



Province of Alberta

The 30th Legislature  
Third Session

# Alberta Hansard

Tuesday evening, May 24, 2022

Day 35

The Honourable Nathan M. Cooper, Speaker

**Legislative Assembly of Alberta**  
**The 30th Legislature**  
Third Session

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New Democrat: 23

Independent: 3

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## Legislative Assembly of Alberta

7:30 p.m.

Tuesday, May 24, 2022

### Government Bills and Orders Committee of the Whole

[Mr. Milliken in the chair]

**The Deputy Chair:** Nobody needs to stand, but I guess maybe everybody should be seated. I would like to call the committee to order.

**Mr. McIver:** Unbelievable respect. That's what it is.

**The Deputy Chair:** Of course, and I appreciate it.

#### Bill 11 Continuing Care Act

**The Deputy Chair:** Are there any questions, comments, or amendments to be made at this time? I see the hon. Member for Calgary-Mountain View has risen.

**Ms Ganley:** Thank you very much, Mr. Chair. I am pleased to rise to speak to Bill 11, which is the Continuing Care Act. I know I've had the opportunity to speak to this bill before, but I'm very excited to get to speak to it again because I ran out of time last time. No one will be surprised to hear that. [A cellphone rang]

What we were talking about is what the bill does do, which is to say that it consolidates several pieces of legislation. Now, I'm a fan of modernizing legislation. I think it's important. Anyone who knew me from the Legislative Review Committee when we were in government will know that I'm oddly nit-picky about very strange things, but I think it's important. I mean, it is the law, right? We talk about it in a very glib manner sometimes in this place, but it is the law, and it needs to be sufficiently modern so that it can handle modern contexts and so that people can apply it out there in the real world, because that's what it does. So it is important that we consolidate regulations.

However, I think that what needs to be considered here is context. We have a context where the long-term care system in this province and provinces across the country, in fact probably in most of the world, has been severely tested over two years of a pandemic. I think flaws have been discovered that maybe were there before but were a lot less obvious. We saw, tragically, a number of people dying and quite a high number of people dying in long-term care, and we shouldn't lose sight of that because those were real people.

Yes, many of those residents were older or they were disabled, but their lives had value and their lives had meaning, and they were cut short in part because of a pandemic but in part because the systems we had in place were not able to adequately adjust to a pandemic. I think that's serious, and it's something that should be treated with the greatest seriousness and also with great speed because this is a problem that's still occurring today. People are still being infected today, and residents of a long-term care home can still have very serious outcomes.

The thing that this bill doesn't do is fulfill the promises that this UCP government made a year ago. It doesn't fulfill the promise to increase home care, it doesn't fulfill the promise to increase the number of hours of care that a resident would receive, and it doesn't fulfill the promise to increase the number of full-time staff. I'd like to go through each of those in detail.

I'm going to begin with the last, actually, the proportion of full-time staff. We saw that an order had to be brought in for single-site

work. That was a good and important thing, but it had to be delayed and modified and with exemptions granted because our system was not able to adequately adapt to it. We have designed a system that is so focused on the dollars you spend on each individual, not on their quality of life, not on whether they wind up in a higher level of care because they didn't receive adequate care in the level that they were in. This is a real thing, particularly when you're dealing with patients who have the early signs of dementia. If they receive appropriate and adequate care, if they are adequately engaged, they are much more likely to be much more functional for a much longer time. They will spend less time in a higher level of care, and we all know that higher levels of care are much more expensive.

That's something that's worth talking about, too, because it often gets lost in this conversation. When people are trying to compare private homes to public homes, they forget that there are different levels of care. There are four levels of care and then dementia care. Dementia care has way, way, way higher staffing needs than the lowest level of care, which is right, right? We're trying to put the appropriate individuals in the right places so that they get the level of care that is necessary for them.

Patients with severe dementia require a lot of care because they are often problematic in terms of that sometimes there is violence. It's not because the person intends there to be but because they are scared and confused and don't understand what's going on. It's often the case, going back to the full-time staff thing, that they're dealing with different people on a day-to-day basis. Can you imagine anything scarier than waking up and not knowing where you are and having someone come to care for you that you don't recognize and that you don't know and routines that are unfamiliar to you? This is the day-to-day life for a lot of these folks.

So the increase in the proportion of full-time staff is important. It's important from a pandemic perspective because we saw a lot of transmission occurring as a result of the fact that we rely on a system where staff are kept to part-time hours to avoid paying them benefits, and then they have to take multiple jobs in multiple different places. That's obviously bad in a pandemic; I think it's bad generally. I think it's bad generally because I think that people at the end of their lives deserve dignity, and part of dignity is knowing the people who are caring for you and not just sort of being, you know, a number in a room that is cared for by whoever happens to be going by. I think that it's important, and I think it contributes to the quality of life and ultimately contributes to a slower decline, which means that people are not put in those higher level care homes, which actually does save money.

I think this could be measured. We don't currently measure it in the system, but I think it could be measured, and it could be demonstrated that it saves money. There are a lot of things that come out of what you do and don't measure. Like, when people started doing social return on investment analyses for a number of social programs – for instance, affordable housing – it's often the case that estimates run between something like \$4 and \$10 in terms of policing costs, judicial costs saved by investing in affordable housing. I think that a similar analysis could be run here.

That proportion of full-time staff is important, and it's important, actually, for another reason. We talk a lot in this place about job numbers and whether they're going up or down. The numbers are reported in a detailed way and an important way for those who are familiar with them, who read them regularly, like most of us in here, but they can sort of be, I think, distorted somewhat for the public. When I see job numbers, as we have recently, where you're seeing the percentage of part-time jobs increasing, I don't always think that that's necessarily a good thing.

It's good to have more jobs, absolutely, but I think that for most people the ideal situation would be to have one full-time job that

you work at that is able to cover your bills, and then that's it. You can choose to work an additional part-time job if you want to choose to work an additional part-time job, and that's fine. But increasingly we see a situation where full-time employment is becoming more and more rare. We see people in the gig economy, and we see things like this, where individuals are being forced to run from here to there to the next place to try to cobble together enough part-time jobs to essentially make a full-time salary, but they still don't get benefits, and that's a problem. It is a shift. It's a shift in our world, and I think it's a shift that government ought to concern itself with.

Now, I'm sure my friends across the way would tend to disagree, but I think government has a role to play in putting in place the incentives that cause the market to create more full-time jobs and fewer part-time jobs, however that is done. Whether it's having everyone have their benefits through their employers, having that sort of money redirected centrally and then everybody getting covered by benefits centrally, or whether having some sort of tax credit for paying for benefits for people, there are lots of different sort of policy solutions that you can have to this. I think that a world where increasingly people are cobbling together, you know, 60 hours out of three jobs to try to make ends meet is not the best-case scenario. It's a situation where our children may have it harder than we did, which is not something any parent ever wants. Many people come to this country – my grandparents did; I'm sure many people here have that same story – to build a life for their kids so that their kids can have better than what they did.

**7:40**

So, yes, there are three reasons, I guess, in summation, to increase the proportion of full-time staff, and they are better care for the residents; obviously, infection control, as we have discussed; but also that it's just better on a sort of overall view of a society for more people to be able to get by on just one job.

The other thing I mentioned that this bill doesn't deal with is the number of hours of care that a resident would receive. Now, that is relevant for many of the same reasons, because people at the end of their lives deserve dignity, and dignity involves often assistance with things. It often involves, in this case, assistance with, say, bathing and hours of care. I mean, these are very direct impacts. Like, we're talking about the difference between one bath a week and two baths a week, and that's a big deal. If you were the one-bath-a-week person, that would be a big deal in your life. I think that's a legitimate consideration.

So that is another reason that it's important to sort of be handling these things, be handling the number of hours of care, that and because if we do face a situation, like we have, when you're already running your system at absolute maximum capacity, when you are already running your staff to the point where they're borderline exhausted every day, where, you know, you're sort of two minutes of staffing time away from an emergency every day, then when something like a global pandemic hits, you're ill prepared. That is what we saw. This government promised that they would make that change, that they would increase the number of hours of care that residents receive.

Again, this is important to their quality of life. It's important to basics like nails being cut and hair being brushed and to people who require assistance with bathing or eating or any number of other things, but it's also important in terms of keeping people engaged in the world, in terms of having activities like exercise and going for walks. I mean, we all know the benefits that exercise has and having, you know, more individuals to be able to sort of move people and assist them to access exercise programs, to do exercise programs. These are important things. Social programs: also incredibly important. When people stop socializing, there are

measurable impacts on cognition and on cognitive decline, particularly for those in early-stage dementia. Those things can be measured. We know they are important.

If we're measuring not just the dollars per unit but if we are genuinely considering those lives to have worth, which I think we ought to do, then quality of life should be one of those measures. It shouldn't just be: how much does it cost? It should be: what is your value for money? What are you getting for the dollars you invest? That's how we should think of it. We should think of it as an investment. That's how public services should always be thought of, because when you don't think of them that way, you get a sort of gradual chipping away that makes the world generally worse off. Maybe you can handle an individual for a smaller amount of money, but the quality of life that that individual is experiencing becomes lower and lower. I mean, that's one of the many reasons why I think the hours of care should be increased and why I think it's important.

You know, the government is saying: okay; well, we brought in this legislation, and this is going to happen by way of regulations. I mean, this "trust us" thing happens over and over again, but the "trust us" part never happens. They say, "Trust us," and then they never follow through. I don't know. It seems that people continue to be surprised. The UCP continues to be surprised that Albertans don't trust them, but when you keep making promises and you never follow through on them, people will not trust you. That's how it works.

So, yes, that number of hours of care is important. I don't think it can wait till 2023. You know, these recommendations were from a year ago. I feel like at least some of these changes could have been in the legislation. There was no reason that they needed to fall to regulation. In fact, when you're sort of delineating between what ought to go in your legislation and what ought to go in your regulations, basic protections should go in your legislation. The reason that basic protections should go in your legislation is because that is the thing that comes here to this place about which there is a public debate.

Now, I have a whole theory about there being fewer and fewer folks in the media, meaning that information doesn't necessarily flow to the public the way it used to, which is, I think, bad, very bad, for democracy, in my opinion. The theory at least, the purpose of a legislative branch, is that we come here and we debate, and we debate on the public record. There are reporters who take that information, and they take it to the public, and any member of the public can read what I have said here today, can, you know, access – I think probably you could watch it right now online; maybe some people even are. The point is that there is a public debate created about this sort of thing. The protections that you are putting in place for people belong in the legislation because that is what the public conversation is about, and the public has a right to weigh in on that.

Things that go in regulation are details. They're sort of like – you put fees in regulation because they tend to sort of change over time every few years. You tend to put in regulation sort of details of how the mechanism of government will implement things. The public doesn't necessarily have an interest in that level of detail, but what they do have an interest in is the care that their parents and grandparents will receive. This sort of hours-of-care issue is a basic protection, and it should rightfully fall to the legislation, in my view.

Finally, the other promise that is not enacted here is an increase in home care. Yes, we're talking about long-term care. We're not talking about home care. But the two are intimately linked because for a number of people in lower level care beds they actually could just as easily have stayed at home. That's good for a number of reasons, infection control being one of them but also sort of regularity being another one. In home care there are demonstrated

effects. One of the things that the Member for Edmonton-Glenora did, when she served as Health minister, that I was really proud of was to increase home care. When we talk about health system costs, whether in the actual health system itself or in long-term care, home care is the best dollar-for-dollar investment you can make to decrease that.

Generally the most expensive piece of your health care system tends to be the sort of acute care, emergency room, ambulance kind of portion, right? And we need that. It needs to be there for an emergency, but if you can have more home care, you minimize the number of emergencies because it doesn't get to that point. It's the same way that I think the UCP's policy with respect to family physicians and the sort of consistent attack, specifically on primary care physicians, was so problematic, because that just drives things into the acute-care system. Not only does that drive up costs, but if the system – and this is what we're seeing right now. At a certain point the system maxes out on costs. There are no more costs to be driven up because there are no more bodies. There's no one to do the work, so what happens is that you just get people getting sicker or even possibly dying, and that is a really big problem because . . . [Ms Ganley's speaking time expired] Oh, man. Again?

**The Deputy Chair:** It goes quick.

I see the hon. Member for Edmonton-Beverly-Clareview. Actually, if it's okay, it was just – sometimes it's so tight.

**Mr. Bilous:** I had some very important, timely comments to make, but by all means.

**The Deputy Chair:** The hon. Member for Calgary-East.

7:50

**Mr. Singh:** Thank you very much, Mr. Chair. I stand today to voice my support for Bill 11, Continuing Care Act, which will, once again, enhance and modernize public health care while also responding to and meeting Albertans' health care needs. Before going further, let me thank the Minister of Health and the team for supporting and protecting Albertans who have voiced their concerns about the health care system in Alberta.

Mr. Chair, let us be reminded that Budget 2022 is moving Alberta forward by strengthening our health care system, getting more Albertans working, and bringing our finances back into the black. As we move forward, Albertans need a strong health care system with the capacity to manage extraordinary surges and provide an excellent standard of care to all. Budget 2022 provides more than \$22 billion in Health's operating budget, a \$515 million, or 2.4 per cent, increase from the 2021-2022 forecast. Excluding COVID-19 costs, it will grow by a total of \$1.8 billion by 2024-2025 in order to scale up capacity, another year of record-high investment for health care in Alberta.

Record investment in health care means that Albertans will see expanded access through additional ICU beds, new facilities in new communities, and more mental health and addictions care around the province. This record investment also ensures that Albertans across the province have access to the highest quality and most modern services our health care system can provide. Over the next three years Alberta will invest \$100 million per year to provide additional health care capacity on a permanent basis, including adding new intensive care unit beds. The budget also includes a \$750 million COVID-19 contingency this year, which will help address the surgical backlog and ensure the province can cover evolving pandemic-related costs.

Mr. Chair, this Budget 2022 will majorly impact and expand the continuing care programs and services for seniors and vulnerable Albertans. Budget 2022 provides nearly \$3.7 billion in operational

funding for professional health care and support services across the continuing care system, which is a 6.3 per cent increase over last year.

There is no doubt that our health care workers in Alberta are one of the strongest and hard-working members of our society. In honour of nurses' services during the pandemic a one-time lump-sum payment of 1 per cent was made in 2021. Our health care professionals have shown immense dedication in taking care of our loved ones and families and spending countless hours working hard, especially during the past couple of years, and their perseverance and commitment to serving the community is commendable. Our nurses have shown great initiative time and time again, and with the support of the government a new deal, which runs from April 2020 to March 31, 2024, contained a 4.2 per cent wage increment throughout the time of the contract.

Mr. Chair, the Calgary-East constituency has been happier than ever knowing that there are more health professionals working in our health care system than ever before, and they're compensated with a larger budget than ever before. More registered nurses, paramedics, physicians, and other professionals are needed. Alberta Health Services had 30,517 registered nurses as of February 2022, up from 28,735 in February 2019. There are 1,800 more nurses than there existed before the outbreak, under the NDP. Alberta Health Services now employs 230 more paramedics than it did two years ago. Paramedic staffing has climbed by 9 per cent, from 2,659 in December 2019 to 2,891 in 2021. The number of doctors registered with the CPSA in Alberta continues to rise, with a net gain of 33 physicians from the previous year's fourth quarter.

Budget 2022 will support even more growth by setting a new high for health spending. The total number of Alberta Health Services' employees is expected to rise by more than 3 per cent in 2022-2023, from 81,600 to 84,400. As we try to enhance access to care across the system – more surgeries, more diagnostic testing, more EMS calls, more home care and continuing care – those employees will provide more services to Albertans. The actual health care battle was waged by the NDP administration, which stood by and let wait times rise for four years.

Mr. Chair, I would like to share another proud milestone in the Calgary-East constituency. The Brenda Stafford Foundation, BSF, opened the doors of their newest site and welcomed the first residents who now proudly call Clifton House home. The highly anticipated Clifton House first broke ground on construction two years ago, in February 2020, located across the street from the existing Clifton manor long-term care site in Calgary, 47th Street SE. After Clifton's existing long-term care residents have completed their transition, Clifton House will then commence welcoming new supportive living residents from the community in partnership with Alberta Health Services' transition services. I look forward to seeing more supports and investments being made in Calgary-East to support our vulnerable and working members.

Over the years many continuing care stakeholders have asked the Ministry of Health to review Alberta's legislation to address challenges that exist in the system. The legislation review was part of our broader commitment to transform the continuing care system to do everything to ensure Albertans have access to high-quality continuing care. Support from continuing care stakeholders and the 33 written submissions and feedback from 7,000 Albertans that identified issues and recommendations for improvement as well as the input received through the home care and nursing home regulations review were all vital in addressing changes. Again, I want to thank everyone that contributed to this process. This feedback from stakeholders was instrumental in developing the proposed legislation.

8:00

Mr. Chair, Alberta's government is taking steps to protect the continuing care system throughout the province and ensure that the present-day services meet the needs and expectations of all Albertans. Albertans deserve the best quality health care, especially when accessing our continuing care system, one that best reflects present-day practices and services while addressing the ever-changing needs and expectations of those who rely on them. Bill 11 fulfills our government's campaign commitment to address the needs of the current legislation surrounding Alberta's continuing care system as well as the gaps in the current system revealed by the COVID-19 pandemic.

Mr. Chair, Alberta's present law for the continuing care system is comprised of several acts and regulations, some of which date back to 1985. This is why the government is introducing a new, streamlined continuing care framework as developed. Introduced and approved, the standards and regulations will be implemented as early as spring 2023. Continuing care in the province has evolved, and existing legislation does not effectively reflect current practices, services, or settings or address Alberta's changing needs and expectations. The Continuing Care Act consolidates all patchwork legislation from previous governments and takes action against the inertia left behind by the NDP in the critical sector of Alberta's health care system.

The proposed legislation will support a system that is more responsive to the needs of clients, residents, and families now and in the years ahead as a foundation to the overarching goal that Albertans receiving continuing care services are supported to have a good quality of life, whether it be through home and community care, in supportive living accommodations or in continuing care homes. The Continuing Care Act will enable system efficiency and improve service delivery for Albertans and support health care accountability and sustainability. It will modernize Alberta's approach to home and community care, supportive living accommodations, and continuing care homes while reducing the red tape surrounding this complex system.

Mr. Chair, Bill 11 will mandate frequent inspections for continuing care homes, assisted living facilities and home and community care officers to guarantee compliance with the act, rules, and standards. Furthermore, Bill 11 will enable new administrative monetary penalties to be imposed on operators who fail to comply with the legislation, establishing broad regulatory-making authority to set out additional details on content in the act as well as to include content in legislation or additional topics such as staffing and the provision of goods and services.

The new legislative framework will enable clear expectations through regulations and policy regarding what services and supports are available to Albertans accessing different levels of care and clarify and standardize which services require client copayments versus which are fully publicly funded. Most other Canadian jurisdictions – B.C., Saskatchewan, Ontario – have more copayment fees in place than Alberta for various goods or services provided in their public continuing care systems. Alberta has a range of seniors' benefits for those most in need, ensuring the most vulnerable seniors can count on a stable source of income and continue to live safely and independently in their chosen communities. Alberta's government made the commitment to maintain seniors' benefits and our financial assistance program to protect eligible low-income clients and residents. Again, Mr. Chair, we need to modernize our existing laws so that Alberta's approach to home and community care, supportive living facilities, and continuing care institutions can better assist Albertans today and in the future.

In Alberta our commitment and promise are to support and strengthen the health care system so Albertans can continue to have access to high-quality, patient-centred health services in a more sustainable and efficient manner. The Continuing Care Act will initiate substantial transforming shifts in existing policy and practices, including replacing many statutes with a single, simplified piece of up-to-date continuing care law, improving Albertans' understanding of how the continuing care system is run by increasing openness and accountability, providing Albertans with a patient-centred, adaptable, and creative health care system now and in the future.

Mr. Chair, Bill 11, the Continuing Care Act, should not be delayed any further. The aim is to create a unified strategy and align legislative mandates and services through all of the continuing care system. This will fill loopholes in the present legislation to provide that Alberta has the ability to monitor and enforce compliance with legislative obligations, including standards. Again, Bill 11, the Continuing Care Act, will create a more responsive health care system that can better meet the needs of patients.

I would like to once again encourage everyone in this Chamber to support this bill and support all families, communities, friends that need these changes to our outdated health care system. This will timely help our hard-working health care professionals and Albertans to receive the benefits they deserve. I again applaud the minister and the team members that have been involved in the making of these changes and for all of their efforts, that will ensure the protection of Alberta and will ensure that our communities, families, and patients are being protected and safely cared for.

Thank you, Mr. Chair.

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

Are there any other – I see the hon. Member for Edmonton-Beverly-Clareview has risen.

**Mr. Bilous:** Thank you very much, Mr. Chair. I'll start off by acknowledging my transgression earlier, where my device went off when my hon. colleague the Member for Calgary-Mountain View was in the middle of her speech. For that, I will be making a donation to SCARS, one of the foundations of my wife's choice. [some applause] Happy to do that. Apologies to all members of the Chamber for that transgression. [interjection] Yes. As per what happens from time to time, the Member for Edmonton-Whitemud is chatting in my ear. I will give her credit for helping to identify this animal rescue not-for-profit as the charity of choice.

I also, Mr. Chair, need to acknowledge the fact that I believe with all of my being that the Edmonton Oilers will defeat the Calgary Flames in tonight's game. Miraculously, I feel like the Oilers just scored. I can't put my finger on it, but I can feel it. Can you feel it, Mr. Chair?

8:10

You know, having said that, I will make one last comment before I move on to bill debate, because obviously it's very important, the job that we all do here in the Chamber. But I do just want to acknowledge how proud I am of two Alberta teams to make it to the second round, and, most importantly, Mr. Chair, the economic impact of the Flames and the Oilers going to round 2 and one of the two teams going to round 3 will be significant, significant for our restaurateurs, our hoteliers, the tourism sector that has been hit so hard over the past couple of years because of COVID. So I can't help that I think my frame of reference will forever be through an economic development lens, and not only am I a proud Oilers fan but acknowledging the benefit that it brings to our great province.

The last comment on this, because I could probably go for 15 minutes on this, Mr. Chair, is that our capital city region serves northern Alberta, it serves northwest Saskatchewan and, I would argue, northern Saskatchewan, and because Saskatchewan doesn't have an NHL team, it serves most of the province – I will give southern Saskatchewan to the city of Calgary – and also a number of residents in British Columbia. So the point is that it's great to see all of the benefits of our two great teams squaring off. I will leave hockey for now, but if I get that feeling again, members may see me wave my arms, as the hon. Minister of Health has already witnessed earlier this evening.

It's my pleasure, Mr. Chair, to speak to Bill 11, the Continuing Care Act. I have some comments to make. The minister – and I will thank him and acknowledge the fact that he's been very active in this debate thus far on this bill. Granted, though – or maybe, no. I'm not confusing this. I mean, this is a Seniors and Housing bill, but also it is the hon. minister who is sponsoring this bill. There are a number of changes this bill is implementing that I do support.

The fact, as has been talked about in this Chamber, that there are a number of pieces of legislation that will all be pooled or pulled together out of a number of different ministries and pulled into one act does provide a simplicity and an ease of looking at all of the legislation, regulations that surround seniors' housing or continuing care or home care. So, you know, I think, if I may, it brings together legislation from a number of different ministries, and moving forward I do think that there are benefits to that, and it will provide an ease of amendments or future changes to the act. So that's a positive, Mr. Chair, which I will acknowledge.

The challenge or challenges that I have with this bill: there are a number of them, Mr. Chair. Now, the first, which has to be highlighted – and I place this squarely on the government's shoulders. I will not single out an individual minister or member of cabinet, but we have come face to face with a very, very sad reality, which is the number of Albertans in continuing care who have passed away from COVID and throughout this pandemic. It is a tragedy. I know that members of the government caucus have also referred to the 1,600 Albertans who have lost their lives as tragic, and it is. Any time we lose a single Albertan or Canadian to a pandemic or unnecessarily, it is tragic.

I had hoped to see a number of initiatives or programs or supports or actionable items to help address that call to action. Unfortunately, Mr. Chair, I don't see action in this bill that would address that. I think – and I've said this previously in the Chamber – that this bill in its current form misses an opportunity, an opportunity to make substantive and meaningful changes. Now, I want to flag – and I know that the minister has been very responsive, and I suspect that he will rise and address some of the comments and questions that the opposition is putting forward, which, again, I appreciate. My understanding of the UCP's promises a year ago is that a bill or a commitment would increase home care, increase the amount of hours of care that residents would receive, and increase the proportion of full-time staff. Unfortunately, the bill falls short. It falls short of these commitments.

It also leaves much to the regulations. You know, I know that my colleagues have pointed out the fact that we've heard on a number of different pieces of legislation the government imploring Albertans and members of this Chamber to trust them and to trust that through regulation, which is, of course, decisions made behind closed doors by Executive Council exclusively, they'll make the right decisions and make the right changes.

Mr. Chair, I want to point out a number of examples where the government has claimed that Albertans should trust them, starting off – first and foremost, at a time when the world was facing a global pandemic, this UCP government chose to wage war on

doctors and nurses. You know, when I speak to colleagues across the country, they cannot believe that in one breath a government thanks the very front-line workers who – sadly, today we have an unprecedented number of them going on stress leave and needing to go on leave because they've been completely overworked. A way to repay them has been the threat of wage rollbacks for a number of health care officials and, for others, picking a fight with them and driving many out of the province.

My frustration is that there's been a lack of an acknowledgement despite the fact that the opposition has tabled numerous documents showing, in black and white, doctors leaving Alberta and indicating that they are leaving Alberta because of how this government has treated them, and the government stands up and denies that this is happening. You know, to me, Mr. Chair, this is something that is quite unprecedented. I mean, sure, members may embellish or in the past may have embellished in this Chamber, but to have members claim that down is up and black is white when there is evidence of the contrary, again, not the opposition or another member saying, "Trust me" but actual documented proof that's been tabled in this Chamber – it's unbelievable to me that anyone can claim the opposite is true. We've seen a number of doctors leave this province.

**8:20**

We see the number of red alerts where there are no ambulances available in a city reach record highs in the province's history. The fact that we have children's hospitals with lineups where they have to wait for hours blows my mind. Where are we living? I thought we were living in Alberta. I thought we were living in one of the richest provinces in the country and one of the wealthiest provinces.

**An Hon. Member:** Hear, hear.

**Mr. Bilous:** Then please explain to me how there's a lineup outside a children's hospital.

**An Hon. Member:** You're seeing things.

**Mr. Bilous:** I can't get my head around that. I'm not seeing things. That's documented in the paper. There are photos of lineups of families and kids waiting to be admitted.

Now, I don't believe anyone on either side of this Chamber would ever want to see that. I know there are members on both sides that have families, that have kids, and I'm sure members are feeling as outraged as I am. If I had to rush Olive to the hospital and stand in line for hours, I don't know what I would do. I'd probably lead a demonstration to this Legislature, because it is unforgivable. It's shameful. The point here is that it's preventable. It's preventative. Now, again, I'm not claiming that the government or the minister would ever do that intentionally, but if that wasn't a call to action, then I don't know what is.

Now, I'll be the first to admit that I've had great conversations with the Minister of Health about some of the other cities that are facing doctor shortages, the minister explaining the steps that he's taking to increase the number of doctors. I respect that, and I respect the fact that it takes time. You can't flip a switch and suddenly replace 20 doctors. I get that. My frustration is that we have allowed, this government has allowed the system to get to a point where kids are waiting outside of a hospital. There's another way. There's a better way. I'm not saying that the solution is just throwing gobs of money at the system, but if we get to a point where we can't even address emergency needs of our citizens, there's not a larger or louder alarm system that should be going off for every single member of this Chamber.

You know, there are other examples, Mr. Chair, where this government has made the wrong decision. Now, I don't claim that any government in the history of the world is perfect and makes perfect decisions. I'll be the first to acknowledge that our government, when we were government, made some wrong decisions and walked back policy. I'll give a great example. When I was minister of economic development and trade, we first introduced the Alberta investor tax credit, and the tax credit – when we went back to stakeholders, venture capitalists, Albertans, start-ups, they indicated: hey, we have a bit of a wrinkle here. We worked with them to address the issue as quickly as possible – I'm trying to think of the adjective – where I was more than willing to stand up and admit that we didn't quite get it right and we needed to make changes to do that. We did end up making the appropriate changes.

My point is that not every decision that any government is going to make is going to be perfect, but a great example – so this is a bit of a criticism and at the same time an acknowledgement for government. The decision to remove the insulin pump program was a wrong decision. Many Albertans rely on that, and quite frankly the cost to government was small compared to the value it gave to Albertans. It took many, many brave Albertans to stand up and call on the government to rescind that decision. The criticism is that that decision never should have happened. Now, having been in government, maybe that decision wasn't flagged to the minister as it should have been. Maybe it was a decision that passed through without the proper oversight, but – and here's the acknowledgement – the minister and the government halted that decision in its tracks.

What I will say – and I've said this to members of the government caucus. A decision to halt a program or to backtrack takes courage. It's not easy to admit a mistake, especially when we live in this environment where each side jumps all over the other if one misstep is made. It's unfortunate that we live in that environment. Now, I won't apologize for the job the opposition was elected to do, which is to hold the government to account, to propose solutions and ideas to amend legislation in order to improve it, and to call out the government when faulty decisions are made. That example did erode trust in many Albertans who, whatever the reason was, didn't understand how a program that has existed for so many years, that has been a game changer in the lives of Albertans, was suddenly going to end.

For those reasons and many others, when I speak again . . .

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

Are there any members wishing to join? I see the hon. Minister of Health has risen.

**Mr. Copping:** Thank you, Mr. Chair. I want to thank colleagues in the Chamber for commenting on Bill 11: the Member for Calgary-Mountain View, the Member for Calgary-East, and the Member for Edmonton-Beverly-Clareview. This, I believe, shows, quite frankly, the importance of the Continuing Care Act and the importance that we all feel in terms of improving our system for seniors and for Albertans.

I made comments prior to the dinner break, but I wanted to actually just get on the record again and then chat very briefly about why we're putting forward this, because I appreciate the comments made by the Member for Calgary-Mountain View saying that she is a fan of modernizing legislation, you know, recognizes that it is important, that it is the law, and having a framework, a framework that actually pulls the various disparate pieces of legislation together into one piece of legislation, which this does, Bill 11, is important. Similarly, I thank the Member for Edmonton-Beverly-Clareview in terms of recognizing that it's positive to bring all the

pieces together in one piece of legislation. So we definitely agree on this, and we agree that there needs to be a framework.

**8:30**

Now, I've also heard the members opposite talk about some of their concerns with the legislation, and it's not actually what's in the legislation. The concern, what they've highlighted, is what's not in the legislation. The Member for Calgary-Mountain View, you know, talked about home care, talked about the number of hours provided to individuals in continuing care centres. They talk about staff and staffing models. Well, Mr. Chair, I'd like to point out that none of these items today are in legislation. These items are either in regulation or they're in policy, and that is actually the appropriate place for these items because these things will change. Having a staffing model in legislation is not appropriate because it will change over time.

You know, having a requirement for home care and being specific about how much you put in: that's not appropriate at that location, in the legislation. Rather, that comes through the policy and comes through how we fund it from a budget standpoint. My colleague from Calgary-East spoke quite eloquently about the amount of funding that we are putting into these elements: additional funding into home care, additional funding into continuing care, additional funding into community care, and additional funding into continuing care spots. It's not only additional funding on the expense side, over \$200 million in Budget 2022, but also on the capital side, well over \$200 million, and that's in addition to the money we've already put in place for an additional 1,500 spots, Mr. Chair.

My comment here is that these elements, the details regarding, you know, what came out from the facility-based continuing care review and was highlighted – the appropriate place actually is in regulation. It is in the policy. That's where it should be, and quite frankly the members opposite: when they were in government, that's where they left it. They didn't change it. So it's appropriate that it be there.

Now, the hon. colleague from Edmonton-Beverly-Clareview suggests that – you know what? We cannot – you know, the government says: "We will deal with these issues in regulation. We will deal with these issues in policy. We'll go out and consult and ensure that we get it right as we develop this over time, as we modernize our approach and our framework for continuing care." The members opposite suggest that Albertans can't trust us.

Well, Mr. Chair, I would suggest that they can because we're already making a difference. We're already investing in transformation. We're putting our money where our mouths are: the additional \$200 million on the expense side, as I indicated already, an additional \$200 million plus on the capital side, and we are investing in our entire health care system. My hon. colleague from Calgary-East spoke at length about the investments that are made. So we are focused on making the change, and the appropriate place is in the budget. The appropriate place is in the regulation and is in the policy.

I would urge all colleagues in the Chamber to support Bill 11. Let's get started with the transformation that we need for a positive legislative framework, as recognized by members opposite already. Let's get this going. We're already starting the transformation in terms of the budget. We need to move forward in terms of the regulation. As the hon. members know, how do you do the regulation? Well, you have to do the legislation first. Then you can do the regulation and then make the change. So I would urge everyone to support Bill 11 and to support it soon. Let's get started with the legislative changes that we need to support Albertans and deliver better continuing care.

Thank you.

**The Deputy Chair:** Thank you, hon. minister.

Are there any members wishing to join? I see the hon. Member for Edmonton-Meadows has risen.

**Mr. Deol:** Thank you, Mr. Chair. I'm pleased to rise in the House and add my comments to Bill 11, Continuing Care Act, with the help of my constituents, particularly, I would say, Albertans but particularly the racialized Albertans who reached my office and wanted to voice their concerns regarding the continuing care system.

I got aware of, like, more of the issues and challenges faced by our continuing care system in 2015, when I got a chance, actually the first time ever in my life – I joined electoral politics and became the candidate in the federal election in 2015 for Edmonton Mill Woods. For the very first time I became aware of the weights of the issues and the arguments made around home care in relation to the weaknesses and capacities and what's more to do in the continuing care system. That's where I heard debate between continuing care and home care as a part of continuing care and where I also got a chance to speak to my constituents and go to three provincial ridings, door-knocking and specifically speaking to the ethnic communities, what they think about this.

I was surprised to hear the challenges and the seriousness of those issues, particularly when it comes to the communities where English is not a first language or they don't speak fluent English. There is I don't know what amount. Like, there's basically little to no support in the majority of the cases in the whole province, probably similar cases in other provinces as well. But particularly in Edmonton, in my neighbourhood, where I spoke with people, they were seriously concerned about the lack of support that their seniors and their family members can get in their own language.

In the case in my community, where people come from India, they are able to communicate in a number of different languages. As residents of the Indian continent they can communicate in Urdu, they can communicate in Hindi, and they can communicate in Punjabi and some other languages. Even being that individual, it was not something that was attractive and seems beneficial, sending that individual to continuing care. Sending the member to continuing care means that you need to have a full-time member of your family online most of the time willing to take a call and support your family member to translate the information. They were lacking the service, not only the lack of, you know, being able to communicate with the staff but sometimes very critical information, the barrier of being able to communicate with the health professionals, with the doctors. So you can imagine the kind of impact that that put on those individuals.

That's why the continuing care services or the system at large is not really popular in the racialized communities, so when it comes to the continuing care system, when we discuss these things in our houses, specifically in the racialized communities, people get scared. People just fear what's going to happen to their remaining life. That is where I came across, through the conversations with my constituents during the door-knocking, the most support, the majority of the support, from the people for the home-care supports, where they were happy. The lack of multilingual staff still exists there, but they were still, you know, comfortable at some level with the majority of the time their family members are around to help communicate with the staff or communicate on behalf of them.

8:40

The majority of the people wanted to stay home not only due to the language, but also it was very important for their mental health,

that will keep them kind of – how would I say? – more positive. They wanted to stay with their family. They wanted to spend more time with their spouses, that they have spent a life with. There are cases where, you know, the husband and wife or the common-law partners are in very different situations. If the one partner needs continuing care, the other one is actually well enough to do it themselves. In such a case they don't want to part ways, and they wanted to live at home.

There's a critical issue for accessing home care due to lack of funding, lack of staff, lack of services. You can imagine how this is impacting the health and well-being of those families. I can just probably say that some of the UCP government caucus members can probably assure my comments on this. There's a general perception in the community that sending your loved ones or your seniors to the seniors' home or continuing care or long-term care means that he's not going to live anymore. He's not going to live very long. His life is not there very long. That is kind of the impact, and these are kind of the challenges.

I have visited personally some of the continuing care system. It was very, very discouraging and sad to see the people in critical need not being able to call staff or, if they call staff, not being able to communicate with staff with the issues they wanted to get addressed, not being able to talk to the doctors. And lack of food of their choice: there are not many choices. The other biggest issue we heard: the lack of, you know, capacity for being able to worship their own faith. There are lots and lots of barriers. We live in a multicultural society, but we have to go a very long way to create this in reality, the society as a plural and multicultural society.

This is sort of the feedback and the concerns I hear from my constituents, I hear from my communities across the province. I would have been happy to support something in this House, but I didn't see anything coming forward like this that I could be happy to go back in my riding and go back to the communities and tell: this is kind of the concern you raised to us, and this is what we're discussing in the House, and we're responsible representatives, and we do not waste the time of our House on, you know, unimportant issues.

Getting the feedback and also the importance of the issue in my community – I just wanted to share this with the House members, that could be probably experienced in other cities as well. In Edmonton my community members, the first generation who moved here, the second generation, probably in the '50s or early '60s, got together. They worked for decades here, they fund raised, they built organizations: that was the plan. If these problems are not being addressed in the system, at least they can come up with something where they can help their community members, where they can feel that they will not feel these barriers. Unfortunately, there were millions of dollars, the work of a number of years. But eventually, I think five, six years ago – I believe it was in 2014, somewhere in there – they ended up going nowhere, actually. There were a lot of bad years. The type of background, expertise, and things that were required – they ended up giving up the project and even handing out all their funds and collections to the agency that became responsible for this. All they got out of this: they could pick or choose, probably, in return, maybe four or five rooms to use out of the facility for the community.

This is a serious problem, and it's turning into a crisis in racialized communities. These are the issues we need to focus on and look at. Unfortunately, what I see in Bill 11: we are basically dealing with some of the administrative pieces of legislation that will probably help, you know, something, streamline a bit better on smooth transitions, but that doesn't even touch the basic problem.

That does not even, like, look at the basic problems that we should have been looking for, particularly after the COVID-19 pandemic, what happened in the past two years: over 1,600 people passed away, died, in those continuing cares and the anger and the agitation among those family members.

This government eventually ended up bringing a bill in the House to bar those families and bar those family members from – I will say, you know, they were robbed by that Bill 70, the piece of legislation this government brought in. Their ability to seek justice, what happened to them in the continuing care system: those families were simply wronged. They lost their loved ones, and they were looking for answers. What we should have drawn from that was to improve our accountability system among this, but I don't see anything happening in Bill 11 around that issue.

Unfortunately, I have to say that even if we discuss those legislative changes, it probably is going to help in some way, streamline in some manner. But, as such, it is ignoring the serious, serious matters and concerns in the crisis we are seeing in continuing care, so I have to say on the record that we cannot really support the bill as it is.

The recommendations, particularly – I just wanted to be on the record for saying this. The recommendations came from the facility-based continuing care review. I also wanted to say that the government has had this report of 42 recommendations for over a year on their table. That report actually recommends so many changes, policy changes. The biggest thing in this that they're asking for: increasing the staff, specifically in home care and continuing care. They're also highlighting that by doing this, the government will not only be helping families, helping out seniors, but government will also be saving more money, saving approximately \$452 million annually, not even one-time money.

It is discouraging to see that the government would not see those benefits, that the government did not see the actual problems. It is three years of the UCP ruling. The UCP has only one more year to go if the election is next year. But it is sad to say that they failed to see this problem. By not addressing these issues in Bill 11, it's a clear message that this UCP government is very ignorant and they're not going to care about the seniors issue within this term.

8:50

So, Mr. Chair, with this, I'm going to conclude my remarks by saying that it's sad to see that Bill 11 does not touch on or debate or argue any of the real issues around continuing care. I cannot support this bill.

Thank you.

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

Next I see the hon. Member for Edmonton-City Centre.

**Mr. Shepherd:** Thank you, Mr. Chair. I appreciate the opportunity to participate in the debate on Bill 11, the Continuing Care Act, here in Committee of the Whole. I appreciate the debate that's happened so far. I appreciate that the minister has been present at points in the debate and has offered some thoughts on the record in response.

**An Hon. Member:** You can't say if he's here or not.

**Mr. Shepherd:** The minister has been present at points during the debate. I made no observation whether he is currently here as part of the debate, but I appreciate that the minister indeed has made a point of participating and bringing views forward and responding to members.

Just reflecting on some of the remarks the minister made tonight in response to the debate that's taken place so far, the minister talked about modernizing legislation, and indeed that's what he's

looking to do here. They are pulling together many pieces of legislation, consolidating, looking to update some pieces, make some administrative changes, a number of other things, lay the groundwork for other things with the intent to introduce later in regulation, policy. Now, I certainly recognize that that has been the process in many cases, but when I hear this government use the terms "modernize," "streamline," "expand," my radar goes off, Mr. Chair, because we have seen what this government does in so many respects when it throws out those kinds of buzzwords, particularly when it comes to the health care system.

Now, these government members love to, at length, go off on their favourite narrative about our time in government. To condense it, essentially sort of saying that our government had no understanding of how business and the economy operated, went into a complex system, blundered about, made so many mistakes that we apparently tanked the entire economy of the province of Alberta from our lack of knowledge. Now, Mr. Chair, I would say that every bit of that misrepresentation is absolutely true for this government with the health care system. Every single bit of that false, unnuanced narrative is absolutely factual for how this government has approached and handled the health care system with its incredible arrogance and hubris that it came into office to undergo their modernization of the Alberta health care system, their streamlining of that health care system.

Just think of how this government approached modernizing and improving the physician funding framework in the province of Alberta, Mr. Chair. First, by coming in and tearing up the contract with – well, first passing legislation giving themselves the power to tear up the contract with physicians in the province of Alberta, and then immediately going ahead with doing so in February of 2020 and embarking on a clearly antagonistic campaign against physicians in the province of Alberta, clearly with an intent to try to perhaps bully doctors into submission. We've seen how that has resulted. They blundered into a complex ecosystem, attempted to cut all kinds of different things, different payments, different codes, make sweeping changes that their own members had to rebel against.

The then Minister of Health, some of the members sitting in this very Chamber at this moment had to go behind closed doors, largely didn't do it in public, but they certainly had to go back and let the then Minister of Health know that he completely misunderstood what was happening and the potential damage that was going to do for access to health care in their constituencies, largely in rural areas, Mr. Chair. Unfortunately, this government's continued blundering has done exactly that and has indeed deeply damaged their access to care in many rural communities across the province of Alberta.

But this government wasn't done with that, Mr. Chair. They continued, through a global pandemic, to put politics ahead of public health, continually made decisions that compromised our health care system, pushed it to the absolute limits, exhausted front-line health care workers, and as a result we have a building and continuing health crisis here in the province of Alberta.

When this government talks about modernizing and improving, Mr. Chair, we just look at their attempts to modernize the insulin pump therapy program, again using words like "expanding," "offering more choice." The minister talks about, you know, that they will go out and consult on how they modernize legislation. It was very clear that there was no consultation done with the actual diabetic community in the province of Alberta on the changes to the insulin pump therapy program.

In fact, the minister talks about how, you know, they wanted to improve things, make things better, that indeed they had thought this through, yet there was no detail provided when they made that

announcement. If they truly thought that this was a way it was going to make this program better, that it was going to offer more choice and offer more opportunities, you'd think they'd want to be able to lay out in detail precisely how they were going to achieve that, yet diabetics in Alberta had to continue to pound on this government's door and beg for further information and detail, and the minister could not even simply just lay out: these are exactly what costs each level of Albertans are going to face. The government did not want to put that on the record.

Of course, they did pause and they did reverse, as my colleague from Edmonton-Beverly-Clareview did note. They said that they would go out and consult again, but then we saw what that consultation looked like last week, where we had 300 Albertans from the diabetic community who were basically being told the same thing they had been told before, getting a little bit more detail maybe but certainly not being given the sense that they were actually being heard or that the government was looking at changing its position as much as they had sent a couple of officials to explain the government's position to them again, just assuming that they just really didn't understand it the first time.

So I am concerned, Mr. Chair. When this government talks about transformation, when it talks about modernization, what's going to actually be there in the fine print? What is it we are going to actually see this government choose to do?

The minister talked about the investments this government is making. Mr. Chair, let's be clear. In terms of health care spending this government is still behind where it would need to be simply to keep up with population growth and inflation. When it talks about historic health care spending, of course, we have had historic population growth. We have certainly had historic inflation growth. We've had a historic pandemic, and we have had a historically incompetent government when it comes to the health care system.

Indeed, you know, just earlier today we heard the Minister of Justice express his concerns about what he called effective cuts, Mr. Chair – to be clear, an effective cut being when you don't give the level of increase that was expected – and talk about how that was a bad thing when this government has denied doing that in health care, education, so many other areas. They have made sweeping effective cuts to almost every social service and public service in the province of Alberta.

The fact is, Mr. Chair, as we are debating Bill 11 here, the Continuing Care Act, and this government is saying that it is looking to improve the continuing care system in the province of Alberta and that it will eventually do so and that we should trust them to later come up with the details and show their work, that the context we have is that this is a government that has bungled almost every effort it has made at transformation in our health care system in the province of Alberta to the fact where they have driven out doctors, where, as my colleague from Edmonton-Beverly-Clareview noted, we have lineups outside of ERs for children's hospitals, we have sweeping wait times in other ERs, we still have surgeries that are being cancelled.

9:00

We have this bill, and the minister says: "We need to move forward. We need to get started." Well, Mr. Chair, there have been many opportunities for this government to step up and actually take action, and we haven't seen that. Certainly, we have seen delays in bringing forward this administrative legislation, and I imagine we're probably going to see delays in moving forward with regulations and the other pieces because at this point we essentially have a caretaker government. The lights are on, but it's questionable how many folks are actually home as we move from the obsession

with trying to save the Premier's job to now figuring out which of them is going to take it next.

That said, I think we have good reason to want to look very closely at what this government's intentions are when it comes to continuing care in the province of Alberta, indeed home care in the province of Alberta. In all of these areas we recognize there absolutely needs to be work done. We recognize that there needs to be much better collaboration amongst the various health care workers and various health professions that contribute to looking after seniors in the province of Alberta. But I have very, very serious doubts, Mr. Chair, that this government has the capability of doing that, that this government is not going to fall back on ideology, as it has done in so many other cases, that it's not going to return to its obsession with forcing more private profit into our public health care system, that it's not going to further trample the complexity of the ecosystem that is health care in the province of Alberta.

That said, we are going to have some further opportunity for debate on this bill and further opportunities, I guess, to see what the government has to say, but at this point I find it difficult to see a reason why I would support this government in moving forward and trust in the work that they intend to do.

Thank you, Mr. Chair.

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

Are there any other members wishing to join debate?

Are you ready for the question on Bill 11, Continuing Care Act?

**Hon. Members:** Question.

[The remaining clauses of Bill 11 agreed to]

[Title and preamble agreed to]

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

**Hon. Members:** Agreed.

**The Deputy Chair:** Any opposed? Carried.

### Private Bills Committee of the Whole

#### Bill Pr. 1 Calgary Young Men's Christian Association Amendment Act, 2022

**The Deputy Chair:** Are there any members looking to join debate on this bill? I see the hon. Member for Calgary-South East.

**Mr. Jones:** This is the third reading of Pr. 1. Is that what we're on?

**The Deputy Chair:** Pr. 1. We are on Calgary Young Men's Christian Association Amendment Act, 2022.

All right. If there's no one looking to speak to Bill Pr. 1, are you ready for the question?

[The clauses of Bill Pr. 1 agreed to]

[Title and preamble agreed to]

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

**Hon. Members:** Agreed.

**The Deputy Chair:** Any opposed? Carried.

I see the hon. Deputy Government House Leader has risen.

**Mr. Schow:** Thank you, Mr. Chair. I move that we rise and report Bill 11 and Bill Pr. 1.

[Motion carried]

[Mr. Milliken in the chair]

**The Acting Speaker:** Hon. members, I believe I see the hon. Member for Brooks-Medicine Hat has risen.

**Mrs. Frey:** Thank you, Mr. Speaker. The Committee of the Whole has had under consideration certain bills. The committee reports the following bills: Bill 11 and Bill Pr. 1.

**The Acting Speaker:** Thank you very much, hon. member.  
Does the Assembly concur in the report? All those in favour, please say aye.

**Hon. Members:** Aye.

**The Acting Speaker:** Any opposed, please say no. Carried.

## Government Bills and Orders Second Reading

### Bill 19

#### Condominium Property Amendment Act, 2022

Ms Ganley moved that the motion for second reading of Bill 19, Condominium Property Amendment Act, 2022, be amended by deleting all of the words after “that” and substituting the following:

Bill 19, Condominium Property Amendment Act, 2022, be not now read a second time but that the subject matter of the bill be referred to the Standing Committee on Families and Communities in accordance with Standing Order 74.2.

[Adjourned debate on the amendment May 9: Mr. Feehan]

**The Acting Speaker:** I see the hon. Member for Edmonton-Mill Woods has risen. For clarity, we are on REF1.

**Ms Gray:** REF1. Thank you, Mr. Speaker. I’m pleased to speak to REF1 and in support of this important referral amendment. We are speaking about Bill 19, the Condominium Property Amendment Act, 2022. This is my first opportunity to respond to this important piece of legislation, and I’d like to begin by saying that I do so as someone who owns and lives in a condominium, one of the 12 per cent of Albertans who live in condos.

I just looked it up, Mr. Speaker, and one week from today will be my 19-year anniversary of living in the condominium that I own, and I know this because my husband proposed when we moved in. So that date is etched in, but the date of first home ownership is an important one for many, many people, whether you got engaged on that day or not.

Condominiums provide a really important source of affordable home ownership for many, many Albertans. They’re an incredibly important part of our housing options here in the province. During my time, now coming up on 19 years, of living in my condo, at times I have sat on the condominium board. I currently do not, but I really want to emphasize that when we’re talking about condominiums, when we talk about the complexities with condo ownership, so, so often the members of the boards are the owners of these properties. They are sitting on the boards in volunteer positions trying to do their best to protect their investment and the investment of their neighbours, which is, in fact, their homes.

Now, there are many people who do have condominiums as investment properties, but there are also so many Albertans who are living in a condo that is their place of residence. My parents live in a condo in downtown Edmonton, and many, many of my constituents in Mill Woods live in condominiums throughout the Mill Woods neighbourhood. So as I begin my remarks on the Condominium Property Amendment Act and my support for the referral amendment, I certainly want to emphasize that I think condominium living is incredibly important, and it’s important that Alberta have modern and up-to-date legislation to reflect what owners and their boards need. I’m really grateful for all of the people who work on condominium boards and do their due diligence and do their best to support fellow condo owners and their neighbours.

To be very clear, in this province condominium owners have been looking for updated legislation that recognizes their unique challenges for a long time. Since the condominium act was introduced in 2014, a phased process has been going on to update condominium legislation and regulations to better support condo owners. Bill 19 in many ways furthers that conversation and puts into place many things that stakeholders in the condominium world have asked for, yet I support referral amendment 1.

I am supporting referral amendment 1 for a couple of very important reasons to me. First off, I think that this bill should be referred to a standing committee because it is missing some incredibly important things that condominium owners, the stakeholders, including lawyers and other service providers, boards themselves, and the organizations that represent them have asked for, specifically, the need for a tribunal process, something that this government expressed support for, that previous governments have done much, much consultation on, that, in fact, this government had consulted on yet has not been included. I think that’s a really important piece that we are missing in Bill 19.

**9:10**

Secondly, as we’ve seen in other pieces of legislation, so much of Bill 19 is deferred to regulation. And not just little things, Mr. Speaker. Giant decisions that fundamentally impact how this bill is going to operate in practice and how it will impact condo owners and condo boards have been deferred to regulation, making it very difficult for me as a condo owner and a legislator to look at this bill and to understand how the government intends to draft it and put it into place in a way that will protect, again, owners, boards, and the public.

Certainly, we know that right now, because so much of the dispute process does end up requiring the court system, a system that’s adversarial and, of course, incredibly backlogged right now, we need to be looking at other ways that we can try and make sure that we’re responsive to the needs of those who are on condo boards and for condominium owners, certainly in the case where there are owners who are causing damage, one of the main fundamentals that Bill 19 seeks to address.

I certainly want to recognize how important this is, but so much of this is deferred to regulation, and the dispute tribunal has not even been put into effect, something that many of the stakeholders were expecting and were only just told in March of this year by the minister would not be coming forward because, of course, this government had other financial priorities than setting up a tribunal process. The need for tribunals has been described as urgent. I believe that sending this to committee is going to be the most important part.

Now, there have been lots of questions raised during debate about the process for damage chargebacks, which I think is incredibly important here. We know that the inclusion of damage chargebacks in Bill 19 is bringing Alberta more in line with Ontario, British Columbia, and other jurisdictions, but without that tribunal process there are some serious concerns that we have about how this is going to be developed through the regulations. Certainly, there's a lack of trust for this government, their ability to consult.

Just today, Mr. Speaker, I was speaking about a completely different piece of legislation where entire groups of stakeholders had not been consulted, just as one example, but over and over we've seen and heard one thing from this government and seen another thing take place, a real undermining of trust. You see that when you're out talking to the public, when you're out door-knocking. I think that because the tribunal was not enacted, because so much has been deferred to regulation, because there is such a lack of trust, referral amendment 1, REF1, that we are talking about, would allow us to help the government strike the right balance, make sure that we've got the ability to really look into the chargeback system and understand the potential risks that may be included with it, because the last thing we want to do is to implement something that is going to cause more harm.

[The Speaker in the chair]

Now, again, I'm fully aware that many condominium stakeholders are supportive of the moves forward in Bill 19, and I do hope to be able to support this bill, but in its current form and with so much being left to regulations, there are some real challenges that need to be solved. I think that all parties, all stakeholders have come to an agreement that the tribunal process is something worth looking at. Now, there are other options potentially. There could be reverse onus on condo boards to require good faith and issue fines where boards fail to substantiate proof of chargebacks. We could ensure that we don't simply allow charges without some accessible limits or recourse to appeal. In this current form I have questions about those appeal processes and how we make sure that while we solve the problem of irresponsible owners and tenants who cause damage that incurs costs on to the other owners within a condominium, we also make sure that there are reasonable solutions for any cases where costs are being issued and we make sure that there's fair and due process put in place. Certainly, I would love to hear more about why the tribunal process could not have been brought forward with this given that we've been talking about years and years of consultation and this government has been in power for three years and talking about these issues with condominium stakeholders throughout.

So I rise to speak in favour of having up-to-date, robust condominium property legislation but also in favour of referral amendment 1 because so much has been left to regulations, we're missing the tribunal piece, which so many people have said we have an urgent need for, and I'm very concerned that we can do better and that by sending this to committee, we might be able to help the government improve Bill 19 and address some of the concerns that have been raised through debate in second reading and on this referral amendment.

Mr. Speaker, if I can just get a time check from you.

**The Speaker:** Four minutes.

**Ms Gray:** Four minutes. Okay.

I think I've hit the majority of the notes that I wanted to in speaking to this referral amendment, so at this point I will take my seat and look forward to further debate on this particular issue.

Thank you, Mr. Speaker.

**The Speaker:** Five minutes and 22 seconds left in second if that's what you were referring to. I'm not sure which time you were checking.

Are there others? The hon. Member for St. Albert, it would appear.

**Ms Renaud:** Thank you, Mr. Speaker. It is my pleasure to rise and speak to referral amendment 1 for Bill 19, Condominium Property Amendment Act, 2022. It was interesting to hear from my colleague from Edmonton-Mill Woods. I, too, live in a condo. I haven't lived in mine quite as long as she has, and I don't have a happy anniversary to mark the time. I think I've been there 13 years. Yeah. So this is a topic that is quite important to me as well.

I think, you know, condominiums, or condos, are an important option for Albertans to live in. I think we've been spending quite a bit of time lately talking about the range of housing that needs to be available to Albertans. Certainly, condos are a way for people to afford to get into the housing market. They are often more accessible financially for people. There are certainly pros and cons to condo living, but I'm certainly grateful for the condo association that I live with and the condo that I live in.

As my colleagues have said, I too am grateful for the vast majority of condominium association boards that are made up of volunteers, who give up a lot of time. The meetings are often not super exciting. They're a little bit dry as toast sometimes, but they're essential to keep these associations running smoothly. So I would like to thank all of the condo associations in Alberta that work really hard to make their associations function as best as they can.

I would like to talk a little bit about this piece of legislation and why I think it's important to be referred to a committee to slow down and to take the time to get things right. You know, if there's been a theme of this session or, let's be honest, all of the sessions since 2019, if there's a theme that I find that I'm constantly saying any time we speak to a piece of legislation, it is: it is so unfortunate that this government, this UCP government, seems almost incapable of recognizing maybe when they just haven't gotten it right – maybe they've missed a piece of the consultation, maybe they've forgotten a piece, or maybe they've come into some information a little bit late – and that they just pause, stop, and go back and fix it so that it's the best piece of legislation possible. I think we've only seen a couple of examples where this government has actually caved a little bit to public pressure and made a few changes. Certainly, you know, that was welcome, and we're happy to see that, but we just don't see many examples of that in this place.

**9:20**

The most recent example that I can think of is – well, it's actually not legislation; it was a policy change – around the insulin pumps. You know, first we heard: “No, no. We're not doing anything. NDP fear and smear.” Then it turned out that, oh, they had made a change that was going to make life more difficult for people with diabetes. So there has been a pause, and that was really only because of public pressure.

I would suggest that we have outlined for this government a few things that really need to be fixed in Bill 19, Condominium Property Amendment Act, 2022, and I think we're more than ready to support this piece of legislation. I think it's important. I think

anything that we can do to support condominium associations and also the people that live there or the people that rent there – I think that it's incumbent on us to do that.

One of the things that we really, really wanted to have amended and looked at, talked about is a tribunal. We've been asking this question again and again in debate: why was there no tribunal included in this bill, and when will the tribunal be implemented, or has, you know, the minister decided that one will never come into place?

What we get are answers from the UCP government, things like: "Well, trust us. It'll come in regulation." Well, we've already established – actually, Albertans have already established – that there is zero trust for this government. Zero. None. Zero trust. We have seen example after example after example of corruption, dishonesty. So for this government to say, "Don't worry; we'll get it right in regulation," we don't trust the government. We in the Official Opposition, Albertans certainly don't trust the government. But what Albertans do want is solid legislation that will make life better for them, in this case people that live in condominiums, people that own condominiums, condominium associations.

So for that reason we believe that the bill should be referred to a standing committee so we can create a process where there can be resolution to the shortfalls that we've identified, particularly in instances of damage chargeback, which Bill 19 establishes. I think my colleague mentioned that both Ontario and British Columbia have processes for damage chargeback, but they also have a tribunal process for resolution. We think that's important for a number of reasons. Bill 19 leaves resolution entirely up to regulation. We've established that there is very little – well, I would suggest there's almost no trust with this government. It is one of the least trusted governments – I would say it's probably the least trusted government in Canada.

**Mr. Schow:** Are you sure about that, though?

**Ms Renaud:** If you'd like to add to debate, please stand up.

Before creating a process for boards to charge owners, we should also have a clear process for owners to dispute it. Referring this bill to committee would allow us to create the ability to charge damage fees and to ensure that there are limits in place for how this is done. There are a couple of other options worth considering; however, we would like to strike the right balance.

I think that we have seen repeatedly over the last three years that sometimes, in their rush to get a piece of legislation out, there have been some shortcomings and, in some cases, just absolute failure to consult the appropriate people. The example I just talked about was around the insulin pump program. You know, it may well have been a change in terms of policy that perhaps the government thought would not impact people's lives or might make another program stronger. I'm not sure what the motivation was behind that, but I'd like to give them the benefit of the doubt in thinking that there was no malicious intent except a failure to consult. When there is a failure to consult with the actual people whose lives will be impacted by changes to policy or legislation, then chances are you're going to get it wrong. So we would like this government to stop, refer this to committee so that there can be time for consultation, and the committee can make the recommendations for change that will make this a better piece of legislation.

Other possible options worth looking into may include reverse onus on condo boards that would require good faith and issuing fines where boards fail to substantiate proof of chargebacks. We would like to ensure that we don't simply allow charges without

some accessible limits or recourse to appeal. We have heard that many condo owners have been waiting for a tribunal to be set up in Alberta, and then this is just a shortcoming in this piece of legislation. So, again, taking this bill to committee would allow both the government and the opposition time to participate in a process to consult and get things right. Perhaps there are just a few changes to this legislation that could be made to make this a better, stronger piece of legislation.

Now, you know, we talk a lot about unintended consequences, and I think that without taking the time to correct the issues that we've identified throughout debate, there is a lot of opportunity for there to be more unintended consequences that will hurt Albertans.

Mr. Speaker, as I've said, there are a number of things that I think are actually very positive in this legislation. There are some common-sense fixes that we've identified, that we've said, you know, absolutely, we're supporting and happy to see them in the legislation. But what we're asking for is that this bill be sent back to a committee so that we can look at this piece of legislation and ensure that it is the best piece of legislation possible.

If I could get a time check, Mr. Speaker.

**The Speaker:** Six minutes remaining.

**Ms Renaud:** Okay. Well, actually, I'm good. I think I've covered all of my notes, Mr. Speaker, so I will encourage all members to vote for this referral amendment, send it back to committee, and let's make it the best piece of legislation possible.

Thank you.

**The Speaker:** Hon. members, are there others wishing to speak to the referral motion?

Seeing none, I am prepared to call the question.

[Motion on amendment REF1 lost]

**The Speaker:** Back on the main bill. The hon. Member for Edmonton-Mill Woods and the Opposition House Leader.

**Ms Gray:** Thank you very much, Mr. Speaker. We are now back on second reading of Bill 19, and I will just briefly take the opportunity to say, as a condominium owner and someone who lives in a condo myself, as do 12 per cent of all Albertans, that having up-to-date, solid condominium property legislation is incredibly important. I have been disappointed that Bill 19 does not further the need for tribunals, which all stakeholders and all parties have said is important and would address an urgent need, and how much of Bill 19 is deferred to regulations, requiring us to trust a government that there is a great deal of a lack of trust in.

Certainly, Bill 19 does not answer some really important questions about how we will make sure that everything is implemented in a way that is fair and reasonable given how critically important condominium ownership is for so many Albertans. We are talking about people's homes, we are talking about people's investments, and we are talking about something that is significantly important, so much so that getting it right should be the priority. That was one of the reasons why the Official Opposition and I supported the idea of sending this to committee to make sure we can get this right.

That being said, we're also talking to our stakeholders, and we know that there is much in Bill 19 that is supported by the stakeholders and the condominium industry. But I still have such strong concerns with how much is deferred to regulation. I still have

such strong concerns because the government has not moved forward on some of those critically important pieces. I know we will have more to say on Bill 19 as it continues through the process. We're only in second reading and just starting to talk about these issues.

For now, Mr. Speaker, and given the debate that we've had so far, I would like to move that we adjourn debate on Bill 19.

[Motion to adjourn debate carried]

**Private Bills  
Third Reading**

**Bill Pr. 1  
Calgary Young Men's Christian Association  
Amendment Act, 2022**

**The Speaker:** The hon. Member for Calgary-South East.

**Mr. Jones:** Thank you, Mr. Speaker. I rise to move third reading of Bill Pr. 1, Calgary Young Men's Christian Association Amendment Act, 2022.

Thank you.

**The Speaker:** Hon. members, are there others wishing to speak to third reading of Bill Pr. 1? The hon. Opposition House Leader.

9:30

**Ms Gray:** Thank you. In third reading I rise only to say how much the Official Opposition supports Bill Pr. 1 and to thank the mover of the bill.

Thank you.

**The Speaker:** Are there others?

Seeing none, I am prepared to call the question or for the hon. Member for Calgary-South East to close debate should he wish to do so.

[Motion carried; Bill Pr. 1 read a third time]

**Government Motions**

**Select Special Committee  
on Real Property Rights Report**

28. Mr. McIver moved on behalf of Mr. Jason Nixon:

Be it resolved that the Legislative Assembly extend the deadline by which the Select Special Real Property Rights Committee must submit its report to the Assembly from June 15, 2022, as set under Government Motion 106 of the Second Session, to June 30, 2022.

**The Speaker:** Hon. members, this is a debatable motion pursuant to Standing Order 18(1)(a). Are there others wishing to join in the debate?

Seeing none, I am prepared to call the question.

[Government Motion 28 carried]

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

**Mr. Schow:** Thank you, Mr. Speaker. Had some wonderful progress this evening. I'd like to thank all members of the Assembly for their participation. At this time I do move that the Assembly be adjourned until 9 tomorrow morning.

[Motion carried; the Assembly adjourned at 9:33 p.m.]



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For inquiries contact:

Editor

*Alberta Hansard*

3rd Floor, 9820 – 107 St

EDMONTON, AB T5K 1E7

Telephone: 780.427.1875

E-mail: [AlbertaHansard@assembly.ab.ca](mailto:AlbertaHansard@assembly.ab.ca)