passed legislation to protect survivors of human trafficking, but we have also set up a task force to address this important issue. Those are just a couple of parts of our nine-point action plan on this issue that we outlined in our platform.

Speaking of our platform, Madam Chair, I'll remind all members of our commitments to funding for sexual assault services, including a 24-hour crisis line. We have been clear from the beginning of our intention to help survivors. We have increased funding for ALERT, which includes the Internet child exploitation unit, or ICE. Very recently ICE made 18 arrests related to online child sexual exploitation. A news release from June 26 said that in March of this year ICE received a record number of intakes, 243 reported instances of online child exploitation in Alberta that month, which is far greater than the two-year average of about 110.

Madam Chair, I cannot take seriously any members opposite when they say that the changes in this legislation are an empty shell or constitute flag-waving, and I don't know how the rest of their colleagues can put up with these members and their comments either. What they have said about our government's action not being enough to take action, to say that we are not taking action to protect survivors is demonstrably false.

What we are proposing is practical legislation that will protect Alberta families and communities. This is supported by survivors and organizations that support survivors of sexual violence. I am proud to be part of a government that is bringing forward such important legislation.

Thank you, Madam Chair.

The Chair: Are there any other members wishing to join debate? The hon. Member for Brooks-Medicine Hat.

Ms Glasgo: Thank you, Madam Chair, and thank you to the minister for tabling such an important piece of legislation. Admittedly, I haven't been able to have a chance to get up and speak to this bill yet, so I thought that I would take the opportunity now in Committee of the Whole and just express my support for Bill 28 and what it aims to accomplish as far as it goes to keep our communities and have parents and all in the community know exactly who is living in their communities.

I wanted to just start by opining on some of the thoughts from the Member for Cardston-Siksika last night, who I thought gave one of the better speeches I've heard this session, actually. I don't want to say that too loud because I want him to fit through the door when he leaves, but he spoke, I thought, from a very humble place of, you know, his perspective as a father. While I'm not a mother yet in my life – and I've been quoted in *Hansard* a few times saying how excited I am to be a mom one day and have a whole bunch of cute little kids – I can say that we need to know who's living in our communities, Madam Chair, and we need to, as community members, be able to rally together and protect those who are living in our communities. Part of that is making sure that we know who's living next door to us.

10:30

I just have to say thank you to the minister for making this happen as well as for fulfilling some key campaign platform promises, including to crack down on things like human trafficking. It will help to know who's in our communities so that we can do that. Also, it shows our government's commitment to protecting survivors and to enabling survivors to live a full life and a life unhindered by those who have hurt them. At the end of the day, Madam Chair, I think what's really important here is that, you know, we have survivors of sexual violence who will be living with the repercussions of these horrible people's actions for the rest of their lives. At the very least they can live with their name.

I have to say to the Minister of Service Alberta that this piece of legislation is essential, it's important, but what I also think is really

admirable is that it's laying the groundwork for other provinces to do the same. I want to thank the minister also for his endeavours to get other provinces onboard and onside and for really, truly being a leader in the fight against exploitation of children and keeping our communities safer.

As well, Madam Chair, you know, it's important that we listen to our stakeholders on this and for people like Sheldon Kennedy – and I know many of us know who he is, and many of us have probably had the privilege of hearing him speak. You know, he speaks often about the negative effects that his experiences have had on his life, as a survivor, as someone who was victimized at a young age and taken advantage of. It's an incumbency upon us as elected officials, we always say, to leave things better than we found them and to try to do better to help the most vulnerable. This piece of legislation does just that.

I'm also glad to see that this is a piece of legislation that we can work on together as an Assembly and we can come together and, hopefully, vote together on. I'm not going to presuppose the outcome of this bill. I think that although there have been some minor questions that could have probably been googled, but it's fine. We can stand here and answer them as well.

I know the minister has no problem meeting with people in his office. He has a very open door. His staff are wonderful as well. I'm glad to see that his hard work is being rewarded, and I know that as proud father to formerly T.H. but now cute little Max, who we all get the pleasure to see in photos in the Legislature sometimes, when COVID is not happening, this is something that's really close to his heart. I just want to congratulate the minister with my remaining little minute here and just say thank you for all that he's done on this important piece of legislation.

I know that I'm happy to support it. I know that my constituents are happy to support it. This is a real step to make sure that our communities are safer. I encourage all in the House to support it as well.

Thank you.

The Chair: Any other members wishing to join debate on Bill 28?

Seeing none, I will call the question on Bill 28, the Vital Statistics (Protecting Albertans from Convicted Sex Offenders) Amendment Act, 2020.

[The clauses of Bill 28 agreed to]

[Title and preamble agreed to]

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

Hon. Members: Agreed.

The Chair: Any opposed? Carried.

The hon. Government House Leader.

Mr. Jason Nixon: Well, thank you, Madam Chair. I move that the committee rise and report – I want to make sure I've got this right – bills 23 and 28 and then report progress on Bill 22, I believe.

Thank you.

[Motion carried]

[The Deputy Speaker in the chair]

The Deputy Speaker: The hon. Member for Camrose.

Ms Lovely: Well, Madam Speaker, the Committee of the Whole has under consideration certain bills. The committee reports the following bill: Bill 28. The committee reports the following bill with some amendments: Bill 23. The committee reports progress on the following bill: Bill 22. I wish to table copies of all amendments considered by Committee of the Whole on this date for the official records of the Assembly.

The Deputy Speaker: Does the Assembly concur in the report? All those in favour, please say aye.

Hon. Members: Aye.

The Deputy Speaker: Any opposed, please say no. So carried.

The hon. Government House Leader.

Mr. Jason Nixon: Well, thank you, Madam Speaker. Pursuant to Standing Order 3(1.2) I wish to advise the Assembly that there will be no morning sitting tomorrow.

After I advise the Assembly about that happy fact – I can tell that you're very happy about that, Madam Speaker – I will adjourn the Legislature until tomorrow at 1:30 p.m.

[Motion carried; the Assembly adjourned at 10:36 p.m.]

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