



Province of Alberta

The 30th Legislature
Third Session

Alberta Hansard

Wednesday morning, May 25, 2022

Day 36

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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Stephan
Yao
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Vacant
Vacant
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Ganley
Long
Sabir
Stephan

Standing Committee on Legislative Offices

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Legislative Assembly of Alberta

9 a.m.

Wednesday, May 25, 2022

[The Speaker in the chair]

Prayers

The Speaker: Lord, the God of righteousness and truth, grant to our Queen and to her government, to Members of the Legislative Assembly, and to all in positions of responsibility the guidance of Your spirit. May they never lead the province wrongly through love of power, desire to please, or unworthy ideas but, laying aside all private interest and prejudice, keep in mind their responsibility to seek to improve the condition of all.

Please be seated.

Ordres du jour.

Orders of the Day

Government Motions

Committee Referral for Personal Information Protection Act

29. Mr. Shandro moved on behalf of Mr. Jason Nixon:
Be it resolved that
- (a) the Personal Information Protection Act be referred to the Standing Committee on Alberta's Economic Future and the committee shall be deemed to be the special committee of the Assembly for the purpose of conducting a comprehensive review pursuant to section 63 of that act;
 - (b) the committee may, without leave of the Assembly, sit during a period when the Assembly is adjourned or prorogued; and
 - (c) in accordance with section 63(2) of the Personal Information Protection Act the committee must submit its report to the Assembly within 18 months after beginning its review and that report is to include any amendments recommended by the committee.

The Speaker: Hon. members, the Minister of Justice and Solicitor General has moved Government Motion 29 on behalf of the Government House Leader. Is there anyone wishing to add questions, comments, or further discussion?

Seeing none, I am prepared to call the question.

[Government Motion 29 carried]

Government Bills and Orders

Third Reading

Bill 11

Continuing Care Act

The Speaker: The hon. the Minister of Justice and Solicitor General on behalf of the Minister of Health.

Mr. Shandro: Well, thank you, Mr. Speaker. I'm pleased, gosh, honoured to rise and move third reading of Bill 11, the Continuing Care Act.

We have made a commitment to Albertans that the government would modernize and improve Alberta's continuing care system, and that includes our continuing care legislation. Our existing legislation is, quite frankly, ridiculously outdated, which has added layers of complexity and inconsistencies across different aspects of

the continuing care system, multiple pieces of legislation, multiple regs, and a lot of ways in which the operators in continuing care, whether it's AHS or otherwise, have had much difficulty being able to operate in such a system as that. It's been a barrier for providing responsive care and services to Albertans.

Now, the continuing care system has evolved over time, and so have, quite frankly, the needs and the preferences of Albertans who are looking to access the system. New, streamlined legislation is needed to reflect the environment that we're living in today. Bill 11 will establish the legal authority under one legislative framework that will allow the government to make meaningful changes across continuing care now as well as in decades to come, changes that Albertans have been asking for for many, many years. This is the first step to enable the continuing care system transformation.

This legislative framework will maintain what works well in current legislation and apply it consistently across the continuing care system. It will address limitations to our existing laws and bring them up to date under one act while adding stronger protections, greater accountability, and oversight for the continuing care system. This improved legislation provides consistency as well as clarity, and it will ensure that Albertans receive high-quality care and services.

Several members have expressed their concerns that the legislation is scant on detail, and I've stated before, as well as the Minister of Health, that these concerns will be addressed through regulations and standards. Most of the standards that we had before will be kept or increased, but the regulations and the standards documents are the right place for those details.

The Continuing Care Act is the legislative framework that Alberta needs to be able to move forward, and we need flexibility to modify and to change details over time. That allows the government to work very closely with our stakeholders to inform ourselves as to what regulations should be now and in the future.

I want to reiterate and emphasize to everyone here today that Bill 11 requires operators and providers to comply with the act, to comply with regulations, and to comply with any applicable standards or guidelines. It will also maintain the ability for a resident or a resident's family member to initiate the establishment of a resident and family council for the residents of the continuing care home or supportive living accommodation.

Some members have raised concerns that consolidating multiple pieces of legislation under Bill 11 will reduce standards or somehow dilute the legislation. For example, in the Supportive Living Accommodation Licensing Act an operator must be licensed when they provide services related to safety and security for four or more persons and offer or arrange for at least one meal per day or housekeeping service. This is a very prescriptive definition, and therefore some settings may structure their services in a way to avoid licensing. As such, the definition in Bill 11, the new Continuing Care Act, is broader, and it captures the overall intent of a supportive living accommodation.

The new definition will capture settings that provide safety, security, or personal welfare and the provision of meals or accommodation services. This definition has been expanded to ensure oversight and to be able to protect potentially vulnerable residents in these settings.

As to the development of Bill 11, the government has been transparent and has consulted Albertans throughout the entire process. This began in 2019, even before the pandemic had hit the entire world, quite frankly. We had begun consultations, we had begun public engagement related to transformation of the continuing care system that ended up first being tabled and released in May with a report on how to improve and expand and transform

the continuing care system, which then led us to guidance on how to improve our legislative framework, which we see now in Bill 11.

That public engagement specific to continuing care, as I said, began much earlier but throughout early '21 on the legislation, and we've received written submissions from 33 stakeholder organizations. Their input has been vital, and these stakeholders have been asking for changes to the legislation for decades.

In addition, over 7,000 Albertans provided input to the facility-based continuing care review, which I mentioned, which helped shape the new legislation. Through these engagements Albertans also gave their feedback on their experiences and lessons learned from the pandemic, which has also informed Bill 11.

More importantly, Bill 11 strengthens the compliance and monitoring of the continuing care system. Albertans have demanded more transparency from government to publicly report on continuing care services and settings, and the act will establish a consistent ability for government to request information from continuing care providers or operators.

It establishes the authority to publicly report on information and findings in the public interest such as inspection reports. This will enable Alberta Health to more effectively monitor providers and operators and to enforce compliance with legislative requirements, including standards.

Protecting the quality of care and services for Albertans is paramount. Bill 11 maintains existing enforcement mechanisms and expands these protections. It will permit the government to enforce inspection requirements across all continuing care services and settings. It will also allow the government to appoint an official administrator to operate a continuing care home where there is a significant risk to the health, the safety, or the well-being of residents. It will enable the government to impose administrative, monetary penalties if an operator or provider is not compliant with minimum requirements.

9:10

In closing, let me emphasize the importance of why Alberta needs new continuing care legislation. Having one overarching piece of legislation will provide consistency and alignment across the continuing care system. Because we had previously, Mr. Speaker, many different types of legislation dealing with the continuing care system, it wasn't treating the continuing care system as it is, a spectrum, a spectrum of services for residents and their families. Instead of treating different parts of the continuing care system as silos, this one overarching piece of legislation will now treat the continuing care system as that spectrum.

The new legislation will help start the transformation of continuing care, which includes the recommended actions from the recent reviews of the system. Many of the recommendations from the facility-based continuing care review can't happen, quite frankly, until we have this new piece of legislation, that will enable us to implement the system-wide transformation that's needed. More importantly, the Continuing Care Act will support a responsive, client-focused system that is better able to meet the needs and quality of life of Albertans now and in the years ahead.

Before I complete, Mr. Speaker, because this is a piece of legislation that began with me in my previous role, there are so many folks in the Ministry of Health who were included in the review of our facility-based continuing care system and of the home care that we provide to Albertans and on this piece of legislation, but one fellow in particular I want to shout out and make sure that he's mentioned in *Hansard*. He is a fellow who just retired recently. He was the assistant deputy minister for the ministry who oversaw all this work, and I just want to thank John Cabral for his leadership in the ministry, for his wisdom, for his guidance, for his advice that

he had provided to me when I was the Minister of Health. That work continues now through his successor, Evan Romanow, and Andy Ridge as well, because there have been some changes in how the divisions within the ministry have been set up. But I just want to, in particular, thank John Cabral for all of his work on this. This is for him.

I ask for your support for third reading of Bill 11, the Continuing Care Act. Thank you, Mr. Speaker.

The Speaker: Hon. members, are there others? The Member for Lethbridge-West.

Ms Phillips: All right. Thank you, Mr. Speaker. I rise to provide some comments at this stage of debate. I've spoken to this piece of legislation a number of times. I'm going to start with what's good about it, building on what the minister was just saying, and then we can take it from there. We probably won't stay in that space.

There's no question, as the Minister of Justice was just detailing, about the ability to ensure that those inspection reports are publicly posted, the ability for the government to appoint an administrator should something fall down at a particular facility. The ability to levy administrative penalties, in my view, is almost always a good thing when you are looking at enforcement actions of various kinds across government activities simply because it is more efficient, more direct, and can be, I think, more effective in terms of ensuring compliance wherever you're looking at an administrative compliance role for government, whether it's in occupational health and safety or elsewhere.

In that sense there are certainly, I think, statutory, legislative efficiencies to be achieved by having one piece of legislation. I think that to the extent that this bill reflects some of those concerns of stakeholder groups and of family advocates and patient organizations and seniors advocates over the years, this is a piece of legislation that is fine on the face of it for what it does. We've discussed at length what the legislation does not do, and we can get to that in a moment, but I think that in the sense that there are some positive things in the bill, I suppose the government should be commended for showing up to work to do the bare minimum at this point. Like, I'm not sure the people in the streets are going wild over legislative actions that streamline several different acts into one act. It doesn't seem to show up on the list of top issues for the public.

What does is health care. That shows up as a pressing concern by the public, and there are really two reasons. You know, I think the government would like to assure itself that it's all COVID, it's all because of COVID, and COVID is behind us, so they say, so there's no problem anymore both in terms of the perception of the leadership of the province – that was certainly the very facile explanation that was provided: oh, people were just upset because of COVID, COVID was very divisive, everyone was very sad about COVID, and the government was between a rock and a hard place because of COVID, da, da, da, da, da. We heard this all the time.

This is both not the root of the problem for the government's current leadership travails, and it is also not the root of the problem in terms of the management of the health care system. Indeed, the problems with respect to health care in this province were preceded by COVID by an interminable war on doctors that persisted through the pandemic and the absolute belligerence faced by other front-line health care workers, whether they were within the Health Sciences Association or paramedics or paramedic firefighters or in emergency response or folks who work in hospitals such as respiratory therapists and occupational therapists and others or registered nurses, LPNs, and health care aides.

All the way through the health care system – and in this I include the continuing care system – there has been a studied disrespect and a persistent approach that there is something inherently wrong with the public health care system and the people who work in it and the people who need to access it that can be solved by continued belligerence and yelling, sometimes metaphorical and sometimes actual and real. That preceded the pandemic, and that affect, that ethos, that approach is woven through the three years of this single, truncated term of this Premier's leadership.

That's where we get to the issue of health care action. I heard the Minister of Health yesterday, and I think it's a fair point that he made that we over here, when we were discussing this legislation, were just discussing what was not in it. Yes, that is to a large extent a true thing that he said, so you know he cannot be faulted for that. But when you have just lost 1,600 continuing care residents from a pandemic, when you consistently had workers saying that there were not enough workers, when you consistently had families indicating that the one-site rule was not appropriately staffed and resourced in order to keep patients safe, when you consistently had a patchwork of approaches – and this would not be rationalized by this legislation. It would not be addressed by this legislation in terms of the ability for families to continue to do visitation.

All of these things, all of the incredible amount of isolation that happened for elderly people through COVID in large part because these facilities did not have the resources, a.k.a. the staff, to be able to take creative solutions, whether it was outdoors or whether it was other ways to have human connection during a pandemic, so people suffered. Elderly people suffered. Many of them died, as we've discussed, and we've had no review and no reckoning with that. But even those who did not perish or become severely ill suffered a great deal of isolation. There is no substitute for human interaction, particularly of families and loved ones, and a lot of that cascaded out of resourcing. That was horrible to watch. I watched it first-hand. It was heartbreaking, and in many cases it was completely unnecessary.

9:20

Here we get to the actual health care action contained within this bill. Now, the Minister of Justice earlier, in his comments speaking to third reading on this bill, indicated that it had been a lengthy process, the facility-based review – and that is true; that is also a true fact – and that a number of Albertans engaged in that process. Also very true, indicating, I think, the level of concern for people living in continuing care, the 1,600 who died and the many, many who suffered otherwise and the people who care for them.

You know, that review indicated a number of promises from a year ago: to increase home care, the amount of hours and care that residents would receive, and increasing the proportion of full-time staff. None of those things are addressed in this bill, and as I have said, the minister has sort of indicated in one of the stages of debate, because we've been discussing this bill at length – I can't remember when – that those things are properly subsumed to regulation.

Now, I do not agree. I think that legislation can set out at least some of your targets, metrics, or goals. We do in fact have legislation that does this across the GOA. There is nothing stopping us from doing it here and from indicating intent to begin to repair some of the war on health care that has been precipitated by this government since it took office.

That's where we see no indication of metrics, goals, standards. We now have a government that is not likely to develop those metrics, goals, standards, ratios, any of those things that underpin a properly functioning continuing care system and, in fact, were also part of the recommendations in both Ontario and in Quebec in response to the crisis in continuing care that happened through

COVID. They did reviews. They had the courage to do reviews, and some of the recommendations were, in fact, around staffing ratios and so on.

We see no movement or even indication that that's going to happen in this province, and no one on any side of any political debate can seriously say with a straight face that this government is going to have the bandwidth to develop such regulations and get them through the legislative review process and then cabinet. Are you kidding me? I mean, this is a group of people that, as my friend from Edmonton-North West said yesterday, looks like they're just busy looking off into the distance in an airport lounge, just waiting for something to happen at this point. This is not a group of people that is seized with the importance of governing, none whatsoever; they are seized with the importance of their own futures.

We're not going to see those regulations, and that is why having at least some indication that the government takes the recommendations of the facility-based review into consideration and that it intends to resource those recommendations appropriately could have been properly situated within this legislation.

Now, we have heard over the course of this debate that the minister would like to keep people out of the acute-care system. Again, a laudable goal, I think one that we share, that the acute-care system should be for folks who are in need of acute care. Continuing care is oftentimes diametrically opposed to that. Fine. Fair enough. But here we do not see any indication of increased resources for home care, which is part of the minister's intent. So, too, do we not see increased staffing ratios and so on in assisted living and long-term care facilities, which, I can tell you, Mr. Speaker, that in fact that lack of care means that people end up back in the acute-care system. I lived this last summer. I watched it happen in real time. The fact of the matter is that it is nice to articulate a goal, but in government there is really only one group of people that can take action on it, and they are in this Chamber, and they're not doing it.

The other way to keep people out of acute care is of course to have a family doctor around every once in a while, which we certainly do not have in Lethbridge. I'll leave that to another conversation, but you know it was astonishing to me last week, when Alberta Health Services provided a presentation to the community, when they said to a community where, like, half of the people don't have a GP: well, it's not so bad here because it's worse up north. Well, then, I feel very, very poorly for folks up north and the crisis that has been created by this UCP government and the fact that they don't seem to be addressing it down south or up north or anywhere else, really.

Now, there is no question that there is unfinished business in this legislation, and we heard it in the minister's final comments at third reading just now. We heard that the facility-based review "helped shape" this legislation, not that its recommendations were fulfilled at all, because they aren't. The facility-based review recommends 6,000 new staff be hired, and we see absolutely no workforce action plan to fulfill that particular recommendation. We heard that the lessons learned from COVID informed this legislation. Well, there could not be a more bureaucratized phrase. You know, I've been in this place long enough, seven years, to know government talk when I hear it, and when we're informing from lessons learned, that means that we're kind of – sure, we heard the words that you said, but we're not actually doing the thing.

The final thing I heard, which I think actually did signal doing the thing, was that the focus is a client-focused system. Now, those are not the kind of words that, if the civil service fed them up to me, would come out of my mouth, because there is no way on this planet or any other that I think of elderly people who live in assisted living or long-term care, who are in need of our respect and our care, as

clients. It should be a citizen-focused system. That is what we are trying to build here, because people who give their lives to building this province ought to be cared for in a way that puts their dignity at paramount. They're not customers. That to me is – thank goodness there isn't more in this legislation, I suppose, to sympathize with the minister's point on that particular topic. Thank goodness they are distracted with their own internal drama and their *Days of Our Lives*, you know, little soap opera over there, that they can't do more damage in this sector.

Another thing that isn't in this legislation that could be is an independent seniors advocate. Of course, the province fired them; one of their first acts. I'm not quite sure why they felt so threatened by such a thing, but here we are. So, you know, when the minister says – and I have acknowledged what's good about this legislation in terms of the inspection reports, the ability to appoint an administrator, the ability to levy administrative penalties. It would seem to me that the system would have a better early warning system had that independent seniors advocate been in place. That is an unfortunate thing, indeed.

We exit the conversation around this legislation, Mr. Speaker, as we exit this session, which is this is a piece of, essentially, drumbeat-of-government legislation. It is the actual bare minimum. It is job-description legislation. Congratulations for coming to work, guys. But, really, at the end of the day, there is not substantive action on the things that both matter to Albertans and that there is a moral imperative to take action on. That is, in fact, the fundamental failing of this legislation, and it's, in fact, the fundamental failing of this government. In its short tenure, its truncated term, especially, you know, the barely, not even three-quarter-term Premier – we'll see how long he stays; I guess he'll get to meet the Pope, and then he can go. I suppose that was the reasoning for him staying.

But, you know, we end up with a piece of legislation that is fine on the face of it but with so much work remaining undone, work that should be focused on three things: health care and restoring health care, affordability – we didn't even discuss that, but one of the first things this government did was that it also deindexed the amount of assistance per person who was living in long-term care such that that is also being eaten away by inflation, because our most elderly and vulnerable residents are also victims of this government's war on their pocketbook via inflation – and the restoration of trust.

9:30

Certainly, without a reckoning around what happened during the pandemic and what has happened system-wide in the health care system and to our services, this government has in fact obliterated its trust with Albertans and certainly even with its own party members and supporters, and this legislation does not aid in repairing that trust as well.

With that, I will conclude my comments on this legislation, Mr. Speaker, and leave the House with an entreaty to, when discussing matters of long-term care and assisted living, think not only of the contributions of seniors and elderly people and vulnerable people but also the moral imperative to do better.

Thank you.

The Speaker: Hon. members, on Bill 11 for third reading are there others? The hon. Member for Edmonton-Decore.

Mr. Nielsen: Thank you, Mr. Speaker. I'm happy to rise this morning to add some final comments around Bill 11, Continuing Care Act. Actually, I have a lot of comments and probably not enough time to get through them all, but I will do my best to try to hit as many of those throughout the debate. I've taken quite a few

notes and scribbles along the way, thoughts that occurred during comments from others and so forth.

Obviously, in listening very intently when the minister opened up debate here for third reading, as you can imagine, I heard all of the right buzzwords coming out all the time, things like transparency, accountability, you know, consultations. So I think it would be appropriate to remind this House of some of the connections around these different words that we've heard and the government's actions to date. While I can appreciate that they want to promote transparency, I would suggest that the government needs to try harder to do that considering they still own the incredible label of one of the most secretive governments in Canada. If you're going to want to promote something like transparency, then you actually have to walk that walk, not just make the talk.

Then when I heard things like accountability. Well, Mr. Speaker, as we know, earlier in the 30th Legislature – I guess maybe not that early – at one point in time, when we were starting to look at some of the consequences and effects that COVID had racked on the continuing care facilities and some of the consequences that happened there, one of the things that the government moved to change around accountability was to move the definition of negligence to gross negligence. Now, anybody knows that when it comes to language and the difference between negligence and gross negligence, it is very, very difficult to prove gross negligence. You pretty much have to be able to show that there was absolute intent to create a problem. While I feel that most operators did their absolute best, to then slap on that gross negligence and deny the families any chance to question those actions, I think, was misinformed by the government.

That now leads me to the consultations. My friend from Lethbridge-West had also talked a little bit around this. One of the things that, you know, the minister had said in the opening remarks around third reading here was that consultations have informed Bill 11. When I look back at some of the consultations that the government has said that it's performed, maybe I would draw attention to one of the most recent failures of consultation, and that would be around insulin pumps. The community was very, very clear that they were not heard on this issue. Again, that's just one very recent example, and I know that there has been failure around consultations informing Bill 11.

You know, I appreciate that there were submissions that were made by – I think the number was 33 – different operators. I appreciate them putting in those submissions and their thoughts about how to make the system better to care for the seniors that not only built this province but built this country and looked after all of us as we were growing up in it. Now it's incumbent upon us, of course, to return that exact same thing.

While I appreciate that there were some attempts to reach out to families and get their thoughts, I think there should have been much more effort in that department to really, truly get an idea of what's going on. I mentioned some of these during some of the debates that I had, in somewhat a little bit of a back and forth, with the Health minister during Committee of the Whole yesterday, Mr. Speaker.

One of my constituents, who had I talked to about his experience with one parent and the continued experience with another parent – so just to remind, this constituent's father had passed away roughly two years ago. This would be, of course, on the watch of the UCP government. He ended up getting a call to say: well, you know, we're sorry; we accidentally forgot that your father was on the toilet for the past five hours. It was due to a lack of staffing. So you have an individual that's trying to look after him and was just overwhelmed with everything that was going and then a shift change, and the next thing you know: somebody's looking for his

father and finally finds him in the bathroom and figures out that he had been there for the past five hours. I'm certainly not blaming any of the employees.

The reason I'm bringing this up – this is where I'll probably focus a lot of my comments, as I did in Committee of the Whole. Because the government has – I believe my good friend from Edmonton-Riverview said that it was a little over a year now that they've had that report, the facility-based continuing care review. They had it for a year, and in that report it says that the entire system needs at least 6,000 more employees, okay? So if you've done your consultations and you have this report and those consultations reflect what is in Bill 11, I'm sorry; I don't see anything about how to solve this 6,000 staff shortage that we see. I don't see any framework about increasing the funding to facilities so that they can accomplish that.

Now, I see facilities in my very own riding of Edmonton-Decore always looking for volunteers. Bless their hearts for what they do, but it's not enough. As I've said before, if you're looking for volunteers, you clearly don't have enough staff. I'm not blaming the operators. They're doing what they can, but it's not enough.

9:40

That then leads to the second story from this resident, whose mom, ironically, served her entire career in continuing care and now is there. He goes to visit her one morning. She's in her room, a dark room, because somebody hasn't had the time to open the blinds or turn on the lights. She has her face in her hands. She's so glad to see her son because she's covered in food, and nobody's been able to clean her up and change her clothes. Again, I'm not blaming the staff. There's not enough.

Now, the government loves to pat itself on the back for all this historic funding it's been talking about. Well, if there's all this historic funding, why are we still seeing volunteers being called for? Again, it's a persistent and consistent thing I keep seeing. Things are not matching up with what I'm hearing from the government.

That then leads me to this whole thing around full-time versus part-time. You know, we certainly see some part-time jobs being created. The problem with a part-time job is that it usually comes with a part-time salary, and part-time salaries don't necessarily pay a mortgage or are enough to build a family, which means somebody ends up having to work two part-time jobs, which is part of the problem that led us to the high transmission rate when COVID first broke.

The reason I'm bringing this up, Mr. Speaker, around Bill 11 is because I don't see anything about addressing that. Again, we heard in some of the opening comments around consultations informing Bill 11, around what we've learned from the pandemic informing Bill 11. If that is indeed the case, it starts to fall back to staffing.

You shouldn't have staff needing to go to different facilities so that they're making enough money to be able to pay their bills. I'll spare everybody in this House a tirade on bills going up and what people are having to pay. But if we have indeed been informed by COVID, then going forward, we should be preventing any such thing, but it's still the case. We have staff that are jumping between facilities. Again, I'm not blaming providers. They're doing what they can. But for seniors who have built our province, built our country, looked after all of us, this is our A game that we've apparently been informed of? That's why I've been so critical about Bill 11. Sure, I can concede the fact that if we've got a bunch of pieces of legislation that are better off under one piece of legislation, that's fine. I can accept that, but there is so much more.

Now, I know the Minister of Health had pointed me to a section around the family councils and whatnot. I've attended some of those within the facilities in Decore, and the same thing keeps coming up, which, funny enough, brings me right back to what I've been talking about most of this time: staffing, people not getting the help they need. Residents that somebody comes in to feed and may have feeding problems, may have other challenges on top of that: they try to feed them; no success. They put the spoon down. Then they go and they leave for a while. Then they come back. They try to feed again: "Oh, you're not eating? I'll come back." This goes on for several hours. The cleaning crew comes in, and they go, "Well, you didn't eat" and take your food away. Now that senior hasn't eaten at all. This is not what they signed up for.

And this is why Bill 11 should have gone much further than simply just first steps, as the minister had originally said in opening comments when this debate started. If this has indeed been informed by consultation, by what's happened in COVID, this thing should be at least twice as thick as it is. To say, "Well, trust us; everything will be done in regulation" – I would say that the trust of this government by Albertans is pretty darn thin, and they've lost patience with you.

We can do better, Mr. Speaker. We should have done better. We seem to have money to chase things like Bigfoot and to write all kinds of reports. We need to step up.

The Speaker: Hon. members, third reading of Bill 11. Are there others? The hon. Member for Edmonton-Riverview.

Ms Sigurdson: Thank you very much, Mr. Speaker. It's my pleasure to join debate on Bill 11, the Continuing Care Act, in third reading. As my colleagues have already said this morning, and certainly yesterday I had the opportunity to debate this in Committee of the Whole and happy to reiterate some of the concerns about this legislation, the ND caucus will not be voting in favour of it. As has been said, COVID-19 really shone the light on our continuing care system in Alberta and all the significant problems with it. You know, it was a devastating tragedy, where 1,600 seniors living in continuing care in our province died. Many of those deaths were preventable.

There was much to be done, and much could have been done but, sadly, was not. That has a lot to do, I think, with the slow movement of this government. One of the things that we petitioned the government on at the outset, for at least two months before they moved on it, was to restrict staffing to one facility. We know that that was one of the significant concerns regarding the spread of COVID-19.

How come this is an issue? How come people are working at so many different facilities? That's really the question underneath that. Like, how is that happening? That has a lot to do with the private facility operators maximizing, you know, their profit. That's what they're focused on. It's not about seniors' care for a lot of these private facilities; it's really about making enough so that they can give dividends to their shareholders. The great tragedy in that meant that they weren't focused on the care of seniors. They were focused, again, mostly on this very select group of people who happen to be their shareholders.

Of course – I've spoken about this before, and I will again – just the whole financialization of the continuing care sector created a lot of the difficulties and continues to, Mr. Speaker. You know, an example that I like to share is the AgeCare facilities. There were four in Calgary back in 2020 that were sold off to Axiom, Montreal based. It's really a wealth-generating company. It's all about the real estate. It's all about the profit. It's not about the seniors' care. Guess what happens when these facilities are sold off to companies

like this? The focus is not about serving seniors, serving the residents in those facilities but, rather, generating this profit.

And guess what? They give employees just, you know, part-time jobs that have no benefits and have extremely high expectations of them. Certainly, if there's a union, they try to bust that union because, of course, unions fight for workers. They care about workers being supported, and they want them to have those full-time jobs. They want them to have the support to be able to care for their families, have health care benefits, extended health care, be able to have vacation, and several details that we all know about and that they should have.

9:50

You know, if you take care of your workers – guess what? – they do a better job. They're not so focused on just surviving, but they are able to be more stable and are able to contribute and come to work feeling supported and happy. And guess what that does? That supports them to be able to give better service to the residents. Sadly, that's not the way it is in the system. In spite of the Herculean work of many of the health care aides – just let me acknowledge so many of them. Despite sort of all this swirling around them and the pressure on them and cobbling together working at several different facilities so that they can make a living wage – I mean, these are low-wage workers, Mr. Speaker. They are people making close to minimum wage if not minimum wage. Oftentimes they're racialized. Mostly they're women and newcomers to Alberta or Canada, and oftentimes they feel like maybe they can't speak up about their concerns. They're concerned about losing their jobs if they do. It's really taking advantage of people who are doing their best to serve people instead of supporting them.

It really disturbs me, and I think that this UCP government hasn't acknowledged that ever. They sort of like to skate over this issue of financialization in the continuing care system. Certainly, when they did, you know, respond to some of our calls to have a one-site rule about staff, because of the spread of COVID-19 really significantly in continuing care facilities across the province, there were so many exemptions to that, because of the strong lobby of these private providers, that it became almost like it didn't really matter, the order by the chief medical officer of health. There were so many exceptions to that health order that there was a significant question of whether it really made any difference at all; why bother?

[Mr. Reid in the chair]

That just showed time and time again all sorts of decisions made by the UCP government that, you know, put seniors at risk, sadly. As we know, more than 1,600 lost their lives in Alberta. Certainly, it's been said time and again that many of those were preventable deaths. I mean, I think this is one of the fundamental things that needs to be looked at in our continuing care system that isn't, certainly, in this legislation at all. There's no willingness of the UCP to look at much of the research regarding this. We look at private, we look at nonprofit, we look at public, and we know the outcomes for residents are far superior in nonprofit and public continuing care facilities. Outcomes are much less positive for residents in private facilities. I mean, that alone should be pushing the UCP government to look at these issues, but sadly they're not.

Because of what we've just been through, COVID-19, which shone this bright, bright light on the continuing care system, you know, we were really hoping that Bill 11 would be addressing this fundamentally, looking at the concerns in that system and really providing some better outcomes for seniors. Instead, we have framework legislation, and the government tells us repeatedly: that's fine; we have another year or so, and we're going to put those kinds of details in regulations.

We all know that regulations and legislation are different. Regulations can be shifted by the minister whereas legislation has to come before the Legislature, and it has to be for all parties, so it's more public and we know what's going on. This is another way that it's kind of behind closed doors and can be shifted and changed, you know, by the minister himself or herself. The transparency obviously is absent, so that is definitely a concern regarding having things mostly in regulations.

The other thing, Mr. Speaker, that is a deep concern to me is just: where's the urgency? Where's the urgency of this government? You know, 1,600 people died in continuing care. It's like: okay; we did the facility-based continuing care review over a year ago or about a year ago. Now we have this legislation, and now we have to wait another year.

I mean, this government is going through some of their own internal challenges. They now are looking for a new leader. I mean, it's a caretaker government. They're not going to be doing anything over this next year to really move this forward. I don't have faith that that's going to happen. There's just too much internal strife and upset. It's very disturbing because we are not seeing a government that is actually governing in the best interests of people in Alberta and certainly of vulnerable residents of continuing care facilities. So here we are waiting again. There just is no urgency on the part of the UCP to see this as a significant issue.

I must say, Mr. Speaker, that I have had a deluge of calls, meetings with people from across the province concerned about this and often grieving because of the loss of their parent and just the state of affairs in some of these facilities and how the parents were cared for or not. My colleague from Edmonton-Decore just gave some very specific examples of, really, neglect in the sector and not support for residents in continuing care. Of course, this isn't what any of us want, but what's missing with the UCP is that they just don't see this as an urgent matter. They feel like: okay; we did this, and we've got this information, and now we have this legislation. Years are passing. Years are passing, and what does that mean? The system is not improving, you know. It's not getting better, yet we know very clearly – I mean, I commend the government on the facility-based continuing care review because it gave us some really specific concerns that need to be addressed, and that's great. They have the information. The UCP has the information, but still it's kind of like we're in quicksand.

We know one of the major things that came out of the facility-based continuing care review is that we need to support staff, and we need to actually create significantly more staff. Six thousand more staff are needed. That is the government's own information. That's their information. They got that from their consultation on what is missing, what needs to improve in the continuing care system. Are we hearing things about working with postsecondaries, support to actually enhance training? This is skilled work. This is not just anybody can just sort of get a job and think that they know how to support seniors in continuing care. This is skilled work, and we do need to have programs to support them, so what is the UCP supporting postsecondaries to do?

We know that what the UCP is doing with postsecondaries is devastating them, dramatically cutting their funding and all the time saying, "Well, compared to the rest of Canada, tuition is average," or something like that. Meanwhile these institutions: their funding has been cut by millions and millions of dollars. The U of A here, which is in my riding: 50 per cent of the cuts from postsecondary were at U of A alone. It was a devastating, devastating hit to them. You know, the U of A is doing the best they can to keep functioning, but there's just no question that we're losing professors, we're losing grad students. People are going to other places because the quality of the education system at the University of Alberta, and

across our province but particularly at the University of Alberta, is being devastated by the UCP.

10:00

One of the things that we know about postsecondary, especially in a time of challenge – and let's face it; we've been through a time of challenge – investment in postsecondary actually is, you know, really value-added because over the longer term it helps to diversify the economy, make sure that we have the qualified workers to be employed in our province. Instead, the UCP does the opposite and they attack the postsecondary institutions.

The Acting Speaker: Thank you, hon. member.

Any other members wishing to add to debate this morning? I see the hon. Member for Edmonton-Ellerslie.

Member Loyola: Thank you very much, Mr. Speaker. I appreciate the opportunity to interject on this particular bill. As I'm sure you know, because you've been in the House during debate on this bill, I've spoken to it at all readings: second reading, Committee of the Whole, and now on third reading. In order to summarize all the, I'll say – I'm trying to put it in a nice way – evaluation of this particular bill, I would say that for me the most fundamental piece is that this government continues to put seniors and families on one side and then the interests of private, for-profit care operators on the other.

Now, I can understand, because the members on the other side are advocates for free market, laissez-faire, government stays out of processes. But I continue to insist, Mr. Speaker, that when it comes to continuing care, this is not the place for the market to apply all of its rules, because we're talking about the care of seniors in our community. Now, you've heard me go on endlessly about, you know, with all due respect to the members on the other side, that when you apply market rules of supply and demand, there are always going to be individuals that are going to be left out, not being able to afford – and that's the key message here – the care that they actually need.

Now, for seniors, who have dedicated their lives to contributing to the Alberta economy and society as a whole: every senior deserves to have good quality of care in this province as they continue to age. Every senior. Now, what happens when you apply private, for-profit care operators into the system and that's the only option available? Well, then, of course, you're going to have people who just cannot afford that kind of care.

Now, I've talked to many of my constituents where they're paying \$5,000 a month, some up to \$7,000 a month, for their parents to be in a private, for-profit care home. To be quite honest with you, Mr. Speaker, I find this just incredibly exorbitant. Incredibly exorbitant. While members on the other side may think, "Okay; well, that's affordable," there are a lot of people here in the province of Alberta who cannot afford that. What happens to them? What happens to the people who are priced out of the market? That's an honest question. What happens to those people? And what is the role of this government when it comes to taking care of those people? As far as I understand it, we're here to govern on behalf of all Albertans, not just the ones that have the pretty pennies.

Now, the government did its facility-based continuing care review. There were a number of issues that came out of that, specifically seniors and their families advocating for more accountability in the system so that they could get proper care, an increased quality of care inside these homes. Okay. Let's imagine that, well, the market system is here to stay and that's it. There's no option around it. At least those private, for-profit care operators need to follow the instruction and regulation of this government when it comes to the quality of care of these individuals. That's

what the facility-based continuing care review was all about, Mr. Speaker. If we're going to maintain this for-profit model here in the province of Alberta, then at least, bare minimum, it needs to measure up to an improved standard of care for everybody who needs to access continuing care in the province.

I'll highlight again that the members on the other side like to decrease or get rid of regulations rather than impose regulations. Now, I get it. There are some regulations which, you know, they like to call red tape, which I'm sure, Mr. Speaker, I've heard out of your mouth as well in debate here in the House. Yes, there are examples of things that provide, I would say, barriers or obstacles, but then there are regulations that are focused on health, safety, and care. Those aren't red tape, Mr. Speaker. You cannot call those red tape. If a private, for-profit care operator comes to the government and says: "You know what? You could get rid of this regulation and that regulation and this regulation" but it has to do with the care and health and safety of individuals, that's not red tape. On the other side of that regulation is actually the health and safety of individuals, and in this aspect our seniors, the ones that are in continuing care.

I think it's very important that – here was an opportunity. Here was an actual opportunity for the government to take the facility-based continuing care review that they did and then actually bring into force some of the issues that were being highlighted in that.

Now, as the Member for Edmonton-Riverview highlighted, a lot of the workers in this industry happen to be racialized women. I know a lot of these racialized women. A lot of them call Edmonton-Ellerslie home. I've had the opportunity to meet with them and talk to them about the working conditions inside of these private, for-profit care homes. They've highlighted for me extensively how when they compare the work that they do to others in the health care system, they don't get the same amount of benefits. They don't get the same amount of pay.

You know what? I just don't get it, why members on the other side of this House seem to think that with new Canadians coming here to Alberta, coming here to Canada, who are racialized, it's okay to pay them minimum wage when they're doing a very similar job to someone in the rest of the health care system. You're the ones that decided to change the rules. It was Conservatives that brought in for-profit care here in the province of Alberta and then stripped the regulations of making sure that these individuals were paid in a fair way when it came to their counterparts in the public system. That's on them. They continue to advocate for paying these workers the minimal amount with no benefits.

10:10

You know, a lot of these racialized women – of course, as you know, Mr. Speaker, it's not just women; it's also men, right? The majority of them all racialized, coming from different countries, but now they call Alberta home: they tell me that they're too afraid to speak up for themselves. In some of these private, for-profit care homes I've heard of people just being too afraid because they are threatened that they will lose their job. If you become a squeaky wheel, you're going to lose your job. That's the reality that's happening in these private, for-profit care homes. It's our responsibility as a government to do what's fair and just and right, to make sure that an individual working within that system does not have to fear that they will lose their job simply because they're speaking up for their rights. That responsibility is on each individual inside this House.

To strip regulations that would take away the right of an individual to actually speak up – you know, a lot of the time, Mr. Speaker, I've heard straight from their own mouth: instead of advocating for themselves, they're advocating more for the people

that they care for. That's the reality. That's what I hear from these individuals when they come to see me. They're speaking up for the rights of the people that they're caring for because they see how – because this private, for-profit care model tends to do the bare minimum in order to provide the care that is needed by these individuals.

I want to remind this House that we have a very solid example when it comes to this government siding with private, for-profit care operators over seniors and families when they introduced Bill 70, the COVID-related measures act, which was much more about protecting private, for-profit care operators than it was for seniors. Now, over this pandemic we have had over 1,600 deaths of seniors in continuing care facilities. Again, I stress that this government should have taken the opportunity to present a bill in this House that actually dealt with what was covered in the facility-based continuing care review and brought something of substance into this Legislature for us to vote on.

To not have done so, I would say, is shameful, Mr. Speaker. I don't often use, you know, the shame and blame approach. I'll be a hundred per cent honest with you; I don't like it. I don't think it's very productive. But in this case, the government having done its review, the government having gone through COVID, 1,600 deaths of seniors over the course – more than 1,600 deaths of seniors during this pandemic, and the government has decided to do absolutely nothing to address the recommendations in the review? I'm sorry, but that's shameful.

Now, in the facility-based continuing care review they focused on addressing the issue of staff-to-patient ratios, but we hear nothing from this government when it comes to that.

We talked about mandating minimum care hours so that all people in continuing care can actually get an increased and improved quality of care that they deserve, and then, of course, I was talking about, when it came to the experience of mostly racialized women that actually work in this sector, actually improving the care and working conditions for individuals that are working in this particular field, Mr. Speaker.

I believe I've highlighted a number of issues where this government has been lacking. I'll honestly say that it's very difficult for me to support this bill because I just do not see it addressing the issues that are so desperately needed by those living in care here in the province of Alberta. Those people deserve better, Mr. Speaker. They deserve a government that will stand up for them, a government that will actually work when it comes to implementing change that they desperately need here in the province of Alberta. That's what Albertans deserve, that's what seniors deserve, and the majority, those racialized women, also deserve better.

The Acting Speaker: Thank you, hon. member.

I see the hon. Member for Edmonton-West Henday has risen to add to debate.

Mr. Carson: Well, thank you, Mr. Speaker. It's an honour to rise this morning to speak to Bill 11, and I have appreciated the comments so far. Of course, this is my third opportunity, I believe, to speak to this legislation, and I always appreciate the opportunity.

Obviously, I want to echo many of the comments and concerns that my colleagues have shared and also just reflect on some of the things that we've heard through this debate, the lack of action from this government through the pandemic and even before the pandemic hit our province and our country. The fact is that this government has failed to take action to support seniors in our province, whether we are talking about in these continuing care or long-term care facilities or whether we are also acknowledging the

opportunities and the importance of supporting seniors where they're at when we look at home-based care.

Unfortunately, through this pandemic we have seen how a failure to move towards more home-based care and to keep seniors in their homes and in their communities has made the pandemic worse in terms of mortality rates, worse in terms of supporting seniors with their mental health and their feeling of belonging. Instead of moving towards more home-based care and investing historic levels of dollars, which we should be doing, especially right now through the pandemic, we are seeing quite the opposite and not only when we talk about direct investments in home care but when we reflect on the bigger picture of the priorities and decisions of this government, whether we look at the decision of this government to deindex the Alberta seniors' benefit, making the decision to drop dependants from having the ability to access medical and medication coverage under somebody who may be a low-income senior, the decision to make cuts to programs like SHARP, the seniors home adaptation and repair program. These are all programs that keep seniors in their homes, in their communities.

Unfortunately, this government has gone in the completely opposite direction. What we are seeing in some cases is families being forced into situations and scenarios where they don't necessarily want to be and, with that, through this process and through this legislation itself, again, an unwillingness to strengthen the protections, to ensure that the standards are brought up. Instead, we're told that we have to wait another year to see that process of the regulations play out.

We have Bill 11 before us, which this government is calling a framework. The minister stood yesterday and, I'm sure, many times before that to talk about how proud he was of his government and himself and of the preamble that was in the legislation, committing to strengthening this process. But within the legislation itself we do not see any increased standards for these facilities other than some small changes around transparency.

10:20

I can appreciate that the minister has made some commitment to increase transparency around financials, but there is a much bigger picture that needs to be looked at here, not only how we take care of those seniors but how we take care of the workers who are providing supports for those seniors. I said yesterday – and we've heard it many times this morning – that if we are creating a system where the health care aides and the workers in these long-term care facilities are themselves living in poverty, are themselves having to go to multiple jobs, working 60-plus hours a week, they aren't going to be fully focused, necessarily. They will do their best – and I know they do; I've met many of these workers, who put everything they have into supporting seniors in these homes – but, unfortunately, if they are working upwards of 60 hours a week, they are often concerned about their own survival.

We've had many opportunities through this process and before the pandemic to ensure that we were strengthening standards, to ensure that we were supporting these workers financially, whether we're talking about top-ups, whether we're talking about mental health supports and respite care, and unfortunately this government has heeded none of that advice from the members of the opposition, from the workers in these facilities. What we've seen instead is a continuation of the same old, and through this pandemic what it means is a higher mortality rate for seniors and, as we've heard, even higher for seniors in these for-profit long-term care, continuing care facilities.

A year ago we had the facility-based continuing care review come forward. I'm happy about the work and what was provided through that process. Unfortunately, this government has made

little movement to ensure that these processes and concerns that were addressed through this review are actually implemented. Instead, we have a bare-bones framework come before this Legislature in Bill 11 and are told that seniors in our communities and the families who support them have to wait another year to see what those regulations might look like. It is simply not enough. As I said yesterday, Albertans and seniors deserve better. They deserve to live with dignity. They deserve to be taken care of by people that are also being taken care of in turn, Mr. Speaker. They deserve the full support of the system, and unfortunately they are not getting that right now.

With that, again, Mr. Speaker, I want to leave a bit of time for my colleague here, but I have appreciated the opportunity to speak to this. In this case I do not see myself being able to support this legislation. I think that the government has spent too much time infighting and concerned about who is going to lead their party into the next election, and that is to the consequence of the seniors who are looking for support in our province.

Thank you.

The Acting Speaker: Thank you, hon. member.

Any other members wishing to rise and join debate? I see the hon. Member for Edmonton-Gold Bar.

Mr. Schmidt: Thank you, Mr. Speaker. I'm very pleased to rise and offer a few comments on Bill 11. I want to, first, start off by thanking my colleagues from Lethbridge-West, Edmonton-Decore, Edmonton-Ellerslie, Edmonton-Riverview, and, of course, Edmonton-West Henday for offering their comments and, you know, pick up on a thread that my friends from Edmonton-Ellerslie and Edmonton-West Henday wove through their comments, and that's on the issue of affordability, if I could frame it that way, right?

Both my friends from Edmonton-Ellerslie and Edmonton-West Henday talked about the poor working conditions and low wages that people working in the long-term care sector work under. It's especially important, in this incredible inflationary environment that we find ourselves in now, to make sure that people who are working in long-term care stop falling further and further behind. You know, I've mentioned a number of times in debate on issues around long-term care and health care, broadly speaking, that my oldest daughter works in a long-term care facility as a health care aide. Fortunately, the wage top-up meant that she didn't start at the usual starting wage for long-term care workers in this province, but she's only making \$22 or \$23 an hour for incredibly hard work and can only find work 20 or 25 hours a week. That's not enough for her to live on. She's 20 years old, and the only way that she can make ends meet is by continuing to live at home with her mom and her dad.

Now, you know, Mr. Speaker, I'm fortunate enough to be able to afford to continue to help her with her living expenses, but many of the people who work in the long-term care sector don't find themselves in such fortunate circumstances. As my friend from Edmonton-Ellerslie mentioned, a lot of long-term care workers are new Canadians, so they not only have to make enough money to establish themselves and set their families up in their new lives here in Canada, but many of them have significant financial responsibilities to their families at home. I know that many new Canadians really struggle because they find it hard to keep up with the cost of living here at home, but they're also expected to send money back to families in the Philippines or Cameroon or other countries around the world that new Canadians come from.

I know from personal experience, Mr. Speaker, that one of the things that is really stressful for those families is that their families

at home don't understand that \$20 an hour doesn't go very far here in Alberta, right? They just hear that dollar amount and think that that has the same buying power as it does at home, so they're under continual pressure to send money home to support their cousins or their uncles or all kinds of family members who put these expectations on them to provide financial support. We can't continue to operate a long-term care system successfully by underpaying and overworking all of these people, who are highly trained, very good at their jobs, provide essential services. We just can't afford to do that.

Moreover, Mr. Speaker, the affordability for the seniors living in these long-term care centres is something that is also growing increasingly important. As I mentioned, even though wages aren't going up, the cost of living in these long-term care centres is absolutely going up. As my friend from Edmonton-West Henday pointed out, so many of these centres are for-profit centres that absolutely will not let their bottom lines shrink because the price of gas and the price of electricity are going up. No, no, no. "Shareholders have got to be paid first, so we've got to make sure that not only do we keep the staff wages low, but we keep jacking up the prices for the people who are living in those long-term care facilities, and we'll keep cutting corners," because profitability is the number one objective here in these for-profit long-term care centres. The people who pay the price for that, who pad the bottom lines, are the seniors in care and the people who care for them. That's absolutely not fair, and it places a tremendous burden on the families who have members in care.

You know, it was heartbreaking to hear my friend from Edmonton-Decore tell the story about the fellow he knew whose father was left on the toilet for five hours. I bet they don't bring that up at the shareholder meetings. Maybe they should. Maybe that should be a requirement, that the kind of neglect that seniors experience in these long-term care facilities should be the number one issue at the annual shareholder meeting for long-term care facility providers so that the people who are making profits understand exactly the price that people are paying to make sure that somebody is getting a good return on their investment.

That's not a price that I think people should be paying. I think it's immoral that people are making a profit by leaving somebody's father on the toilet for five hours. It's absolutely wrong. This government refuses to even acknowledge that that's happening, and they say that they're making some significant advances in the legislative framework around long-term care facilities by creating this framework legislation.

10:30

Anyway, I have, unfortunately, exhausted my time, and I can see the intent stares from House leadership both on my side and the government side. You know me, Mr. Speaker; I am not one to ruffle feathers in this House, so I will conclude my comments by saying that I don't support this bill, and I urge all members in the House to vote against it.

Thank you very much.

The Acting Speaker: Thank you, hon. member.

Any other members wishing to rise and add to debate this morning on Bill 11?

Seeing none, I am prepared to call the question.

[Motion carried; Bill 11 read a third time]

The Acting Speaker: I see the hon. Member for Highwood.

Mr. Sigurdson: Thank you, Mr. Speaker. I rise to request unanimous consent to waive Standing Order 8 and Standing Order

9(1) in order to proceed immediately to Committee of the Whole on Bill 205, Human Tissue and Organ Donation (Mandatory Referral) Amendment Act, 2022.

[Unanimous consent granted]

**Public Bills and Orders Other than
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 205
Human Tissue and Organ Donation
(Mandatory Referral) Amendment Act, 2022**

The Chair: I see the hon. Member for Highwood rising to speak.

Mr. Sigurdson: Thank you, Chair, and thank you to the House as well for allowing us to move into the Committee of the Whole today with respect to my private member bill, Bill 205, the Human Tissue and Organ Donation (Mandatory Referral) Amendment Act, 2022. Bill 205 starts the very important work of setting a solid foundation for improved human tissue and organ donation systems here in Alberta. I have engaged with many individuals that have years of experience in the organ and tissue donation field as well as many families who have been directly affected by organ and tissue donation here in the province. Many of these individuals have shared with me recommendations that will help create a stronger foundation for Alberta's organ and tissue donation system.

Of those recommendations that have been proposed, this bill addresses areas that really stood out to me in making the biggest difference and improving our current system and closing the gap between us and leading jurisdictions across the world. Of those recommendations, it was clear that we need to continue to build and strengthen our current online registry, where individuals can register their intent to donate, and I will remind all people: it is important that we have these conversations, and if you wish to be an organ and tissue donor, please visit the Alberta registry to sign up and proclaim your intent to become an organ or tissue donor.

It was also clear when I spoke to doctors, surgeons, and AHS representatives that there are many opportunities for the province to continue to improve our online registry awareness and continue to educate people about our system and how to become an organ donor. As I mentioned previously in this House, when it comes to organ and tissue donation, the chances are extremely low. Only 1 to 2 per cent of opportunities exist within our entire health care system across Canada. It's essential that we continue to provide improvements to our system and our donation registry system and continue to educate Albertans as well that when it comes to choosing to be a donor, there are many options available.

When it comes to donor choices, Albertans should know that within that, they have the ability to be very prescriptive of what organs they wish to donate as well as if they want to be a tissue donor. So it's important that we continue to heighten the education and awareness around this issue, and I encourage families to have this very important discussion.

However, with that being said, one of the most important components or, I believe, the most important component of Bill 205 is the change from mandatory consideration to mandatory referral. Mandatory referral is now being reviewed in many jurisdictions and

is being credited as one of the most impactful changes to improving organ and tissue donation opportunities.

I'll also note that the top-performing organ and tissue donation jurisdictions in the world all have some form of mandatory referral. To be clear, mandatory referral will not create language that contradicts other health legislation which assumes that an individual does not consent unless they have specifically indicated their consent. I want to be clear on that.

Mandatory referral, simply put, will substantially decrease missed donor opportunities in Alberta. This became clear through many of the seminars that I attended over the time in which I was working on Bill 205. Clarifying the process in which donors are referred to Alberta organ donor organizations and the timeline in which this is done presents one of the greatest opportunities to ensuring appropriate time to properly identify potential donors and refer those donors. It's critically important that we do all we can to ensure that our organ donation organizations within the province have the time to be able to properly assess medical suitability for donation and communicate with the families of that loved one.

Now, organ donation organizations within the province, known as ODOs, are highly skilled in both communicating the importance of organ donation and in how it can help the grieving process. With that, they also understand the many factors that prevent individuals from donating their organs, and they are careful about overpromising and underdelivering with the affected families. This is crucial, that we have the specialists in this field working with those families. This is one of the times when they're experiencing one of the worst times of their lives as they're grieving, and we want to ensure that they're communicating with the best individuals possible when it comes to this.

Ultimately, I believe that, all of us, this is what we want, to improve opportunities for organ and tissue donation and respect an individual's choice to donate while simultaneously making the extremely traumatic situation easier for those families and making sure that we work with them through this critical time.

We also need to continue to educate and provide awareness about the benefits, and within this bill there are also changes that will ensure that the most updated and informed information is provided to residents in the province through our registries.

With that, Chair, I do want to comment that after review and since tabling the bill, I've worked and continued to work on this bill. At this time I would like to move an amendment which will clarify some of the wording that was necessary as well as some changes to the agency. Now, I've worked with my stakeholders . . .

The Chair: Hon. member, maybe take the amendment first, and then I'll let you speak to it.

Mr. Sigurdson: You bet. Sorry. I apologize, Chair.

10:40

The Chair: Hon. member, do you have a signed copy of this amendment from Parliamentary Counsel?

Mr. Sigurdson: I do, Chair. It was in that pile. It was on the very top with the paper clip, and it was the signed copy.

The Chair: I'm missing the last page, probably of the original. Okay. We have it.

Hon. members, please note this is a six-page amendment. I think there is some agreement in the House that not reading it into the record in its entirety is going to be okay. Members will receive a copy on their desks before we vote. Is that not amenable? It's

amenable. All members will receive a copy before a vote is to take place.

Hon. member, this will be known as amendment A1. Please proceed with your remarks.

Mr. Sigurdson: Thank you, Chair. Sorry for getting ahead of myself. Of course, I'm pretty excited about the chance to be able to get into the Committee of the Whole and continue the work on this bill and the progress on it.

Of course, this amendment corrects and addresses some of the language issues that needed to be done in order to make sure that it aligns appropriately with the current legislation within Alberta and also addresses a couple of small changes with relation to the agency to ensure that it works within the current Alberta health care system that we have within the province. As well, it makes a small change to the enforcement date, of course, to align with the next fiscal year, which I think will allow the appropriate time for the government to be able to build and be able to work with this, implement it, and get these changes in place in time.

Of course, we all understand the importance of this bill and we want to see it happen as quickly as possible. But, of course, there are some changes in here that are pretty substantive, so I wanted to ensure that we had the appropriate time to do so within our current health care system. At this time I look forward to additional comments with relation to it.

I, of course, move this amendment, and I will reserve the rest of my time to the House. Thank you.

The Chair: Any members wishing to join the debate? The hon. Member for Edmonton-Castle Downs.

Ms Goehring: Thank you, Madam Chair. It's my pleasure to rise this morning to speak to Bill 205, the amendment. I just want to start by saying that we strongly support organ donation and the steps that will improve donor participation rates in Alberta. I think that, looking through this amendment, this very long amendment, it addresses some technical issues to ensure that this bill works well. There's nothing in this amendment that changes the intent of this bill, so we're absolutely happy to support it. We recognize that the private member does not have the same resources as a government does to make bills. I believe that this bill was supported in the Private Bills Committee in principle and that the technical issues that were brought up in that meeting have now been addressed through this very lengthy amendment. It's very much appreciated that that feedback was provided and acted on.

I just want to say that, unfortunately, through this new process with private members' bills the UCP seems to not apply the same principle to the NDP bills that are being brought forward at all, most notably with Bill 204, the Anti-Racism Act. It's very concerning that there seems to be somewhat of a double standard, and I'm just disappointed that that is the case. However, saying that, we're happy to support this amendment because we support increasing organ donation and want to ensure that this bill works. I just would like it noted that perhaps the UCP should apply the same position to opposition bills.

With that, Madam Chair, I would just like to encourage all members of the House to support this amendment, and I will take my seat. Thank you.

The Chair: Have all members who wished to receive a copy of the amendment received a copy? If anyone has not – okay.

Are there any members wishing to speak to the amendment?

Seeing none, we will vote on the amendment.

[Motion on amendment A1 carried]

The Chair: Are there any speakers to the main bill as amended? Seeing none, I will call the question.

[The remaining clauses of Bill 205 agreed to]

[Title and preamble agreed to]

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

Hon. Members: Agreed.

The Chair: Any opposed? That is carried.

The hon. Deputy Government House Leader.

Mr. Schow: Thank you, Madam Chair. I move that the Committee of the Whole rise and report Bill 205.

[Motion carried]

[The Deputy Speaker in the chair]

The Deputy Speaker: The hon. Member for Lethbridge-East.

Mr. Neudorf: Thank you, Madam Speaker. The Committee of the Whole had under consideration a certain bill. The committee reports the following bill with some amendments: Bill 205. 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. That is carried. The hon. Member for Highwood.

Mr. Sigurdson: Thank you, Madam Speaker. I rise again to request unanimous consent to waive Standing Order 8 and Standing Order 9(1) in order to proceed immediately to third reading on Bill 205, Human Tissue and Organ Donation (Mandatory Referral) Amendment Act, 2022.

[Unanimous consent granted]

Public Bills and Orders Other than Government Bills and Orders Third Reading

Bill 205 Human Tissue and Organ Donation (Mandatory Referral) Amendment Act, 2022

The Deputy Speaker: The hon. Member for Highwood.

Mr. Sigurdson: Thank you, Madam Speaker. I am really excited to see Bill 205 reach third reading in this House. It has been an honour to see the constructive and positive dialogue happen from both sides of this House on Bill 205, the Human Tissue and Organ Donation (Mandatory Referral) Amendment Act, 2022. I've previously stood in this House to speak on why Bill 205 is absolutely critical, and I've told stories of many individuals who nobly helped save the lives of strangers and, as well, of those who received the gift of life themselves. Today I want to take time to thank the individuals who have been instrumental in helping me get this bill to this House and to this stage.

Over the past year and a half I have had countless conversations with medical specialists, nonprofits, transplant institutes, organ donation advocacy groups, business community members, Alberta

Health Services, Alberta Health, registered donors, and recipients, and through this entire process, Madam Speaker, I've truly been touched. When I entered into starting work on this bill, I myself was a little bit ignorant of the process of human tissue and organ donation. What I found over the process was that I didn't have to go very far to find individuals where this really impacted their lives, either being donors or recipients.

10:50

Now, through that, the Alberta ORGANization Group is one group that has been instrumental through this entire process, and two specific individuals, that I do want to speak about today, really were there through the duration of this process and always helped me when needed, answered questions, and did a great job of continuing to help educate me on this. Both Greg and Linda Powell have been there day in, day out, working with me on this. Of course, they formed a patient-led organization with an interest in organ donation. Greg and Linda Powell have, you know, really been experts in this field and bringing this up, and they continue to work in this field. I think the province is very lucky to see the fruits of that labour that they've done over the years. It's through their guidance that Bill 205 hits some of these major areas that are needed to help modernize our system and continue to improve our system for the future.

With that, Flavia Robles and all the individuals within the Kidney Foundation have been an instrumental resource as well for Bill 205. She provided insight into how to develop a system that will be able to both improve the lives of Albertans and, with that, the impacts of what this means, so it really was beneficial to have her input as we worked through this.

I also want to thank the Alberta Transplant Institute for the seminars they put on. These were very, very interesting. They bring a lot of specialists from around the world and within our country to be able to talk about the impacts of tissue and organ donation. With that, they connected me with those experts in the field who helped explain both the legal aspects and ethical foundations of an effective system and, as well, highlighted a lot of the international best practices.

I also want to thank Canadian Blood Services for their continuing advocacy and providing publications on their best practices.

More importantly, Madam Speaker, I wouldn't be here today if it wasn't for – I think one of the initial conversations that I had was with Cindy Krieger and her very impactful story about her daughter Morghan. It really did move me, and it drove me to continue to work as hard as I could to make sure that this bill made it to the Assembly and then had the best chance of, you know, being a bill that could be something this House would be willing to support and pass as legislation.

As well, the Woolfsmiths and their incredible story about their very, very young child that passed and how many lives that that child's gift of life went on to save: it really, truly did touch me. With that as well, the Boulets' tireless work and advocacy. It's these families and their resilience during the most difficult moments in their lives where we understand how important an effective system is.

It really is our responsibility here as legislators to make sure that we do support that by making changes that will help those 700 individuals, as of today, that are waiting for these life-saving procedures. With individuals having to wait seven years, as an example, just to receive a kidney, it's clear that we do need to make changes and we do need to continue to have this very important conversation.

With the amount of support I've received from nonprofits, organ donation advocacy groups, medical specialists, and the thousands

of Albertans who wrote letters of support, I'm very humbled today and honoured to be moving Bill 205 in third reading. I really do believe it'll modernize our system and help improve the future of tissue and organ donation in Alberta, because, really, this bill is about one thing: it's about saving lives and saving lives through reducing wait times.

With that, Madam Speaker, I will sit, and I will hear comments from the House. Once again, just very excited to be in third reading. Thank you.

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

Mr. Nielsen: Thank you, Madam Speaker. Very happy to rise this morning to be able to add some very brief comments here in third reading of Bill 205. You know, when it comes to organ donation, I don't think there's any debate whatsoever. That gift can potentially change another person's life; it can even save that life.

I think back to the time, you know, when my daughter was younger and she was facing a couple of open-heart surgeries. I remember talking to the doctor at the time, and I said, "What happens if this doesn't work?" He very abruptly said, "Well, we'll have to probably transplant her heart." As you can imagine, that was a shocking moment in time, and it gave me only a very tiny little brush with the thought that I might have to consider that. Now, obviously, the good news is that that's all it ever was, just that brief moment of a brush. For families that do actually have to face that, having that support, that knowledge base to be able to work through that process, I think, is paramount.

You know, I've had the opportunity to work with the Member for Highwood on this even before we fully started to review it in the Private Bills Committee, that I also participate in, so I got the chance to see some of the work that the member had done on this. As we all know, private members don't have a lot of resources in terms of being able to do this, so I was quite taken aback by the amount of consultation he was able to achieve, the feedback. Certainly, as the bill moved forward, the correspondence that I got in my office was very positive.

You know, again thinking back to my time and my experience, I can't even imagine what families face around organ donation, not only giving that gift but also receiving it, so having the opportunity to tap into people that can guide them very well through that process: I wish it was available way back when, when my daughter was facing this stuff.

I was obviously surprised when we ran into a couple of hiccups after the committee review, and the amendment now, that we've just recently passed, clearly is able to address those, clear up any confusions or misunderstandings or any conflicts that might have occurred across the different pieces of language and acts.

Now we have a bill that I think will serve Albertans very, very well and will help those Albertans, when they do face this, have that knowledge base and guidance, so I'm very happy to rise today in support of Bill 205. I certainly look forward to seeing how that's going to help more Albertans get through potentially what will be a very, very difficult time in their life. I will thank the Member for Highwood for bringing this piece of legislation forward, for all the work he's done on it and, certainly, the work that we've continued throughout the process so that we understand it. It's certainly made our ability as opposition to be able to go out and do our quick background work on it very, very easy, so I appreciate that.

Thanks, Madam Speaker.

The Deputy Speaker: Are there others? The hon. Member for Edmonton-Castle Downs.

Ms Goehring: Thank you, Madam Speaker. It's my pleasure to rise this morning to speak in third reading to Bill 205, Human Tissue and Organ Donation (Mandatory Referral) Amendment Act, 2022. I've had incredible opportunities to speak in the House about the importance of human tissue and organ donation over the years. I can tell you that this is something that is very personal for me. One of my dearest friends, Christine Post: her son at eight years old got very, very sick, and it was determined in a very short time frame that he required a heart transplant. He was very, very sick. Initially they thought that it was the flu, but fortunately they were able to diagnose him with idiopathic dilated cardiomyopathy, which was very, very scary, hearing those words, and very unknown to the family. Ultimately, it meant that in order for Austin to live, he needed a heart transplant.

11:00

Now, we know that organ donation is life-saving. We also know that there are some significant barriers that can cause someone to not be able to donate. This was learning that we went through very quickly and in a traumatic way. One of the key things that this experience taught me was the importance of talking about organ donation, and I think that this piece of legislation is a wonderful step towards that. What it means for so many people is that it starts a conversation about the intent to become an organ donor, and when we look at how many lives can be saved through donation, it's quite significant.

I know that through this path with Austin and his journey we talk a lot about the importance of organ donation, and one of the key things that is important to know is that when you identify that you would like to be an organ donor, that's one of the first steps. There are a whole bunch of other processes that have to happen, and I think that this legislation will absolutely create space to allow those intentions to come through. One of the most important pieces that is still required is to talk to your loved ones about your intentions of becoming an organ donor. I know that we have a space where you can register to become an organ donor, but if your loved ones aren't aware of your intentions, ultimately they're the ones that make that decision, so being very clear with your family and your friends about your intentions is so important.

It was because of the incredible gift of the donor for Austin's heart that he was able to be a recipient. He went through a very fast process of getting his heart, which is uncommon. It's not often that this process happens so quickly, but because of this he's been a huge advocate for organ donation, heart transplant awareness, research regarding pediatric hearts.

I think that when we have the opportunity in this Legislature to be able to talk about such important issues, it's important that we support pieces of legislation that truly can make a difference, a life-saving difference. It's a huge gift that the families can provide to save so many lives. I know that there are so many people in this province that are on wait-lists and are in desperate need of donation, and so many people in this province are registered to be organ donors. This piece of legislation, I believe, will truly have an impact in creating a space for more life-saving opportunities.

With that, Madam Speaker, I would like to just conclude my remarks and say how much I appreciate the member for bringing this forward, and I would hope that all members of this Chamber support this legislation. Thank you.

The Deputy Speaker: Are there others to join the debate? The hon. Member for Chestermere-Strathmore.

Mrs. Aheer: Thank you, Madam Speaker. I'll just take a few minutes. Thank you to all of our colleagues in the House that have spoken to this. To our colleague from Highwood: we know that this has been quite the journey for you. I'm also . . .

The Deputy Speaker: Hon. member, I hesitate to interrupt. Just direct your comments through the chair.

Mrs. Aheer: I apologize. Sorry. He's sitting right here. It's very difficult. Thank you, Madam Speaker.

We also very much appreciate – like I've mentioned before, when I had the opportunity to speak to this bill, the member and I share in common some friendships with people who have actually gone through the process of donating the organs of their loved ones to people and knowing and hearing from the people that now have those hearts beating inside of people that they've met.

I just wanted to take a moment to thank the member and, through you, Madam Speaker, thank the House for the opportunity for the stories that have come from our colleagues that are very touching, and it is true, you know, as we all stand in this House and understand the legislation that needs to come forward, that so many of us wish that had been available many, many years ago, especially because many of us have been touched by these particular situations.

Thank you again to our colleague from Highwood. Thank you so much to the House for the opportunity to be able to debate this and talk about it and for making the legislation stronger together.

Thank you.

The Deputy Speaker: Are there others to join the debate?

Seeing none, would the hon. Member for Highwood like to close?

Mr. Sigurdson: Thank you, Madam Speaker. I'll just quickly close by saying thank you to everybody that I spoke to this within the House. This is, I think, a very monumental stage for us to continue to move forward with conversations surrounding this very sensitive issue but as well an issue that we need to bring more to the forefront, and we need to continue to have these conversations with our families and friends.

I hope everyone here – and I'll say it again – makes the incredible decision to become a tissue and organ donor. It really is truly impactful to so many lives. It is the gift of life, and it is something incredible.

Thank you again, Madam Speaker. Thank you to the House.

[Motion carried; Bill 205 read a third time]

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

Mr. Schow: Thank you, Madam Speaker. I move that the Chamber be adjourned until 1:30 this afternoon.

[Motion carried; the Assembly adjourned at 11:08 a.m.]

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