



Province of Alberta

The 31st Legislature  
Second Session

# Alberta Hansard

Wednesday evening, November 26, 2025

Day 16

The Honourable Ric McIver, Speaker

**Legislative Assembly of Alberta**  
**The 31st Legislature**  
Second Session

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New Democrat: 38

Independent: 2

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## Legislative Assembly of Alberta

7:30 p.m.

Wednesday, November 26, 2025

[The Deputy Speaker in the chair]

**The Deputy Speaker:** Good evening, hon. members. Please be seated.

### Government Bills and Orders Second Reading

#### Bill 11

#### Health Statutes Amendment Act, 2025 (No. 2)

**The Deputy Speaker:** The hon. Minister of Primary and Preventative Health Services.

**Member LaGrange:** Thank you, Madam Speaker. It is my privilege to rise to move second reading of Bill 11, the Health Statutes Amendment Act, 2025 (No. 2). This legislation represents an important and forward-looking step as we continue implementing Alberta's refocused health care system, one designed to recognize the evolving needs of Albertans, empower the health professionals who serve them, and support better health outcomes right across the province.

Alberta's health system has long been a source of pride, but it must continue to modernize if it is to remain strong, sustainable, and responsive for decades to come. Bill 11 proposes amendments that would modernize physician practice rules, strengthen Alberta's drug coverage framework, enhance food safety and public health oversight, as well as update and secure health card processes, improve system-wide accountability, and support the operational changes required to implement our refocused health system.

Madam Speaker, these amendments reflect the most comprehensive modernization of Alberta's legislation in many, many years. They respond to challenges that patients, health care workers, administrators, and system experts have identified repeatedly, and they do so in a way that is deliberate, balanced, and grounded in our responsibility to provide world-class care within a sustainable public system. If passed, Bill 11 will help usher in a new era, one that prioritizes patients, supports clinicians, strengthens public confidence, and ensures that Alberta remains an attractive place for health professionals to build their careers.

Madam Speaker, I would like to begin with what is perhaps the most significant component of this legislation, the modernization of physician participation rules under the Alberta Health Care Insurance Act. Under the current framework physicians must choose to either fully participate in the publicly funded system or fully opt out. These rules were crafted decades ago at a time when health care looked entirely different. They do not reflect the realities of today's system nor do they reflect the tools and innovations available to physicians or the expectations of patients. Albertans need timely access to care, yet many physicians are constrained by outdated practice models that restrict innovation and limit the ability to expand services. A modern health system requires flexibility, and our clinicians deserve a regulatory environment that allows them to use their full skill set.

Bill 11 proposes a dual practice model, allowing physicians to work both in the public and private systems under defined conditions. Under the proposed framework participating physicians would continue to deliver insured services through the provincial health plan. Nonparticipating physicians would continue practising exclusively outside of the public system, and flexibly participating positions would be permitted to provide insured services within the

public system while also delivering private, uninsured services with clear rules and separate billing. This European-style model provides clarity. It provides choice and the structure needed for a modern, high-performing health system. It also reflects practices already permitted in provinces like Quebec and New Brunswick, where dual practice has not triggered penalties under the Canada Health Act.

Madam Speaker, Albertans must continue to have access to medically necessary services without financial barriers. Therefore, the bill provides government with strong authority to impose conditions to protect the public system. These conditions may include requiring physicians to complete a set number of years in public practice before opting out; restricting private service delivery to evenings, weekends, or off-peak hours; limiting certain specialties from private practice when shortages could compromise public care. These safeguards could ensure that the public system remains the foundation of health care in Alberta. That's exactly what they're intended to do.

To protect accountability dual practice physicians will be required to maintain fully separate records for public and private services, preventing any possibility of public dollars subsidizing private care. This transparency is essential for maintaining public trust.

I also want to clearly outline the immediate protections that will be in place at the outset. Family physicians will not be eligible for flexible participation at this time. Emergency services, urgent procedures, and all cancer treatment and surgeries will remain exclusively public, with no private options. Furthermore, I cannot emphasize this enough. There will be no reductions in the number of publicly funded procedures or services, and no Albertan will ever have to pay out of pocket to see their family physician or obtain the medically necessary care that they require.

Madam Speaker, we know that physicians are choosing where to live and work based on flexibility, opportunity, and the ability to practise at the top of their scope. These changes will help attract more doctors to Alberta and encourage those already practising here to stay and build their careers right here in this province. Dual practice is not about replacing the public system; it's about strengthening it by enhancing surgical capacity, lowering wait times, attracting new physicians, retaining our existing ones, promoting innovation, and ensuring Alberta patients have more timely access to care.

The next major component of Bill 11 relates to drug coverage, an area where rising costs must be addressed to ensure long-term sustainability. Currently Alberta's government often acts as the first payer even when patients have private or employer-sponsored insurance. As a result the public system covers the majority of costs before private plans contribute. This is inefficient and financially unsustainable, particularly as the cost of medications continues to rise. Bill 11 proposes to align Alberta with other provinces by establishing the government as payer of last resort for drug and supplemental health benefits.

Under this approach private or employer-sponsored plans would provide primary coverage, while government-sponsored plans would act as a safety net, stepping in only when other options are not available. This is a responsible, fair model that uses taxpayer dollars efficiently and preserves publicly funded programs for those who rely on them the most. Again, it's the safety net that we are going to provide.

In addition, the bill strengthens protections for older Albertans. Employers would be prohibited from denying or reducing drug or supplemental health coverage solely based on age once employees reach 65. Older Albertans who continue working deserve to maintain their benefits. These amendments ensure that they will.

Madam Speaker, accountability is also very essential in a publicly funded health care system, yet Alberta's current compliance framework does not effectively address persistent patterns of noncompliance, including improper billing or inaccurate claims. Repeated violations undermine the trust that Albertans place in their health care system. Bill 11 strengthens accountability by expanding the tools available to address systemic noncompliance. These amendments will support consistent billing practices, deter improper claims, and help generate cost savings that can be reinvested into front-line care. Albertans expect oversight, they expect transparency, and they expect a system that is both fair and responsible with public dollars. These amendments deliver on those expectations.

The next major set of amendments concerns food safety and public health, areas where strong oversight is essential to protect Albertans. The 2023 E coli outbreak in a Calgary child care facility was a sobering reminder of how vital food safety systems are essential to be monitored. Albertans deserve confidence that all food establishments, especially those serving children, are held to the highest standards.

Bill 11 proposes several amendments to the Public Health Act to strengthen outbreak response enforcement as well as oversight. If passed, the amendments would establish a specialized public health investigation team, create a new public health investigator regulation, and clarify investigators' powers during inspections and investigations. It would also enhance training and transparency, establish administrative penalties for serious or repeated violations, and support updates to Alberta's food regulation and food services code.

7:40

These amendments modernize enforcement tools, increase consistency across all food establishments, and better protect the health of Albertans. They also support the health system's broader goal of expanding the office of the chief medical officer of health, including enabling the appointment of more than one deputy chief medical officer of health and expanding eligibility criteria to include appropriately qualified professionals.

Someone over there finds that funny . . .

**Ms Hoffman:** Yeah.

**Member LaGrange:** . . .but we think that's really serious.

Currently the PHA, the Public Health Act, limits eligibility to physicians who hold a fellowship in the Royal College of Physicians and Surgeons of Canada. This requirement significantly restricts the ability and the already limited pool of candidates for the role of chief medical officer of health. The proposed amendment will expand the current qualifications to also include fellows of the College of Family Physicians of Canada. So that expands the pool. Together these changes improve food safety, strengthen oversight, and contribute to a safer environment for children, families, and communities.

Madam Speaker, Albertans have made it clear that the paper health card, the bane of everybody's existence, the paper health card unchanged for decades, is no longer adequate. It is vulnerable to wear, loss, misuse, and does not meet modern expectations to secure digital options. In fact, we will be the last province in Canada to switch away from the paper health card.

Bill 11 proposes amendments to modernize Alberta's health card system and strengthen health information protection. If passed, the amendments will establish a renewal process to confirm ongoing eligibility, create offences for tampering with or misusing health cards, allow cards to be seized or access suspended when

appropriate, and enable secure information sharing with other ministries for card production and management. It will also allow for new formats, including mobile wallet credentials, and limit the use of personal health numbers to authorized purposes. These updates help protect integrity in the health system and ensure that all Albertans receive services that they are eligible for while reducing misuse and fraud.

It is also important to note that as of 2025, Alberta's population was estimated to be 4.98 million. However, the number of individuals actively insured in the Alberta health care insurance plan was approximately 5.511 million. They also would enable more effective, team-based care; allow for responsible, transparent data sharing; modernized privacy controls; and support health foundations in engaging with communities in ways that remain compliant with regulations. Together these changes promote a more integrated, secure, and modern health information landscape.

Finally, Madam Speaker, Bill 11 includes amendments to the Alberta Health Care Insurance Act and the Provincial Health Agencies Act to support the structural changes currently under way through health system refocusing. These changes would modernize hospital governance, align hospital accountability with the refocused system, transition Alberta Health Services into a hospital-based acute care provider with clear responsibilities, and repeal the remaining components of the Hospitals Act, consolidating them into modern legislation.

Updates like this build off of our existing legislative work and ensure that Alberta's legislative framework reflects the system we are building today, not the system of 30 or 40 years ago. Madam Speaker, Bill 11 is bold, it's balanced, and it's future-focused. It strengthens our public health care system while introducing responsible innovations. It empowers physicians, enhances oversight, protects public dollars, modernizes outdated processes, and, most importantly, puts patients at the centre of every decision. These amendments reflect Alberta's promise to deliver a health care system that is modern, accountable, and sustainable for generations to come.

Madam Speaker, we did a lot of engagement. I'm very proud of the work that my team and my department have done to bring this to reality, so I'm proud to move second reading of Bill 11, the Health Statutes Amendment Act, 2025 (No. 2).

Thank you.

**The Deputy Speaker:** The hon. Member for Edmonton-Glenora.

**Ms Hoffman:** Thank you, colleagues. Madam Speaker, I want to begin by saying: I love those shoes, and I'm glad you're here tonight.

Now to speak to Bill 11, a less cheery topic for the evening. The title should really be An Act to Americanize the Health Care System and Bring In for-profit American-style Trump Health Care, where, yes, you won't need a paper card anymore to get health care services; you're going to need your credit card to get health services.

I'm going to start by talking about a few of the things that are – there's one thing I think is quite good in the bill: the E coli changes. I'll say: step in the right direction. There are a number of other recommendations though that were made in that report that the government isn't acting on, so perhaps in committee the minister or in second another member would respond to why they didn't move on the other recommendations that came forward around how to prevent the horrific E coli outbreak from happening again in the province of Alberta. But the fact that something is happening in this bill is certainly better than nothing for even more time, putting more

kids at risk. Something, I guess, is better than nothing. That part: hey, not bad.

Eroding the credentials of the chief medical officer of health is what the “expanding the pool” language actually means. Just so all members know, I have talked to many doctors and I was told almost six months ago that this executive search firm had already approached over 300 doctors who met the criteria and asked them to consider the role of chief medical officer of health for the province of Alberta, and all had said, “Heck no,” in slightly less parliamentary language.

**Mr. Nally:** That’s not true.

**Ms Hoffman:** It is absolutely true. I suspect, through you, Madam Speaker, that I have talked to more doctors than the Member for Morinville-St. Albert around this topic and many others.

Yeah. Over 300 people from across the country had been approached who met the criteria, the royal college criteria. I will say that when I was a health minister under the hon. Rachel Notley, I twice executed executive searches for chief medical officers of health and was very proud to have hired two very capable experts in public health who absolutely met the criteria, and under them there were two deputy chief medical officers of health who also met the criteria. We had a complement of three that worked within the department. They were the chief medical officer of health and the two deputy chief medical officers of health, and then within each of the health regions there were also public health experts for the different regions. At that time we had a government that was respectful of science, honoured expertise, honoured the physician experts that came forward, and we did the balance of asking questions around public health and safety and also executing decisions that were in the public interest.

One of the easiest examples, Madam Speaker, was when people wanted to return to Fort McMurray immediately after the fire. We wanted them to be able to return to Fort McMurray immediately after the fire, assess the damage, see if there was anything that could be reclaimed. It was absolutely unsafe. Because of the fire dampening chemicals that were used, it was important that that be mitigated and that before people were allowed to return, it would be safe for them to do so, so that it wouldn’t cause other long-term negative health consequences.

Having experts in public health who meet the national standard for being a chief medical officer of health: Albertans deserve nothing less. Madam Speaker, when the minister says, “We’re going to expand the pool,” the definition of that is: nobody wants the job who meets the criteria, so we need to change the criteria. That, I think, is embarrassing and dangerous in the long term. The other thing that’s embarrassing is that the government hasn’t been able to, for a year, secure an actual chief medical officer of health.

The other thing that should be embarrassing is that the year prior he was muzzled and handcuffed, and that is one of the reasons why the last person who met this criteria left, because he wasn’t – he identified that a year prior to the measles outbreak, measles was on its way to Alberta. This government under the UCP said: no public press conferences; no warning anybody; no special ads around telling people to get immunized and focusing on public health; no, you can’t have more money in your budget to be able to do the work to prevent it. As a result, Madam Speaker, we ended up with the worst measles cases in North America; more measles cases in the province of Alberta than the entire United States combined, with a population 10 times ours.

**Member Ceci:** That’s truly a shame.

**Ms Hoffman:** That is a shame. That is embarrassing. That is dangerous. A newborn baby died because the mother contracted measles while that baby was in utero. Completely preventable if we would have actually focused on public health and ensured that we worked as an organization to honour the expertise of those who have that expertise. That’s a section around eroding the credentials of the chief medical officer of health.

7:50

I am going to spend probably the next 14 minutes and 50 seconds talking about the most outrageous part of this bill though, which is an act again to break the campaign promise to never make you pay to see a doctor, to never make you feel like you’re moving towards an American republic institute, where you have to pull out a credit card to see a doctor. We know that there are, like, a plethora of health ministers over there who haven’t been able to get their story straight about what was going to happen.

One of the things that happened is that cabinet documents have been leaked many times, and we knew about two of the biggest poison pills in this bill before this legislation came forward to this House. The first one we knew about was the piece around drug plans and what was going to be happening with drug plans in this province. It became very clear that the government was working on a plan to jack up premiums. They’ve liked to jack up things in the past, like postsecondary tuition. Now they’re jacking up premiums on seniors, who have to pay. Instead of \$25 as their maximum copay on a prescription, in the spring it will be up to \$35 as a maximum copay per prescription. For many seniors that could be hundreds of dollars every time they have to fill their prescriptions, hundreds of dollars more at a time when the cost of living is going up and the government could do more to rein in those costs.

The other thing the government is doing around increasing the copay piece, which they’ve already done, is now they’re saying, “We’re going to be the payer of last resort instead of first resort.” Well, Madam Speaker, that again is an act to force people to go onto private insurance plans, including the private insurance plans of those who are over 65 who are still working. I know, Madam Speaker, that there are people who clean our offices, who are in their 70s and 80s, who the government is now going to say, “Oh, you’ve got to use your work plan to pay for your drugs first, and then later you can use your seniors’ drug plan.” They already kicked their dependents off, so if they were taking care of their children or grandchildren who weren’t able to be independent, they had to pay more for their drugs because they had to put them onto other drug plans. And now they’re saying, “You have to use those other premiums instead of your government plans.”

Why this matters? Because the government wants you to pretend that there’s just a magic pool and that the insurance companies are just going to absorb this. The government has straight up said, the UCP has straight up said that this is \$35 million that the government will not be on the hook for, which means insurance companies will be put on the hook for. Who is actually the payer towards those insurance companies?

**An Hon. Member:** We are.

**Ms Hoffman:** We are. Everyday Albertans are the ones that pay more because the insurance companies aren’t going to absorb \$35 million in having to pay out extra costs. Heck, no. They’re going to pass that on to every one of us.

Whether you’re a senior or not, if you’re a member of one of those drug plans, expect that you’re going to be paying more on your premiums next year to your insurance companies, whether it’s through your employer one, through your copay, or whether it’s

through a private insurance company. Madam Speaker, there are many seniors out there who buy private insurance so that they can top up the government plan. Now that will be even more expensive, and it won't be topping up the government plan. It will be instead of the government plan. What's probably going to happen? They're probably going to cover less stuff, which will mean that seniors have to pay more for those extra benefits and out of pocket for those medications that they need.

This is absolutely the wrong direction. When one of the best Canadians of all time is recognized as being the best Canadian through a very public campaign that happened many years ago, Tommy Douglas, in one of his final speeches, Madam Speaker, said that if we don't move forward with medicare, it will move backwards. What he was calling on all of us to do is to make sure it doesn't just stop with medicare in a hospital. It doesn't just stop with your pharmacare, your prescriptions being covered when you're in hospital. We need to keep moving forward, and we need to keep expanding public health care so that all of us can get the care that we need when we need it.

Madam Speaker, he couldn't have predicted the future more than what we're seeing right here under this UCP. In the lead up to the last provincial election, the Premier was very repetitive in saying: "Don't worry. I'm not going to make you pay for private health care. That's not my plan. I'm not going to ever make you pay to see a doctor. Don't worry. That's just fearmongering." Well, this very light 150-page bill that got dropped in what was supposed to be the last week of session . . . [interjection] I don't need an intervention. Thank you, hon. member.

Bill 11, a 150-page bill that is being brought forward by this government in what was supposed to be the last week of session, dropped on this table in this Legislature, that is an act to absolutely privatize and further the pay-out-of-pocket extortion of seniors and ordinary Albertans who just want to be able to live in this province without feeling like their government is out to get them and squeeze every penny that they can out of them. We have been through this over and over and over again, Conservative Premier after Conservative Premier.

Not everyone in this Chamber lived in Alberta at the time, but let me tell you: the Third Way campaign, when Ralph Klein came into this place and said that he was going to bring in a third way – it didn't need to be just public or private; it could be a combination of the two – people lost it out there. It's probably the reason why the Premier's offices are now reinforced and that there's even more security in this building. When bills like this come forward, it's not just the opposition who are outraged; it is everyday Albertans who are outraged. This is the most anti-Canadian legislation the UCP has brought forward to this Legislature.

They want to say that they believe in protecting ordinary people, that this is about a social safety net when what they're doing is absolutely the opposite. To drive a bill forward where they are absolutely bringing in an American-style, pay-out-of-pocket to get your basic health care, and the excuse that they use . . . [interjections] I know members opposite really want to engage in the debate, and when my time is up, Madam Speaker, they will absolutely have an opportunity to do that. [interjections] Yeah, you don't get to tell me where to look, hon. member.

**The Deputy Speaker:** Order. Order. Hon. members.

The only one with the call is the hon. Member for Edmonton-Glenora. Please continue.

**Ms Hoffman:** Thank you, Madam Speaker. I'm not even going to talk about the context of what just happened. I'm going to get back to the bill. Thank you for your attention, hon. members.

This bill has a massive section dedicated towards having doctors charge in one system at the same time they're charging in a different system. One of the reasons that one of the health ministers gave for why he thought it was fine for this privatization to happen is he said: well, I don't want people to have to leave the province to be able to get surgeries. Well, Madam Speaker, let me tell you that the best way to make sure that people don't have to leave the province to get surgeries is to expand public health care, to make sure that everyone who needs surgery has the ability to get it, to make sure that the operating rooms that are sitting empty – most operating rooms in this province at this time are sitting empty – are actually fully operating. You know what would make that happen? If the government actually funded it properly.

Instead, they forced health care workers out onto a picket line. They resolved it 20 minutes in. We'll see if the deal gets ratified, but they reached a tentative agreement 20 minutes in. Do you know what it takes, Madam Speaker, for health care workers to get up and leave a hospital and stand on the street in the middle of winter? None of them wanted to be there. They all want to be able to serve their patients, to work in their hospitals, to provide quality services to people, and this government is more focused on ideological cuts and driving workers onto the streets and then bringing in the notwithstanding clause to force workers back to work. They started with education; we'll see how it goes with health care.

They are so focused on driving their Americanized, two-tiered, private, for-profit, Trump-style health care in our hospitals. It started just last year. They brought in a bill. It wasn't the start; it started long ago. But last year under this Premier and under this minister they brought a bill into this place to allow anyone to own and operate hospitals.

**Mr. Nally:** Not true.

**Ms Hoffman:** It is true. They brought in a bill to allow for the ownership of hospitals to not be under the government or under AHS. It is absolutely true. They brought in a bill to allow for other operators, which means private entities. We tried to rein that in, we tried to focus it so that it wasn't about private, for-profit. The government said: don't worry; that's not what it's about. Then this year they come back with a bill even bigger saying that this is how they're going to bill for private, for-profit for people to be able to provide surgeries in both systems, for you to be able to see a doctor one day and then be advised that if you want to continue seeing that doctor, you need to go see them at their private clinic on a different day.

When one of the health ministers was asked about family doctors – there's been lots of back and forth, probably because the government doesn't agree with one another on exactly how far to privatize at what point in time and when – one of the health ministers said, "It is going to be about family doctors," and then later said, "No, it's not going to be about family doctors at this time." Madam Speaker, "at this time" meaning that they are absolutely opening up the path for them to be able to drive more privatization through regulation. The amount of stuff that's being delegated from this Assembly: laws that have to be determined within the Assembly sent into cabinet chambers for a select few who are invited in only by the Premier to make up the rules for who pays for what, when, and where. There is a huge area that is opening up within this bill to allow for further privatization. We can't even believe what one minister says from one day to the next to be consistent. How can we possibly trust them to be consistent when they're in cabinet chambers? We can't, that's the truth.

8:00

We support the priorities of everyday Albertans, the ones who elected every single member of this Assembly. When you talk to them about what matters to them, especially on health care, they're telling us things like making sure we can get a family doctor. Almost a million Albertans today do not have a family doctor. The minister will come into this place and say: more people are registered and have billing numbers than ever did before. True. More Albertans live here than ever did before. The hours, the number of patients per physician has never been higher. I'm sure people in this Chamber who try to get a doctor's appointment have to wait a week or two weeks to get in and see just your family doctor. Or the number who don't have a family physician – when the NDP was in government, every major municipality in Alberta you could get a family doctor. Now on most weekends there's closed emergency departments, especially in rural ridings represented by UCP MLAs.

I will tell you that people in those communities did not vote for that. When I was a health minister one of the communities that I was most impressed by was Lac La Biche. It had the lowest population per physician ratio of anywhere in the province. They had the most doctors per patient, in another way to say it. I went there and I talked to them and I said: "Why are you guys here? What's going on?" They really like the culture that was created. They had a great experience working at that hospital. When one doctor came internationally, he recruited some of his friends to come. The community was very welcoming and the government was supported.

The government at the time was working with them on making sure that we had ways to ensure consistent and fair billing, that we had access to regular emergency care as well as family medicine within the community of Lac La Biche. Now it's one of the hospitals that closed most often because when you start driving health care workers away – guess what? – the doctors who followed that one doctor also left when that one doctor left and when others started to move away. So we can go from being the pillar of what is great rural medicine to a place where if you have a heart attack on a weekend, your probability of making it to the hospital down the highway has gone down significantly, Madam Speaker, and that is outrageous.

The government should be focused on finding ways to attract and retain the health care professionals, but let's remember why it is that they are having such difficulty with that. Let's remember the way that then health minister Tyler Shandro treated doctors when it came time to negotiating a contract. They already had a contract, and one of the first things he did as health minister was tear that contract up. How do you think those doctors felt and every other health professional felt when they were sitting down to negotiate future contracts? Then we had all sorts of utter chaos and all sorts of strong-headed witch hunts happening within the health care system, within Alberta Health Services, within the department of health and people, when they were given the opportunity to stay here or go elsewhere, left in droves.

Then, under the current Premier, we had somebody who said that they were going to, quote: fix health care in 90 days. Madam Speaker, I'm sure the members opposite, and I know all of us, hear from people every day who talk about how much worse it is now than it was before the current Premier became Premier. Fix health care from what was, you know, a system that certainly had room for improvement, but where you could get a family doctor in every major municipality, where cancer surgery wait times went down, breast cancer by half – the opposite is happening now under the current leadership of this province, and it is shameful.

Let's also remind ourselves of what happened the last time this Conservative government worked on a big privatization agenda. It was the DynaLife debacle. The Auditor General just came up with a report a week ago highlighting that the current government wasted \$125 million at least. We don't know if it's more because the government shredded documents and also blacked out numerous pages. Never has the Auditor General, an independent officer of this Legislature, seen the documents that got released gone through by lawyers with such rigidity so that things were blacked out on almost every single page that they got. So we know \$125 million, but we suspect it is probably significantly more. The government just won't come clean.

It was very clear that Alberta Health Services said: do not do this; there is not a business case. The Health Quality Council of Alberta when I was a minister did a report and said that a public lab will go significantly towards better patient outcomes and lower costs for taxpayers. The government instead decided they were going to focus on ideology. They were going to bring in privatized lab services right before a pandemic. Albertans lost \$125 million, patient care got worse, and now the government has been called out for it.

Now they want to start with more privatization, Madam Speaker. Albertans deserve so much better. They do not deserve a government that is focused on breaking promises and privatizing their health care.

**The Deputy Speaker:** The hon. minister of hospitals.

**Mr. Jones:** Thank you, Madam Speaker. I'm pleased to support Bill 11, the Health Statutes Amendment Act, 2025 (No. 2). The first reason why is that I'd like to highlight the changes to drug coverage. Bill 11 proposes to align Alberta with other provinces by making government the payer of last resort. Private- and employer-sponsored plans would provide primary coverage, while the government plan would continue to act as an important safety net for those without coverage. This is a responsible and fair approach that uses public dollars wisely and ensures support is available for those who rely on it most. It also strengthens drug coverage for seniors by prohibiting employers from reducing or denying prescription benefits solely because an employee turned 65. This ensures working seniors can continue to access the coverage they've earned.

Bill 11 also strengthens accountability in our publicly funded health care system. Currently Alberta's compliance framework does not effectively address persistent billing noncompliance, which undermines public trust and diverts resources away from patient care. To address this, there are proposed amendments to expand the tools needed to correct systemic issues, enforce consistent billing practices, and deter improper claims, ensuring savings are reinvested directly into front-line services.

Madam Speaker, in 2023 our government confronted the deeply troubling E coli outbreaks in Calgary, where children became ill and families were devastated. We needed stronger protections for our youngest and most vulnerable, and we needed to elevate food safety standards to help prevent future incidents. That's why the minister of health and I in my previous role as the Minister of Jobs, Economy and Trade, with responsibility for child care, supported the Food Safety and Licensed Facility-Based Child Care Review Panel, chaired by Rick Hanson. Thank you to him for his work. They released their report on July 29, 2024. The food safety amendments in Bill 11 continue the implementation of these recommendations by establishing a specialized investigation team, enhancing investigator authority, improving training and transparency, and introducing administrative penalties for serious

or repeat violations. These measures will strengthen consistency, accountability, and create safer environments for children, families, and communities across Alberta.

Bill 11 also supports the broader goal of strengthening Alberta's health leadership by expanding the office of the chief medical officer of health. It enables the appointment of additional deputy CMOs and broadens eligibility to include highly qualified professionals. Together, these changes enhance food safety, strengthen oversight, and help create safer environments for children, families, and communities across Alberta.

Madam Speaker, Alberta's population is roughly 5 million, yet there are more people insured under the Alberta health care insurance plan. It is clear that the traditional paper-based system no longer meets modern expectations for secure digital options that protect both Albertans and our health care resources. Through Bill 11 we are modernizing Alberta's health care card and health information system by establishing a renewal process to confirm ongoing eligibility. We're creating offences for tampering or misuse, we're enabling secure information sharing across ministries, and introducing new formats, including mobile wallet credentials and strictly limiting the use of personal health numbers for approved purposes.

Furthermore, in order to ensure Alberta's legislation reflects the modern refocused health system, Bill 11 updates hospital governance. It clarifies responsibilities for Alberta Health Services as a hospital-based acute care provider and consolidates outdated laws. These changes strengthen accountability, improve sustainability, and modernize oversight, creating a health system that is more responsive and better equipped to serve Albertans.

Madam Speaker, Albertans are waiting too long for elective surgeries. Currently more than 80,000 Albertans are on a surgical wait-list, with around 35,000 waiting beyond clinically recommended time frames. One of the ways we're addressing this challenge is through Bill 11, which modernizes physician participation rules. Surgeons and surgical support professionals, including anaesthesiologists, will have the flexibility to work in both public and private settings. This dual practice approach will increase surgical capacity, ensure more Albertans receive procedures, and improve access to high quality care in Alberta.

**8:10**

Dual practice is already in effect in leading health jurisdictions around the world, including Denmark, the Netherlands, the U.K., France, Germany, Spain, and Australia. Dual practice allows physicians to more flexibly practise in both public and private settings. To be clear, Madam Speaker, right now in Canada, physicians practice in public and private practice, here in Alberta, in Quebec, and in New Brunswick, and the members opposite can appreciate that it's on a case-by-case basis. The only difference is the flexibility in which to toggle between public and private.

To ensure the public system remains robust and Albertans receive the care they need within clinically recommended wait times, we launched the acute care action plan. This plan immediately invests to provide 50,000 additional surgeries over the next three years, and it plans the addition of over 1,000 new acute care beds, with two new towers planned for the Grey Nuns and Misericordia hospitals in Edmonton, and another tower at the South Health Campus in Calgary, as well as community care expansions like psychiatric beds and a provincial NICU strategy. This work builds on significant initiatives already under way. For example, we've invested \$265 million in the Alberta surgical initiative, \$168 million in the diagnostic imaging enhancement program, and \$243 million in the medical device reprocessing program, alongside the record 318,000 surgeries completed last year.

A crucial, long-term priority of the acute care action plan is building workforce. In addition to the flexibility that dual practice will provide surgeons, we're also creating a long-term workforce strategy to ensure we train, attract, and retain the health professionals we need for the decades to come. This builds on our record 12,700 physicians now registered to practise across the province, an increase of over 600 from last year. It also builds on the expansion to Alberta's medical schools to train over 100 new doctors annually and the rural medical education program, which, when fully implemented will add 210 seats province-wide, streamlining registration for internationally-trained physicians and the more than 2,000 registered nurses and 1,400 LPNs we plan to graduate by 2030.

Dual practice will also help us attract additional physicians and health care professionals to Alberta and retain them. Bill 11 also includes strong safeguards to ensure the public health system remains protected and accessible to Albertans. There will be strict government oversight of physicians who choose to participate in dual practice. We will closely monitor the services provided and require physicians to maintain clear separate records. This will prevent any overlap of public and private funding to ensure full compliance.

To support continuity of care, all patient activity, whether received in a public or private setting, must be documented in Alberta's electronic health record. All physicians will be required to submit the necessary clinical information so that care continues to be co-ordinated, safe, and efficient across the whole system. If needed, additional restrictions may be applied to protect public access. These could include requiring physicians to perform a dedicated amount or ratio of surgeries in the public system to be eligible to participate privately. We also could restrict specialties to public practice if shortages would compromise public care, or we could restrict private practice to evenings, weekends, or to the underutilized ORs and rural areas that the member opposite mentioned.

Furthermore, surgeries for life-threatening conditions, including cancer, and all emergency procedures will continue to be delivered exclusively in the public system with no private option. No Albertan will ever have to pay for a medically necessary surgery. Regular reviews will ensure that dual practice serves Albertans and operates in their best interest. We will begin consultations immediately – already have – with health care professionals to refine these safeguards and ensure we strike the right balance as other jurisdictions have.

Mr. Speaker, Alberta's health system faces longstanding challenges. These amendments, if passed, will strengthen the system for all Albertans and modernize our health care with leading jurisdictions around the world. We will continue to invest in our public system and ensure that every Albertan has access to care.

Thank you.

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

**Member Batten:** Thank you, Madam Speaker, and thank you to my colleagues. I rise, of course, this evening to join debate on Bill 11, the Health Statutes Amendment Act, 2025 (No. 2). Now, health care impacts every single person in Alberta, and the ability to get health care when it's needed is vital. It's not a someday thing. It's not an after months of waiting, after travelling, or after the conditions get worse kind of thing. Albertans deserve timely, reliable public health care that keeps them safe and allows them to live full, healthy lives. But that's not what Alberta is providing, nor the life that Albertans are living right now. Right now the system Albertans depend on is failing them.

Now, Albertans did not cause this failure. Albertans did not break the system, but Albertans are certainly the ones paying the price for the decisions they didn't make. This government is responsible for the crisis we're in, and until they acknowledge their mistakes, nothing will change, Madam Speaker.

I want to take some time this evening to clearly lay out how we got here, building a little bit from, of course, my colleague the Member for Edmonton-Glenora, speaking to some of the points that she had brought up but from the perspective of maybe being inside the hospital when these things were happening.

Once upon a time, Madam Speaker, Alberta had a strong public health care system. It wasn't perfect, but it was stable and it was dependable. Families could find a family doctor. Surgeries were done on time. Emergency rooms were busy, but they were functional and they were functioning the way they were meant to, for emergencies. Rural communities had local physicians, full-time nurses, and clinics they could trust. Seniors could access the supports they needed, and women could get basic reproductive and pelvic health care without waits that stretched into years. People believed that health care at its core was something that they could count on, that our public health care system would be there for them. A strong public health care system truly is what keeps this province, well, alive. It means that parents can care for their kids, that workers can stay healthy, and that seniors can age safely in their communities or where they choose.

All that stability didn't disappear on its own. It was very intentionally dismantled. So let's talk a little bit about that. Back in 2020, recognizing that year brings a lot of emotions to all of us, a version of this very same government here did something no other province in Canada had ever tried, and that's when they tore up their agreement with physicians, the agreement that provided stability for the doctors and stability for the patients. It gave communities confidence that their clinics would stay open. But when this government tore up that contract, that stability vanished. Doctors left Alberta for other provinces. Clinics shut their doors, communities lost every family doctor they had, and families were suddenly left with nowhere to go for basic care, let alone preventative. That decision alone, just the tearing up of the physicians' contract, has created long-term damage that Albertans are still suffering with today, and it is 2025.

I also very clearly recall this government going after the very people working inside that system. I have very clear memories of a government asking the front-line workers to take a rollback in the middle of the pandemic. Of course, the disrespect didn't stop there. We know, I mean, not many weeks ago this government used even a heavier hand and took away the rights of teachers and forced them back into unsafe conditions. This government dismisses concerns about staffing shortages, about the need of having experienced professionals in those spaces, and when they can't find someone that wants to work with them because of, well, bad past behaviour, I would argue, they dropped the threshold on the position.

8:20

Albertans deserve so much better than that. We should not be reaching for the bottom here, Madam Speaker, but that's what this government continues to do. Even if we were to exclude workers from the conversation or maybe just those that were there in person for it and might have some feelings on it, when you push workers out of the system, the system collapses. That's what happens.

This government has also ignored years of paramedics warning that our ambulance systems were collapsing. They told the government respond times were increasing. They warned that level 0 events, or code red, where there are no available ambulances so if you call 911 no one is coming, were becoming more and more

common. They asked for the government to act; completely ignored. And now – and we hear this from both sides of this House – we have communities where they wait so long for ambulances to come, they then choose, because they have no other choice, to try and drive themselves. How does that serve anyone, Madam Speaker?

And then, of course, the endless restructuring. Oh, my goodness. There's an old saying – I say "old saying" in that I have not looked up to say who said this – but the saying goes something along the lines of: when you don't know what to do, you restructure. The system needs stability, and this government delivered chaos. [interjections] Now, I know members over there are very excited to speak, and they are welcome to speak when I'm done.

**Mr. Nally:** No. You're doing a good job. Keep it up.

**Member Batten:** And I appreciate their compliments.

Now, it's this government that broke apart the structures, rebuilt them, shuffled them apart, reassigned decision-making – oh, yes – and conveniently have changes in ministry when things are about to hit the fan. Front-line workers are constantly forced to adapt instead of caring for their patients. Critical programs are stalled, communications are broken, services have become harder and harder to navigate, and, honestly, Albertans are really wondering who's accountable. Who can they even talk to so that they could gain access to the care they need?

Rather than strengthening public services, this government has pushed through more private clinics, and of course private clinics have the option to choose their patients, Madam Speaker. They don't have to accept everyone. In fact, they accept you if you have a good credit card, which, again, not everyone has. And when private clinics hire staff, they are pulling staff from the public system. They do not invent workers; they pull from the current system, meaning you're moving workforce which is essential to the work from one to the other. You cannot tell me that this government doesn't understand that that shuts down services in the public. These decisions have consequences, consequences that are being lived every day by Albertans.

We all know that our constituents have no problem reaching out to us, showing up, sending us e-mails, letting us know what they think. In case these are not stories that hit your inbox or, you know, maybe you haven't checked your inbox, let me tell you about a woman waiting at least 26 – the range is about 28, 29 – months for pelvic floor care. That's the current wait time for a urogynecological appointment here. Twenty-six months of pain, 26 months of avoiding activities she once enjoyed, 26 months of struggling with simple daily tasks, and 26 months of feeling completely forgotten by this government. This is what happens when governments neglect women's health. Half of the population is harmed, and families will suffer with them.

Another Albertan, experiencing dizziness and she knew it was serious. Something was going on. She had a family doctor, but she couldn't get an appointment for at least a couple of weeks, so she went into the emergency room. She waited hours and hours, and she left without being seen. The next day she felt worse. She went back. This time her condition had deteriorated so far that – yeah – she got rushed right in because she was in the middle of a heart attack. She did everything right – she sought help; she listened to her body – and the system failed her. That's a failure of leadership. I didn't ask her if she tried her credit card, but you know.

Across Alberta people are waiting months and years for surgeries that would restore their mobility, but these aren't necessarily the quick-and-easy replacements that private clinics would very gladly take on. These are complicated, chronic patients who require more

than just a drive-through surgical experience, but they're going to wait. You know, there are consequences to waiting. If we think about a senior, maybe they're waiting for, well, any surgery, honestly, and maybe they lose balance one day; they fall. Canadian research shows that falls are the leading cause of injury-related death in seniors. A serious fall results in death within one year in 20 to 30 per cent of older adults. We delay a knee surgery, a hip surgery, a cardiac surgery, whatever, we are putting Albertans at risk. This government is putting Albertans at risk. They are preventable deaths.

Now, Madam Speaker, the most concerning part about this is not so much that all these failures have happened; it's that this government refuses to admit that they caused them. Every expert, every provider, every patient has clearly said what went wrong, but this government refuses. Then it leads you to: why would Albertans trust the people who broke it to fix it? The answer is easy. They don't. Albertans are paying attention. They remember the cuts, the disrespect, the closures, the delays, the talking out of both sides of their mouths. Albertans are asking for fair, reasonable access to care.

The bill presented does not rebuild primary care. It does not shorten surgical waits although they might try to claim otherwise. It does not expand public capacity. It does not address diagnostic delays, stabilize staffing, fix EMS, women's health, preventive care. This bill addresses none of the concerns that Albertans bring up every day about the health care system that this government has destroyed and is now claiming to fix.

8:30

**The Deputy Speaker:** Hon. members, just a reminder. We are on Bill 11 in second reading.

The hon. Member for Grande Prairie-Wapiti has the floor.

**Mr. Wiebe:** Thank you, Madam Speaker. Now for some good news on Bill 11. I rise today because I believe deeply in Bill 11, the Health Statutes Amendment Act, 2025 (No. 2). I support Bill 11 with confidence and with a good understanding of what it means for Albertans. I support it because it strengthens our health care system at a time when people need that strength the most, and I support it because Albertans deserve a health system that meets them with compassion, reliability, and respect. Albertans want care that feels reliable, care that shows up when life becomes frightening or uncertain. They want a system that doesn't make them wait for months for answers, a system that respects the dignity of every patient. Bill 11 helps move us towards that future.

This bill represents a shift. It reflects a province that is changing, growing, and expecting more from the systems built to serve it. Bill 11 modernizes legislation across multiple areas so our health system can respond faster and provide better outcomes. It supports the people who deliver care, and it strengthens the experience of the people receiving it. One of the clearest examples of this work that Bill 11 does is around drug coverage. Prescription coverage is not just a program; it's a lifeline support. It keeps families afloat, it ensures seniors can manage chronic conditions without fear, and it lets people stay healthy enough to work, parent, and live independently. Bill 11 improves co-ordination between public and private drug plans.

The bill also addresses one of the most urgent issues Albertans face today: surgical wait times. Too many people wait too long. Too many families watched loved ones endure pain that could be relieved sooner. Too many children, parents, and seniors are stuck waiting when they should be healing. Bill 11 answers this problem. For the first time Alberta will establish a modern dual practice model. Under this system surgeons and surgical professionals will

be permitted to work in both public and private settings. This is not a radical idea; this is a proven one. It uses many of the world's highest performing health care systems, including Denmark, France, Germany, Spain, the Netherlands, and Australia. These countries show that dual practice can be done safely, fairly, and with strong protections for public care. What this means for Albertans is simple: more surgeries, shorter waits, faster recovery, more lives improved sooner.

Let me be clear. Alberta's public health care guarantee does not change. It will not change under this bill. No Albertan will ever pay out of pocket for medically necessary surgery. Emergency surgeries, cancer surgeries, and any life-threatening procedures will remain fully public. There will be no private option for these. None.

The dual practice model will not operate without guardrails. It will come with strong oversight and accountability. Surgeons working in both systems will be required to maintain separate records. These prevent any possibility of public dollars supporting private operations. Additionally, restrictions may also be implemented, such as requiring surgeons to complete a set number or ratio of surgeries in the public system in order to access private practice. If shortages in a specialty pose a risk to public care, that specialty can be restricted to the public system alone. These decisions will be made through careful engagement with physicians and with the Alberta Medical Association. From day one, some restrictions are already absolute. Many physicians will not be eligible for flexible participation in dual practice at this time, and all emergency services, emergency surgeries, cancer treatment, and cancer surgeries will be provided only in the public system. This remains non-negotiable.

[The Speaker in the chair]

Bill 11 also takes essential steps to ensure taxpayer dollars are protected. Albertans deserve to know that the money they contribute is spent honestly and transparently. This bill strengthens billing rules, it creates clear consequences for ongoing noncompliance, and it ensures oversight tools are in place to catch and address proper billing practices. Accountability is not optional; it is responsibility.

The bill further strengthens public health by modernizing food safety standards. Food prepared and served across our province must be safe. Bill 11 enhances staff training, it improves reporting requirements, and it updates inspection tools so that Albertans can trust that the food that they eat meets the highest standards of safety.

Finally, this legislation takes a major step toward modernizing health cards and health information sharing. A new renewal process will reduce fraud, cards that are altered or tampered with can be seized, and secure appropriate information sharing across ministries will be strengthened. Better information sharing means better teamwork and faster care. It means fewer gaps. It means a system where providers can communicate more effectively and patients can benefit from smoother, more connected services.

Mr. Speaker, Bill 11 represents a milestone in the evolution of Alberta's health care system. It is practical. It is built on the promise that health care must work for the people it is meant to serve. I am proud of this legislation and I encourage all members to join me in supporting Bill 11.

Thank you, Mr. Speaker.

**The Speaker:** The hon. Member for Edmonton-Castle Downs.

**Ms Goehring:** Thank you very much, Mr. Speaker. I rise tonight to talk about Bill 11, the Health Statutes Amendment Act, 2025. We've heard a lot of words from the government about why this bill is so important and why it's going to fix health care, and I think

the story that we're missing here is where the health care system is right now, and how we got here.

I think when we hear what they want to do with our health care system, turning it into an American-style, two-tiered health system, it's very frightening. I know that with everybody I talk to there's significant concern about the health care system, the way it is right now. The wait times are longer, finding a family doctor is difficult, and I know this first-hand, Mr. Speaker.

In May of this year, I started to get sick, and I didn't know what was going on. I'm so very fortunate to have a family doctor. She's been my doctor for over 20 years. She's an amazing, amazing woman. So we started the process of trying to figure out what was going on. That's May. By July we figured out that I needed more than a GP. My tests were coming back concerning. I had been able to go to labs where often the lab techs, one of them had laughed and said: I think we're doing a half price sale today. The waiting room was packed. Every time I've been in to do blood work or whatever other work I needed to do, it's busy. These health care professionals are stressed. They are working so hard in a system that this government has dismantled.

8:40

So my doctor and I, with the help and support of the labs and diagnostic services, are trying to figure out what's going on with my health. Well, unfortunately, Mr. Speaker, by July we figured out that I needed more than her. I needed a specialist. She suspected that I possibly needed two. Did referrals for specialists. At that point it was semi-urgent. More tests, whatever she could do, I was doing them. One of the tests resulted in a need for another test. That was marked urgent; that was in July. That test doesn't happen for me until the end of January.

The referrals that happened in July: I was accepted as a patient by both specialists. One specialist told me that they couldn't see me until October. The other one said that their wait-list was 24 months at minimum before they're going to call me to book my appointment. I'm an accepted patient; my file has now gone up to urgent status. Twenty-four months before I get to talk to a specialist.

During this time I've been in and out of the ER. I sit here and listen to the government saying that wait times are reduced. It's not true, Mr. Speaker. The procedure that I needed only could be done through an ER doctor. My doctor wasn't allowed to refer. Specialists aren't allowed to refer. You can only receive it through the ER. I've been in several around the province. Fourteen hours. Nurses that are crying. Patients that are leaving because they can't wait. Doctors that are calling in on telehealth while nurses and other health care providers are telling the doctor, who is not in the ER, what is going on. They're diagnosing over the phone because they don't have physicians in the ER.

All the while this government stands up and says: things are fine. Things are not fine, Mr. Speaker. For years this government has neglected and mistreated our health care professionals in this province and completely dismantled the system. Their solution is to introduce American-style pay to go get a diagnosis. They're saying that cancer care isn't part of that. How do you get diagnosed with cancer when you're waiting 24 months for a test? It could be too late by that point.

I have significant concern when I see Bill 11, and I see nothing in here that actually helps Albertans. It doesn't protect public health care. It's creating a system that is American-style, that forces people to pay. At what point is someone going to be told, "Your urgent test that's needed: you can have it, if you can pay for it. Pull out your credit card, and you can go get that test"? The amount of people that I've talked to that are forced to pay for health care, for a

diagnosis is absolutely unacceptable. That's the system they want to bring in, Mr. Speaker.

I sit here as an Albertan that is so fortunate to have a family doctor. [interjections] And they're laughing. I'm embarrassed that this government – I'm here sharing my personal experience with what's happening in the health care system, and I know they're hearing it from others all across the province because we're CCed in those e-mails.

My story is one story. I've sat and talked to so many nurses and health care providers and people sitting in emergency with me, crying and desperate and not getting the health care that they deserve. This Bill 11 does nothing to address those concerns, does nothing to address the state of the health care system that this government has dismantled and destroyed.

When it comes to health care in this province, we deserve better. Albertans deserve better, not what they're proposing, not what this Premier promised in the last election not to do. She promised she would fix it. I've heard ministers say that they have fixed it. It's not true. We know it. Personal experience, Mr. Speaker: it's not okay out there. Our doctors are not okay. Our nurses are not okay. They are doing the best that they can in a system that this government has broken.

I would really encourage all members of this House to sit and go through their e-mails, talk to their constituents that are struggling, talk to Albertans that are scared and terrified about what's happening with their health because they can't get in to see a doctor, never mind a specialist. I would encourage the members to really look at what's happening and make a decision to vote against this piece of legislation. We can't introduce American-style two-tier health care. It is not going to fix the problem that they've created.

Thank you, Mr. Speaker.

**The Speaker:** The hon. Member for Edmonton-Ellerslie.

**Mr. Gurtej Brar:** Thank you, Mr. Speaker. Adya Singh, a seven-year-old was rushed to a private hospital after she was diagnosed with dengue. A five-star hospital. Cutting-edge technology, fancy walls, doctors in white coats, nurses in green dress, and janitors in blue dress gave a glimpse of a five-star hospital. Adya Singh was in pain, blood cells diminishing, high fever, body aching. Her parents sat beside her, worried, praying with hands folded, hoping to see her get better.

Her parents expected that five-star care for Adya Singh in the five-star hospital. She remained admitted for many days, got the medicines from the private in-house pharmacy, got meals and shining utensils, but none of this could save her life. She died of dengue in a private hospital in New Delhi, a life lost to a curable disease, a loving child gone forever, a bright mind lost.

A few days later a person went to their home and rang the doorbell. Her dad came outside. He was handed a letter. When he went inside and opened that letter, shivers ran through his body. He was slapped with 25,000 U.S. dollars, a 20-page bill, with overly expensive medicines, strips used to check sugar levels, and other admin costs by the private hospital. Adya's father's friend posted that bill on social media, causing nation-wide outrage.

This is not a single story in Delhi. There were similar stories in my own state of Punjab, too. When I read this news, I felt sorry for Adya Singh and her family. No parent should ever go through what Adya's parents went through. I saw my son passing by me when I read this news. I thought about my family, my kids, how lucky we are to have a public health care system that will treat us like humans, not commodities.

8:50

A few decades ago India's public hospitals were strong, trusted, and relied on by families from every background. Doctors were there. Care was fair. People knew they would not have to pay for treatment. Public health care was the backbone of that society. It was there for the poor, the working class, and everyone, but then it got paralyzed by privatization.

Instead of treating it, the government placed the crutches of the private health sector. They said that private care would support the public system, not compete with it. The first big step they took was a policy that might sound familiar here. They allowed government doctors to work both in public hospitals and in private clinics at the same time. The logic was simple: let the doctors earn more, let the private sector grow, and let the patient have more options. In reality it created a system where public health care crumbled. Doctors began spending more time in private clinics because this is where the money flowed. Public hospitals were left understaffed, nurses were stretched thin. Slowly, quietly, the public system went into a coma.

Eventually the government realized how dangerous this trend was. They tried to reverse it. They tried banning government doctors from private practice. It was too late. The damage was done. People lost trust in the public hospital. They shifted to private clinics. And once trust in public care erodes, people believe the public system is second class. It is impossible to bring them back. Today in India many people use public hospitals when they don't have any choice. A once strong public health system was hollowed out within two short decades not because people want private care but because the government steered the system toward it.

I share this story because the same mistake is now being repeated not in India, Mr. Speaker, not across the ocean, but right here in Alberta. Today we debate Bill 11, that opens the door wide to a two-tier, American-style private system. It allows doctors to switch between public and private practice. It allows them to choose whether to bill the public insurance plan or bill the patient directly. It takes a leap toward normalizing out-of-pocket payment. This is not modernization. This is not innovation. This is privatization, exactly what India did, exactly what weakened its public care, exactly what Alberta must avoid.

Here is what Albertans are asking for: more family doctors, shorter emergency waits, faster surgeries. Are they asking for too much, Mr. Speaker? Why can't this government deliver these? How can privatizing health care deliver these? History shows us, studies verify, and the U.S.A. is a textbook example that a two-tier system cannot deliver these. An American-style health system is not a solution; it is a problem. We repeatedly hear from the other side, "European-style system," but the European model is far from the ideal example. Across Europe there is growing evidence of two-tier access, workforce drains, rising costs, and weak oversight. This is not a foreign model to admire; it is a warning.

Mr. Speaker, let me help the UCP recall their words during the last election. "Under no circumstances will any Albertan ever have to pay out-of-pocket to see their family doctor or to get the medical treatment they need." Bill 11 counters their own words. Bill 11 creates two lines: one for the wealthy, one for everyone else. One line for the people who can pay out of pocket and the other line for everyone else. It is exactly what happened in India, it is exactly what we see in the U.S., and it is exactly what the UCP wants here.

Bill 11 also allows private payment for diagnostic MRIs, CT scans, blood work, even without a doctor's referral. That means that Albertans with disposable income will get their results faster while everyone else just waits. Public wait times will grow not because

demand increased but because funds eroded. That's what dual practice does. That's what the bill does. That's what we must stop.

Bill 11 sets no cap on private surgical fees. It sets no limit on what private facilities may charge. It sets no protection to prevent talent drain. It sets no guarantee that medically necessary service will remain fully covered under the public plan. It has positioned government as payer of last resort for prescription drugs, pushing people towards private insurers, just like in the United States. This is a multiphase transformation the UCP has been pursuing for years, dismantling AHS, expanding private hospitals, and now enabling dual practice.

If Bill 11 passes, the consequences will follow the predictable pattern. First, surgeons will allocate more time to private operating rooms, where they can charge more. Wait times in public hospitals will increase, not decrease. Second, public confidence will erode. People who can pay will move to private care; people who cannot will be left behind. Third, government will use the growing wait times as justification to expand privatization further. Finally, the public system will weaken to the point where government says it can no longer afford universal care, the exact argument the Premier herself made in past writing.

Mr. Speaker, our vision is a strong, universal public system. We take a different path. We believe Alberta can have more doctors, more timely surgeries, faster access to MRI and CT scans, better team-based primary care, stronger public hospitals, and a humane system that treats people based on need, not on wealth. Health care is not a commodity. It's not something to be auctioned off, sold, or bought for those who can afford it. Health care is a right. It is a promise we make to one another as a society. It is a promise that we contribute to take care of everyone. If one senior is sick on the other side of the province, it matters to me even if that is not my parent.

Bill 11 breaks promises, divides Albertans into two tiers, paralyzes our public health system. I and my colleagues on this side of the House cannot support this bill, not this bill, not any bill that undermines our public hospitals, our public doctors, and our promise of taking care of each other. For the sake of Alberta's future, for the sake of every family who depends on public care, for the sake of the universal system our parents and grandparents built, we must oppose, reject, and repeal Bill 11.

9:00

Alberta's New Democrats will do exactly the same so no Albertan parents have to go through what other parents had to go through. Alberta's New Democrats will restore the trust of Albertans in the public health care system. Alberta's New Democrats will hold the hand of the public health care system, help it to stand back on its feet, and make it 21st-century ready.

Thank you, Mr. Speaker. I move to adjourn debate on Bill 11.

[Motion to adjourn debate carried]

### Bill 13

#### Regulated Professions Neutrality Act

**The Speaker:** The hon. Minister of Justice.

**Mr. Amery:** Well, thank you very much, Mr. Speaker, and good evening to you and to all members of the Committee. I'm pleased to rise and move second reading of Bill 13, the Regulated Professions Neutrality Act.

Mr. Speaker, I truly believe that this new piece of legislation is one of the most consequential affirmations of freedom of expression in this Assembly in recent times. Bill 13 will make sure that regulated professionals can express themselves freely outside of their work while being treated fairly by regulatory bodies.

Albertans value free expression. We value the ability to speak openly, to debate ideas, and to hold personal beliefs without fear that someone will police our personal opinions. The right to freedom of expression is expressly laid out in the Charter of Rights and Freedoms, and it states that everyone has the fundamental freedom of thought, of belief, opinion, and expression. This right is a cornerstone of our democracy.

Over the past several years, Mr. Speaker, real cases across Canada have shown that professionals can and have faced consequences for lawful off-duty expression, even when their workplace conduct and the workplace quality has never been questioned.

In British Columbia a registered nurse was disciplined for online commentary about sex and gender. Now, there were no concerns about the nurse's patient care, yet the regulator imposed a one-month suspension and more than \$90,000 in costs for comments that she made outside of the workplace.

In Ontario the provincial law society introduced a requirement that all licensees adopt a mandatory statement of principles affirming specific ideological commitments. Now, many professionals argued that this amounted to compelled belief, and after widespread opposition that requirement was ultimately repealed.

Mr. Speaker, in Saskatchewan the Court of Appeal overturned a misconduct finding against a nurse who had posted respectful criticism about the quality of her grandfather's palliative care on Facebook. That decision was challenged, and the court held that off-duty, good-faith commentary on public institutions is protected expression and cannot be grounds for professional discipline.

Now, these examples underscore why legislative action is necessary, and these are just a few of the examples of the countless ones that we heard. Instead of regulating competence, conduct, and public safety, some regulators have begun regulating opinions. Mr. Speaker, I should state for the record, before this Assembly, and in front of all of these members that the vast majority of regulators do a remarkable job in our province, but regulating opinions is a line that we cannot allow to be crossed here in Alberta.

Now, if passed, Bill 13 sets overarching principles for how professionals are regulated in four key areas: the first, expressive off-duty conduct; the second, mandatory education and training; third, institutional neutrality for regulators; and finally, establishing a legal standard of review for decisions of regulatory bodies.

Freedom of expression is fundamental to our society, and the quality of our regulated professions is strengthened when professionals can speak freely and openly without fear of professional consequences for expressing their opinions. That's why Bill 13 will prohibit regulators from disciplining members when their conduct is expressive and when it happens off duty. To ensure that public safety and confidence in regulated professionals is protected, Bill 13 still includes a narrow set of exceptions where regulators would be allowed to discipline expressive off-duty conduct such as threats of physical violence or a criminal conviction.

Mr. Speaker, I want to be clear about this legislation. This bill only limits discipline for expressive off-duty conduct. It does not change how regulators address professional misconduct that occurs on duty, nor does it change the regulation of nonexpressive misconduct off duty. Regulators will continue to be able to ensure competence, ethics, and public safety. Now, this legislation simply affirms that opinions and beliefs should not be disciplined.

Bill 13 also sets limits on what mandatory education or training regulators may impose. Regulators will still be empowered, and they'll be expected to require training that relates directly to the

professional competence and ethics of their professionals. Now that, Mr. Speaker, I think is absolutely essential, but regulators will not be permitted to mandate training that prescribes a particular political, social, or cultural viewpoint or training that is aimed at shaping a professional's beliefs.

Bill 13 further establishes principles of institutional neutrality. Now, that means, Mr. Speaker, that these principles will require professional bodies to avoid assigning any value or blame or different treatment to individuals based on personally held views or political beliefs. These requirements will ensure that professional regulators carry out their functions in a fair and unbiased manner.

Every professional in Alberta deserves to be judged on their qualifications and conduct, not on who they are or what they believe. Well, Mr. Speaker, Bill 13 addresses how some regulator decisions about their members' conduct will be reviewed or appealed. Bill 13 strengthens the avenues for review and appeal, ensuring that professionals can still have their rights upheld in court when necessary. Specifically I mean this: the legal standard of review of correctness will be applied to judicial reviews or appeals when a regulator's decision involves issues related to the proposed Regulated Professions Neutrality Act, the Canadian Charter of Rights and Freedoms, or the Alberta Bill of Rights. In short, this bill restores balance.

Bill 13 is the result of a year-long, comprehensive review involving more than 100 regulated professions across multiple ministries. Mr. Speaker, it is the most comprehensive review that has ever been undertaken within this province. From the start we were clear that we would safeguard freedom of expression for all regulated professions in Alberta. Regulated bodies can remain focused on what matters most, the competence, ethics, and service to the public of their professionals, but it also guarantees that professionals retain their fundamental freedoms of citizens.

Albertans must have confidence in the professionals who serve them, and those professionals must have confidence that they can hold and express their beliefs without fear of being disciplined or leaving their profession together. Mr. Speaker, Bill 13 protects that balance, and it protects the freedoms that Albertans treasure.

I move second reading of Bill 13, the Regulated Professions Neutrality Act. Thank you.

**9:10**

**The Speaker:** The hon. minister has moved second reading of Bill 13. Does anybody care to speak to that? The hon. Member for Calgary-Bhullar-McCall.

**Mr. Sabir:** Thank you, Mr. Speaker. It's rich coming from this minister that this bill is about freedom of expression and protecting people's Charter rights. Just in this session this government has invoked the notwithstanding clause four times, once to trample over the rights of teachers, their right to association, their right to free bargaining, their right to strike. They invoked the notwithstanding clause to send those teachers back into overcrowded classrooms, into underfunded schools. And here they're talking about protecting rights and free speech.

There is a bill before the Legislature right now that is attacking the section 2 rights that the minister referred to, section 7 to 15 rights, equality rights of the most vulnerable youth and kids, trans people in this province, the most blatant violation of the Charter by any government in the history of this province and this country. Yet they somehow think they can stand and talk about protecting Charter section 2 for the regulated professions.

The minister gave examples from B.C., from Ontario, from Saskatchewan, from everywhere else, but not from Alberta, because no one was asking for this from this government. People are

struggling to make ends meet. They're struggling to keep up with costly UCP policies like insurance, like utility bills. They are struggling to navigate their health system, which they are dismantling. They are struggling to find schools for their kids in their communities, and here the government is prioritizing this piece of legislation that even during the introduction the Premier dubbed as Alberta's Peterson law.

Peterson was not even practising in Alberta. That's the same person who made demeaning, degrading comments about a certain group of the population, and the college of psychologists in Ontario sanctioned him for making those demeaning, degrading comments and bringing the profession into disrepute. He challenged that decision in the Court of King's Bench. The court upheld the regulatory body's decision. He challenged that in the Court of Appeal for Ontario. The Court of Appeal for Ontario also sided with the regulator. He sought leave to appeal to the Supreme Court of Canada. The Supreme Court of Canada denied that appeal. That's the person they are standing for in bringing this piece of legislation and colloquially naming it Alberta's Peterson law.

As I said, no one was asking for it. So we must look at: okay, what's motivating this government? One, it's Jordan Peterson. They want Peterson and people like Jordan Peterson to be able to say things from a position of authority and not be held accountable for those statements. That's what they're trying to do here.

The second thing here is that after the COVID-19 pandemic the government established two different panels. One was the Preston Manning panel, the other one was the Davidson panel, and both those reports were widely criticized for containing inaccurate, unscientific information. In fact, one of the reports was recommending that freedom of expression for those need to be protected who hold an "alternative scientific narrative." That's what those reports were saying, and that was their recommendation, that the government needs to step up and protect the freedom of speech for those holding an "alternative scientific narrative" while being members of the College of Physicians & Surgeons and other regulated professions. That's what is motivating this government.

Mr. Speaker, as you will know and most people in this House will know, three former Conservative Justice ministers have been sanctioned by the regulator for their conduct while a member of that regulated profession and also having the position of power. For the last two Justice ministers I was here.

**Member Gurinder Brar:** All Conservative.

**Mr. Sabir:** All of them Conservative.

The last two were UCP ministers. One of them was sanctioned for calling the police chief over a traffic ticket.

**Ms Hoffman:** You're allowed to say his name now. He's not here anymore.

**Mr. Sabir:** Minister Kaycee Madu, or Kelechi Madu.

Then Minister Tyler Shandro: that minister went all the way to Dr. Zaidi's house to tell him to delete some memes that he didn't like while he was Minister of Justice. He also accessed the contact information of certain professionals to call them after hours. That was the kind of conduct that was the subject of the complaints against these Conservative Justice ministers.

The third one has a long list, so I won't go there.

These are the kind of things that this bill is trying to protect. It's protecting Jordan Peterson. It's protecting alternative scientific narratives. It's protecting former Justice ministers. That's what this bill is doing.

As the minister said, it's expressly saying that the bill will do three things. First, it will restrict the ability of a regulator to sanction

its members for off-duty expressive conduct. I think most people: when they become a member of a regulated profession is when their views and opinions become valuable. After getting that position, if they misuse or abuse that position, then that's for the regulator, that's for that member's peers to look into that conduct and see whether or not that's appropriate for a member of that profession. That's what self-regulation means. Professionals are better positioned to regulate themselves, and they have been doing that in this province, in this country, for decades. Sure, they're not perfect, but that system has served them well. That system has served the public interest well, and they do regulate that in the public interest.

9:20

The second thing that this bill is doing: it limits the ability of a regulator to mandate any training or education for its members that relates to cultural competency, that relates to unconscious bias, and that relates to diversity, equity, and inclusion. It also leaves room open for anything else that the government may prescribe in regulation if they remember something else or if some other friend gets into trouble. So there is room for that as well, Mr. Speaker.

One such course – as a member of the Law Society of Alberta every member has to take the path Indigenous cultural competency course. It's more than a cultural competency course, Mr. Speaker. It's a very informative course, a very important course that gives you a brief – very brief – background of colonization, Indian residential schools, its impact on Indigenous people, the '60s scoop, their treaties, truth and reconciliation: like, very basic things. And there were people who thought that the regulator was exceeding its authority, so they brought a special resolution before the Law Society, and there was a democratic process, and members voted on that motion whether that course should remain mandatory for lawyers or not. An overwhelming majority of legal professionals voted to keep that as a mandatory course.

When I say that it's more than a cultural competence course, the reason for that is, Mr. Speaker, that we know that in our justice system Indigenous people are overrepresented. If we look at our jail system, they are overrepresented there, and having that basic, basic understanding certainly helps you become a better professional.

With this bill they are targeting that course. That person who brought the motion also challenged that in the Court of King's Bench. In September, again, the court decided to uphold the regulator's decision. And here, by dint of law, the government is trying to toss out all those kinds of courses, all those kinds of training for regulated professions. That is truly shameful.

The third thing that this bill will do: it will also limit a regulatory body's ability to affirm or make policies that incorporate diversity, equity, and inclusion. This bill is an attack on anything cultural competency, anything diversity, anything equity, anything inclusion. No other Canadian province – no other Canadian province – not Ontario, where their friend Doug Ford is the Premier and Jordan Peterson was practising there, has gone that far. The only example that comes to mind is the 2025 January executive order signed by Donald Trump, who cancelled all DEI programs, positions, and policies for federal employees. That's who this government idealizes and follows. [interjections]

**The Speaker:** Hon. members, let's just hear the person who is on their feet properly.

**Mr. Sabir:** I can see some members chirping about it. Maybe getting rid of those things may help them, but people like me and those who I represent deserve that fairness. They deserve to have a fair shot, and this bill will create more hurdles and won't help any of those.

If we just look at the basic definition of cultural competency, Mr. Speaker, everyone comes from some culture that will have some distinguishable norms, values, language, heritage, and that's an essential part of one's identity. I have one. Every one of the members in this Legislature has one. What cultural competency means is that as a professional, as an individual when you learn about your neighbour's culture, tradition, values, you are able to interact with them with compassion, with some sensitivity, and effectively. It doesn't take anything away from your culture, your identity.

Similarly, unconscious bias: like, all of us have some. The reason for that is that we are all socialized in different environments. For instance, when I came to Canada, I would see people. Back in the day there used to be Cecil Hotel in downtown Calgary. I would see homeless people there. I would see people under the influence there. I would see houseless people around that area of downtown. I had also heard stories: who they are, what they are, and what not. When I went to university, especially social work, like, there was a huge focus on unconscious bias, understanding what your own biases are, why you get predisposed to certain snap judgments, all those things. I learned about many workplace biases like affinity bias, attribution bias, confirmation bias, all those things.

Certainly, learning all those things made me a better person, and learning about these things will make professionals in Alberta better professionals, especially in a society like ours, which is diverse, which has people from all four corners of this globe. Unless you are Indigenous, you came from somewhere and brought your culture, your identity, your language, all those things. Understanding your neighbours makes you a better professional. It equips you to deal with their issues better, and similarly with diversity, equity, and inclusion. I think having a diverse workforce, having diverse perspectives helps. Having equity means fairness to everyone, and inclusion means that everyone is able to participate in their society, in their workplace, and community equally.

9:30

**The Speaker:** The hon. Member for Calgary-Foothills.

**Member Ellingson:** Thank you, Mr. Speaker. I am pleased to rise to speak to Bill 13, the Regulated Professions Neutrality Act. I'd like to start out on page 2 of this bill. In the preamble it states:

Whereas professional regulatory bodies protect the public interest by setting standards of competence and,

I emphasize,

ethical conduct for regulated professionals to ensure that regulated professionals uphold the trust placed in them and that Albertans can be confident in the services they provide.

Mr. Speaker, as I read through and listen to the Minister of Justice talk about this bill, it feels like the government has written it and completely glossed over what they have written here. Ethical conduct by regulated professionals to uphold trust and the confidence that Albertans have in them: they place pretty narrow parameters around what that is, and I will discuss here that, as my colleague has just talked about, there's much more with respect to ethical conduct that influences people's level of trust, safety, and confidence. I expect many people in Alberta would be surprised that this government is glossing over that terms, ethical conduct. Let's be honest. This government's track record around ethics isn't great.

We'll just step back a little bit. Shortly after needing eight rounds of votes to barely win her leadership bid, the Premier was found to have breached the Conflicts of Interest Act by the Ethics Commissioner for interactions with the Minister of Justice and Attorney General in relation to criminal charges against a person in this province. The statement from the Ethics Commissioner was made during the May 2023 election. What was the government's

response to this breach of ethics, Mr. Speaker? To amend the Conflicts of Interest Act to ensure that investigations against members would be suspended, with no reference to when those investigations would continue. So their response was to silence instead of investigate.

Not long after, this government was embroiled in scandals regarding gifts received in attendance at sporting events. Then what was their response, Mr. Speaker? To again amend the Conflicts of Interest Act to change the rules around gifts received, creating more opportunities to attend more events and do away with the inconvenience of disclosing to the Ethics Commissioner and the people of Alberta. This government simply cannot be trusted and certainly can't be trusted when we're talking about ethics. They are in no position to step into the authority of a regulator and strictly limit their reviews of members and their ethical behaviour.

As my colleague mentioned, this act has also been dubbed the Jordan Peterson act as he was censured by the college of psychologists of Ontario for online and public comments that he made about politicians and transgendered individuals. I'm reading from a CBC article that summarizes the case that Peterson filed for judicial review, arguing that his commentary was not under the purview of the college, as I'm sure this government would agree. However, in a unanimous decision judges found that requiring him to take social media training fell within the college's mandate and did not prevent him from his freedom of expression. So here we are, Mr. Speaker. Courts in other provinces have already ruled on what's in this legislation, and they have ruled that a professional regulatory body does have the mandate to intervene when a member of their professional body makes comments outside of professional standards, policies, and ethics and where there may be risks to the public.

Let's return to that preamble statement, Mr. Speaker. "Professional regulatory bodies protect the public interest by setting standards of competence and," again I emphasize, "ethical conduct." If that's true, why are we stepping in to take that mandate away from professional bodies?

Now, I will also say, Mr. Speaker, that it's curious that this government wants to allow professionals to say whatever happens to come to their mind when members of this government, when people who work for the government speak out against them, say that that's not okay. If professionals or psychologists can say whatever they want about trans kids, why can't people who work for the government speak out against the government? If regulatory bodies no longer have that mandate or ability to maintain those standards, who does? As I've already argued, this government can't abide by ethical standards themselves, so they certainly are in no position to determine when anyone else is abiding by ethical standards. They're also happy to use the notwithstanding clause to prevent the courts from doing so.

As was found in that previous case, there is a very real chance that comments made by professionals have the ability to cause real harm to the public. I'll also say, Mr. Speaker, that there are people who are receiving those comments every single day, and they do cause harm. I will also say that it's curious to me that, just over the last few weeks, it seems that members of the government are also receiving e-mails and comments on social media that they feel are inappropriate. I'm sorry to hear that. When they say that nobody should receive those comments, I agree. So why are they now standing and saying that it's okay for regulated professionals to make those comments that are harmful and hurtful towards people in this society?

This bill limits sanctions of regulatory bodies to acts of physical violence, property damage, and expressive conduct of a sexual nature to a client, patient, or student. There are no comments here

of hate speech, degrading speech, harmful speech towards people in our society.

[The Deputy Speaker in the chair]

I'd like to refer to a letter submitted to the Premier from an Alberta resident about Bill 13. As is typical, this letter was not responded to. Members of the government normally don't respond to letters that they receive. It says:

I am an articling student at a top national business law firm. I am originally from Saskatchewan and studied at a top law school in Ontario, but ultimately made the decision to return to the Prairies because I appreciate the resilience of Western Canadians and am passionate about supporting our industries. I am the next generation of lawyers and look forward to developing our energy infrastructure. [But] I am also unapologetically and unabashedly queer.

I hoped to grow my career in Alberta, but the legislation [that] you have proposed makes planning a life, a family, and a career difficult. . . the [government of Alberta] continued their mission against diversity, equity, and inclusion by introducing Bill 13, the Regulated Professions Neutrality Act, or "the Peterson bill", referring to Jordan Peterson, who was disciplined by the Ontario College of Psychologists for bringing the profession into disrepute after making misogynistic and transphobic remarks. This bill has sweeping impacts including a limitation on the ability of regulatory bodies (including the LSA) to discipline conduct of professionals, a prohibition on regulatory bodies from promoting or affirming concepts of bias, oppression, privilege, implementing DEI programs, anything else in the regulations . . . narrowing mandatory training to address only material relevant to professional competence or minimum ethical standards . . . and ban on required training on cultural competencies, unconscious bias, DEI, and anything else specified in the regulations . . . This bill includes one of my favourite nuggets of constitutional law – a Henry VIII clause. Section 11 of the bill allows Cabinet to make regulations that alter the contents of sections 6 and 8 . . . circumventing the standard legislative process.

9:40

He again says:

I am openly queer and identify as gender fluid. I experience homophobia and transphobia on a regular basis, including from members of the legal profession. These bills affect me personally and will deeply harm my community if passed. Reading these articles and legislation made me physically ill with anxiety and dread. This comes at a time when elections in 85% of the world . . . included anti-LGBTQ campaign points and when provincial governments increasingly use the notwithstanding clause to violate charter rights.

Madam Speaker, as we can see from this excerpt, there are future lawyers that hope to make their life here stating that this bill creates anxiety among individuals and can cause irreparable harm to members in our community. Also noted in this excerpt, this bill goes beyond taking away the mandate to uphold ethical behaviour and takes away the ability for professional bodies to require any form of DEI training, training that can play a critical role in upholding ethical behaviour.

Across society incidents of verbal and physical attacks against Indigenous people, people of colour, immigrants, the disabled, the queer community, and women are on the rise. Madam Speaker, we should be looking at ways to reverse this trend. Professional training, including DEI training, can help mitigate and reduce these activities, but this government prefers to do the opposite.

I think it's clear that we all want to maintain neutrality and a standard of ethical conduct from everyone, especially those that hold professional roles, that people look to for guidance and

direction, but this bill doesn't do that. It takes away the ability for professional regulatory bodies to do that. Maintaining ethical codes of conduct ensures neutrality, but to understand that, you would also have to understand that the antivaxxed in 2021 were not the most oppressed people in history. You'd have to understand that there are people in society that receive and are subject to relentless derogatory and harmful speech every single day.

At a time when this is on the rise, having very real consequences with people and community, we should be reinforcing ethical conduct, not taking away a regulatory body's ability to ensure that their members have the training and guidance needed to uphold those high standards and that ethical conduct that keeps people safe and maintains the trust that has been placed in them.

I'll say again, that if our goal is neutrality, if our goal is to go back to what it says in that preamble, maintaining high standards of ethical conduct to maintain trust, to maintain the confidence in Albertans of the services that professionals provide, we need to keep the ability for regulatory bodies to maintain that. We need to keep the ability for regulatory bodies to provide training, to address unconscious bias, to understand, as we have learned through truth and reconciliation, that there are many harms done through the daily actions that we undertake every single day, that we need to start unpacking and understanding and learning from that so we can turn a corner, so we can start to treat every person in this province fairly. If we're going to do that, Madam Speaker, we should not be voting yes for Bill 13; we should be voting no. I can assure you that every member on this side of the House is going to be voting no for this bill.

Madam Speaker, thank you.

**The Deputy Speaker:** Are there others? The hon. Member for Calgary-Currie.

**Member Eremenko:** Thank you, Madam Speaker. It's my pleasure to stand and debate Bill 13. Boy, it feels like another day, another maple MAGA bill. The bill limits regulatory bodies' ability to sanction its members for their off-duty, expressive conduct. Let's play this out a little bit. The minister offered a few examples. That might be actually the only examples that they have in Alberta where a person has actually been sanctioned as a result of speaking outside of their regular kind of workday, their regular work shift. I'd be curious about if there's more evidence in the last five years. How widespread has this phenomenon been? How big is the problem that we're actually trying to solve with Bill 13?

Let's look at a couple of examples. I'm curious if the members opposite, like, maybe actually think that these are all okay. How about a judge who believes domestic violence victims had it coming? How about a police officer who thinks residential schools were a good thing? How about a teacher who denies the Holocaust ever happened? How about a registered nurse that espouses the benefits of magical charms and potions and witchcraft, or, like, doctors believed a century ago that babies don't experience pain? [interjection] Those are all pretty outrageous statements. I heard a resounding "What?" across the way. Right? They're pretty offensive things to say.

But if it's coming from somebody who's not on shift, is that all right? That's what we're talking about here. Let's actually think about what we are saying is okay. We are all elected officials here. We are all considered, I would hope, leaders in our community who are held to a higher regard and who are held to a higher standard, as it should be. I don't know about the folks across the way, but I don't ever fully hang up my hat as an MLA in this province. I don't think any of us do.

**An Hon. Member:** We have hats?

**Member Eremenko:** Some of us get hats. Some of us have maces; most of us have maces.

**Ms Renaud:** Some are tinfoil.

**Member Eremenko:** Some are tinfoil.

The point is: who decides when you're off duty? As elected officials we are never off duty. I reckon that there is an awful lot of precedent that tells us that when you are a public figure and you are in the public realm, on social media, for example, you are not off duty. So who decides? Genuinely, I'd love to hear from the minister who introduced this legislation, who decides what off duty is? If you're on call and you're having dinner at a restaurant, are you off duty or are you on duty? If you are on your way to work and having a phone call, are you on duty or off duty? When does it actually start and stop?

The irony this morning, or just this afternoon, that we were debating the Red Tape Reduction Statutes Amendment Act, 2025 (No. 2) to supposedly cut back on red tape and heavy bureaucracy and now here we are introducing a whole new layer of government to monitor and supervise. This doesn't feel like red tape reduction. I think if we're actually keeping score, I would say points have gone down for a couple of the ministries with Bill 13, the Regulated Professions Neutrality Act.

9:50

What is shocking to me is that none of the examples that I used here actually reach any of the thresholds in the bill that would count as exceptions to the rule because, as my good colleague here from Calgary-Foothills has just spelled out, the exceptions to the rules where regulatory bodies can in fact enforce some kind of sanction for an individual who speaks out of turn when they're not on duty: physical violence, property damage – which seems an interesting one to me; I mean, graffiti's illegal; property damage is illegal no matter what; I'm not sure why that needs to be an exception in here – or expressive conduct of a sexual nature in reference to a client, patient, or student of the regulated professional. Being a Holocaust denier certainly doesn't meet one of those thresholds.

We're hearing from the government, we're hearing from the members opposite: have at 'er. That is not the rhetoric that I think we need to be encouraging in Alberta right now, especially for the leaders in our community, even just the leaders in their neighbourhood, in their school, on their kids' hockey team, if they're a coach.

The words that we use have consequences, Madam Speaker. I mean, for Jordan Peterson, I don't know what he's complaining about. I just went on YouTube and he has 8.83 million subscribers. Has he really done that badly? I hope it doesn't mess with my algorithm but, like, to claim that he has just suffered terribly; there are consequences.

There are consequences to those actions. Do I want my child having a teacher who believes those thoughts, because it's not like they hang them up when they come into the classroom. Do I want a victim of domestic violence to stand before a judge who fundamentally doesn't believe in women?

Let's go on to the second part of Bill 13, which is around, what I feel, is just an incredibly kind of precious decision to not mandate some pretty basic training in professions. According to the act, regulators could still act on off-duty conduct in exceptional cases. I've already said that part. So who decides when training is related to core competencies, Madam Speaker? The bill proposes a sharp restriction on professions seeking to mandate continuing cultural competence training for their members. The restriction bars compulsory training that is not directly related to the core

competencies or ethics of the profession, so there's no cultural competency training, no unconscious bias, no diversity, equity, and inclusion training. So who decides if training is related to core competencies? Does the government have to okay that? Is there is there going to be a form? Who decides? Does that actually go into each of the respective professions' acts to say: yes, these professions should be subject to cultural competency; yes, these professions should be subject to ethics, but not these other ones. The more that I dig into Bill 13, the more absurd it seems.

We live amidst people with different abilities, people with different sexual orientations, people with different abilities and disabilities. We live amongst people of different ethnic backgrounds. We live amongst First Nations, Métis, and Inuit people. Learning a little bit about people who might be a bit different than you should not be something that is offensive to the members opposite. Suggesting that taking a couple of hours, you know, once a year to learn a bit about cultural competency feels like a small bar, feels like a low bar, feels like a small ask. What is this government so afraid of? That Indigenous Cultural Competency or The PATH curriculum for lawyers is going to say that colonialism exists, residential schools did harm? I'm not sure what is so scary about those very simple and fundamental facts that we teach children all through school. I know many of us here actually didn't learn it in school, and I'm very, very thankful that kids going through K to 12 now do. It's okay for them, but it's not okay for professionals.

Again, who decides whether a particular profession requires the cultural competency to do their work or not? There is an abundance of research and evidence that people of colour, First Nations, Métis, and Inuit people, people with invisible disabilities, et cetera, et cetera receive poorer medical care, for example, in health facilities, in the criminal justice system, in education as a result of unconscious bias.

Madam Speaker, I have a secret for the members opposite. They have unconscious bias, too. We all do. This shouldn't be novel, and there shouldn't be some groups that can handle being informed of that fact and others who can't. Why not keep it mandated? I think that at the end of the day we can all agree that enhancing our collective understanding of each other just a little bit is going to make for better and safer workplaces. It's going to make for more productive businesses. It's going to make for more welcoming environments, especially in those particular trades that are desperately seeking workers.

I mean, I wonder about the amazing organization like Women Building Futures. Is the construction site just going to go back to a whole bunch of men again because there's no consideration for what women can bring to the work site? That's what this does. It winds it all back, and I'm not sure what these folks want to accomplish by just rewinding the clock back to some sunnier time that is informed by nostalgia. The world is changing, and I know that can be scary for some. It can be scary to open our eyes and to learn a little bit about other cultures, a little bit about different ways of moving through the world, and mandating something as such I don't think is the scary thing that the members seem to identify in Bill 13.

[The Speaker in the chair]

Being a regulated professional is a privilege, Mr. Speaker, that affords special opportunity but also comes with great responsibility. Certainly, if anybody is doing anything criminal on shift or off, well, there are repercussions for that, but the opinions of a person with a professional designation carry more weight, which is why unexpected claims from doctors or nurses will be further amplified

online. These things don't happen in isolation. They don't happen in a vacuum. We see the kind of information, the kind of rhetoric that can go absolutely viral, if only because it inflames. But because they were waiting to start their shift, it's okay? Again, who monitors, who follows that, who determines when a person is in fact off duty or on?

The training piece I think is particularly concerning. I'm not sure what they're trying to accomplish with this. I don't know why we would intentionally create impediments to professional development, to training, to educational opportunities that actually make us better at our jobs. They're suggesting less. They're suggesting: "Don't adapt, don't evolve, don't improve your practice in the way that we all have to when we go to work. Instead, just sit in your bias in your old training and don't worry too much about trying to improve or be better."

As far as I know, many of these regulatory bodies don't charge anything for the mandated training. It doesn't come at any financial cost to organizations. I have a registered nurse in my life who I know on an annual basis has to fill out a bit of a form of the professional development that they pursued. They have to talk about what they did to advance their professional regulatory competencies. It's not mandated necessarily, but we do demonstrate that, "You know what? I'm looking to be better in my practice." So to suggest anything to do about cultural competency, about Indigenous competency and learning about different ways of knowing, doesn't feel like it's asking too much.

10:00

The parameters are provided for setting an awfully high bar around what are just simply criminal activities... [Member Eremenko's speaking time expired]

Thank you.

**The Speaker:** The hon. Member for Edmonton-Gold Bar.

**Mr. Schmidt:** Thank you, Mr. Speaker. I'm pleased to rise and offer a few comments on the Regulated Professions Neutrality Act. I want to, first of all, start out by thanking my friends from Calgary-Bhullar-McCall, Calgary-Foothills, and Calgary-Currie for offering their thoughtful comments on a number of concerning aspects of the bill and certainly some of the harms that may result with the passage of this bill.

I want to, I think, maybe provide an illustration of the types of things that will no longer be within the jurisdiction of regulatory bodies in this province should this bill come to pass. In order to do that, I drew on my past experience as a member of the APEGA investigative committee. I was looking through the website for the disciplinary orders that APEGA has issued over the past little while, and I found an interesting decision that I think I'd like to share with the House just to give a sense of what will no longer be under consideration for APEGA once this bill comes into force.

I'm sure all of the members will be riveted as I make extensive reference to this particular discipline committee order, investigation case 2024-02.

The Investigative Committee of the Association of Professional Engineers and Geoscientists of Alberta... has conducted an investigation into the conduct of... (the Registrant)...

His or her name was withheld.

... with respect to a Complaint initiated by... (the Complainant) dated January 15, 2024.

The Complainant filed a complaint alleging the Registrant engaged in unprofessional conduct, as defined [in] the Engineering and Geoscience Professions Act...

Of course, keen observers of the proceedings of the Legislature will realize that that act is no longer in force.

... with respect to the Registrant's 'Off Duty Conduct' related to numerous email communications... that were directed towards the Complainant, his spouse, and members of the Board of Directors... for [the Company].

The name of the company has been redacted.

The Investigative Committee's investigation focused on the following allegations which can be summarized as follows.

Whether the Registrant engaged in unprofessional conduct in that:

The Registrant engaged in unprofessional conduct in relation to unprofessional email correspondence. The Complainant alleges several emails arose from the Registrant's termination from the Company and its Board of Directors, on October 30, 2023. It is alleged that commencing on November 2, 2023, and ending in January of 2024, the Registrant sent multiple harassing and threatening emails to the Complainant, members of the Company's Board of Directors, and the Complainant's spouse.

So that was the allegation that was being investigated by the investigative committee of APEGA.

The complainant and the investigative committee came up with the resulting agreed statement of facts.

1. The Registrant commenced his profession as a geoscientist-in-training... in 2013.
2. [He] has been [a]... professional member in good standing since... 2018.
3. The Registrant was [in fact] bound by the Engineering and Geoscience Professions Act and the APEGA Code of Ethics during the relevant time.
5. The Registrant cooperated with the investigation.

The facts relating to the allegation were as follows.

6. The Registrant was terminated from his role as CEO and as a member of the Company's Board of Directors on October 30, 2023.
7. The decision to terminate the Registrant by the Company was unanimous. However, it was acknowledged by the other Board members that the termination did not go well and could have been handled in a more delicate manner.

Now, one's imagination goes wild at how that firing went, but it didn't go well according to the agreed statement of facts.

The Registrant was shocked/upset by the unexpected termination which the Registrant deemed to be unfair and unwarranted.

8. On the day of the termination, the Registrant started sending Emails to the Parties, which they dismissed as a reflection of the Registrant being angry/upset. However, the Emails continued; despite there being no overt threats of physical violence, the content and tone of the Emails were troubling and concerning.

I want to dwell on this point for a little bit, Mr. Speaker, because the legislation that we're considering here tonight specifically prohibits members from being held to account by their regulatory bodies for expressive conduct that is off duty unless, you know, the expressive conduct involves one or more of the following: a threat of physical violence, some kind of intent to harm. This order specifically identifies that the nature of these e-mails did not meet that threshold, so under this legislation these harassing e-mails would be prohibited from oversight by the regulatory body.

I'll continue.

9. The Emails from the Registrant to the Parties began on October 30 [of 2023] and continued through October 31, November 2, 6, 8, and 9, 2023, and January 13, 2024.

It appears the registrant may have taken an extended Christmas holiday and resumed sending e-mails when he was back on January 13.

10. The Parties were of various professional backgrounds, four being members of the general public with their own

professional backgrounds/designations and two being professional members registered with APEGA. The Complainant's spouse was not related to the Company in any way.

11. Two of the Parties resigned from both the Company and their positions on the Board the week following the Registrant's termination and their receipt of the Emails, citing concerns about the volatility/tone of the Emails and possible risks to their own well-being.

Again, I think it's really important for the House to understand: no threats of physical violence, nothing that would have used the regulated professional's position with the intention of causing physical, psychological, or financial harm to the identifiable persons, but concerning enough that it caused these board members to resign their positions from the board. So these had a demonstrated harmful effect on people but would be explicitly prohibited from the purview of APEGA, if this legislation is passed.

12. On November 9, 2023, the Complainant filed a criminal harassment complaint, with respect to the Emails, against the Registrant with the Calgary Police Service.
13. On November 15 . . . the Complainant responded to one of the Registrant's emails and directed the Registrant to stop sending emails to the Parties, and further directed that the Registrant should direct any Company-related communications directly to the Company email address.
14. Despite the Complainant's cease and desist request, on January 13, 2024, the Registrant sent additional emails to some of the Parties.
15. On January 16, 2024, a CPS officer spoke with the Registrant, who assured the investigating officer that the Emails would stop. The CPS investigation was concluded without further action.

Again, I want to underline here. The Calgary Police Service investigated and found that there was no criminal intent or anything that was actionable from the police standpoint. So it would be prohibited from the purview of APEGA once this legislation comes into effect.

16. The Parties, in summary, categorized the Emails as:
  - (a) Personal attacks.
  - (b) Intimidating.
  - (c) Unnecessary.
  - (d) Harassing.
  - (e) Volatile.
17. Examples (some edited to protect the identity of the Company and Parties) of concerning comments in the Emails include:
  - (a) "I will actively make your life harder by referring to you as a piece of [blank] any time anything about you comes up. You made the wrong enemy. Life will become harder from now on."
  - (b) "I'm very disappointed in you participating in the [Company] Coup . . . These things end poorly for Coup members . . . We are not friends anymore. I think you are a . . ."

Fill in the blank.

**10:10**

- (c) "If you think you can cancel my options with no evidence, you have to accept I will put [your spouse's company] out of business in the next 12 months, you have shown your ethics. It will be easy to end [the spouse's] business. Remember that you fired me for being mean (such a millennial thing) so just expect mean [stuff] to happen to you."
- (d) "I want you to know I put the word out that [the Complainant] cannot be trusted. My contacts have begun to call every person they know in the

oil business. When your [spouse's company] goes under, look at [the Complainant] and his cowardness."

- (e) "[The Complainant] [messed] up large. You are going to lose your house . . ."

And finally:

- (f) "You are . . ."

I'm finding it hard to translate it into parliamentary language, Mr. Speaker.

You destroyed so much capital [the Company] is [broke]. You took it back to pre-Evie days.

And then, you know, something that the members opposite wanted to do to Trudeau when he was Prime Minister.

**The Speaker:** You remained parliamentary. Good job.

**Mr. Schmidt:**

18. The Parties were aware that the Registrant was a professional member registered with APEGA.
19. Although the Registrant's initial intention was to notify the Parties about the Registrant's position on the termination, the Registrant admits that certain comments such as those noted above in par. 17 were unprofessional. The Registrant regrets the tone and personalization of the noted comments and adds that the noted comments were not appropriate and were uncalled for. The Registrant also regrets directing some of the Emails to the Complainant's spouse who had no official connection to the Company.

Sorry, Mr. Speaker. How much time do I have left?

**The Speaker:** Three minutes and 36 seconds.

**Mr. Schmidt:** Oh, boy. I regret to inform the House that I may not make it through all of this disciplinary order, Mr. Speaker. I'll try to cut to the chase if I can.

**An Hon. Member:** I want to hear the end of the story.

**Mr. Schmidt:** I understand. Unfortunately, the speaking times in this place are so restrictive that I won't be able to get to the end of the story.

The rules of conduct of the APEGA code of ethics state, among other things, that

3. Professional engineers and geoscientists shall conduct themselves with integrity, honesty, fairness, and objectivity in their professional activities, [and]
5. Professional engineers and geoscientists shall uphold and enhance the honour, dignity, and reputation of their professions and thus the ability of the professions to serve the public interest.

The registrant and the investigative committee agreed that the registrant had violated those two parts of the code of conduct. As a result,

- (a) The Registrant [was] reprimanded for their conduct and this order [served] as the reprimand.
- (b) The Registrant shall pay a fine of \$500.00 . . . [It] shall be paid within six months of the date [of] this order.
- (c) The Registrant shall provide the Discipline Manager . . . written confirmation . . . of successful completion of the following training:
  - (i) The APEGA 'Ethical Practice Self-Directed Learning Module', available on myAPEGA.

Now maybe that kind of learning module will be prohibited by this piece of legislation.

So he had to issue a letter of apology to the complainant. What else? Anyway, it goes on. I think we got to the heart of the matter.

Just to recap for everybody who fell asleep while I was reading that discipline order, Mr. Speaker. We had a series of intimidating,

harassing e-mails that were severe enough that members of the company board resigned their positions because they didn't want to deal with this. They wouldn't rise to the level of disciplinary action that's allowed under this piece of legislation and would therefore be prohibited. The member would have been let go of any consequences that the professional body provided in this case. The registrant even agreed that he had violated the code of conduct and had done harm to himself, the profession, and to others, and was forced to take steps to make up for the harm that he had done. This is exactly the kind of thing that will no longer be allowed under this legislation should it become law.

Now, I ask members, at least those with attention spans long enough to have made it through that entire discipline order: is that the kind of thing that they wanted to prohibit? Do they want to allow somebody who is upset about being fired from a company to send harassing e-mails over a period of weeks, frequent enough and severe enough to cause people to resign their positions because they don't want to deal with it anymore? I think if the members opposite think deeply about it, they will agree with me that this is probably government overreach and not what they intend, and I hope they all vote against it.

Thank you, Mr. Speaker.

**The Speaker:** Thank you.

The hon. Member for Cypress-Medicine Hat.

**Mr. Wright:** Well, thank you, Mr. Speaker. I appreciate the opportunity to rise and debate Bill 13. I don't know if I'm going to be able to quite deliver the puns that the member opposite just delivered.

**Member Ceci:** Guaranteed no.

**Mr. Wright:** Guaranteed no. I would agree.

Mr. Speaker, I just want to start off by saying that this bill certainly draws a line in the sand, a line between freedom and coercion, a line between neutrality and dogmatic propaganda, and even between a society that values open debate and one that silences dissent under a banner of progress.

The Macdonald-Laurier Institute has a wonderful paper that was written on August 15, 2024, where it specifically calls out the new censorship: regulatory creep, professional regulators, and the growth of limiting freedom of expression. Now, this paper is pretty substantial in regard to calling out professional regulators and how they do have a job to regulate and make sure that somebody is meeting professional codes of conduct, but it also calls out that what is not part of their job is getting offended by what members say, having their feelings hurt by people that may say things online or when off duty. That's a job that ensures competence and ethics. It does not dictate what you can post on Twitter, what you say on a podcast, or even what you believe in your latest social fads. But somewhere along the lines regulators, in some cases, have certainly forgotten that. They decided neutrality was optional. They decided your personal life was fair game, not just your professional life.

Now, where I would tie another example of this in is that there is an article from the *National Post* from April 8, 2023. This is written – sorry; it's a *Montreal Gazette* post. It is written about a story where a physician actually was speaking out against the government and their inability to properly manage the health care system, and they were sanctioned by their college for speaking out about conditions in hospitals. That would be absolutely outrageous if that happened here. This bill is going to make sure that physicians like this gentleman here, who spoke out that the emergency room at the hospital he was working at was closed overnight because of staff shortages – the physician was outspoken about the harm it

could cause to local populations, including an increased risk of patients dying. He spoke openly about this, including in the media, but he was stunned to receive a message in December of that year from the College of Medicine in Quebec that he was being filed with an ethics complaint by his college.

These are types of situations that this bill looks to remedy, to ensure that physicians just like this have the capability to speak their mind and be truthful about what is going on in their workplace. Mr. Speaker, we cannot allow regulators to cross the line into policing people's opinions. We cannot allow them to turn professional oversight into ideological enforcement. This is a dangerous precedent that gets set. A free society depends on the ability to speak, ask questions, and to challenge prevailing ideas without the fear of reprisal. If professionals are punished for lawful expression, freedom becomes conditional. This bill restores that balance. Professionals deserve to have their competence protected, and this should never be overshadowed by their opinion outside of the workplace.

10:20

Mr. Speaker, I will now reference my *National Post* article. In this article, the head of ER at the eastern Nova Scotia hospital wrote an op-ed in which he stated that criminals, regardless of how intoxicated or violent they were, must be medically cleared before being sent into incarceration. Looking out for his patients' best interests. And what happens? Because of this article he wrote in the newspaper, he is then reprimanded by the college of physicians in Nova Scotia for what, in my opinion, was acting in the best interests of his patients.

Now, these aren't one-off stories. I have quite a few tablings that I'll get to tomorrow, much to, I'm sure, the chagrin of the Speaker. But we don't have to look much further than some of these examples or even to the case of Dr. Peterson himself, a psychologist dragged through disciplinary proceedings for comments made off duty, not for malpractice, not for harming patients but for words, for opinions, for daring to challenge the cult of wokeness. If that can happen to him, if it can happen to physicians speaking out and criticizing the government, it can happen in every single one of these regulatory professions, and frankly it has.

Across Canada professionals have been threatened, fined, or forced into authoritarian ideological re-education camps – I mean programs, programs that are fuelled by far leftist Marxist ideology and propaganda, brainwashing for social justice mafias. These aren't about competency; they're about compliance. They're about forcing every profession to kneel at the altar of wokeness.

Now, it's funny because even as we take a look at this, you know, we've got another article here that was written talking about the abuse of power and how hospitals, medical colleges, and medical schools were cracking down on health professionals because they were expressing pro-Palestinian stances. That should be something the members opposite are normally in support of advocating for, but regulatory bodies are punishing people for taking that stance. This bill would protect those folks from that.

Mr. Speaker, this type of insanity isn't just isolated within health care. It's something that goes across all aspects of regulatory backgrounds. Albertans have rejected that many times, so we do so to bring some sanity back in with Bill 13. First of all, regulators can't discipline professionals for off-duty expressions unless it involves threats of violence or criminal acts, which addresses the concerns raised by the members opposite, as I think that the example used, an example of harassment, would be a criminal act. Your career should never hinge on a Facebook post you make or expressing your beliefs or frustrations; again, ER doctors talking about the government. Second, it bans mandatory training unrelated

to competency or ethics. No more ideological indoctrination disguised as professional development. And third, it enshrines the principle of neutrality. Regulators cannot assign value, blame, or differential treatment based upon your political views or personal convictions. This is not symbolic. It appears in 198 regulated professions and designated trades across 12 government departments. It makes neutrality the law, not a suggestion.

Mr. Speaker, regardless of what the NDP may say, this is how it should be. For those asking: why now? Well, because of the trend we see with tablings like I'm going to make tomorrow, with more articles I just didn't get enough time to print off. We are seeing a remarkable trend. It's unmistakable. Regulators are creeping into private lives, narrowing public discourse, and punishing dissent. This has no place in our democracy. Limiting free expression does not just silence individuals; it kills debates and stifles society. It kills innovation. It kills every diverse thought that democracy demands and thrives on. Professional Albertans didn't sign up for ideological enforcement from extreme leftists or their Marxist overlords. They didn't elect regulators to be the police. They expect fairness and they expect neutrality, and they expect their government to defend their right when institutions overreach.

Mr. Speaker, allow me to address the far-left virtue-signalling elephant in the room, DEI. Sounds nice, doesn't it? Diversity, equity, and inclusion. Who could oppose diversity? But peel back the label, and you'll find out what it does. A rigid, extreme ideology that divides people into oppressors and oppressed, a world view that demands conformity, punishes disagreement, and values identity over merit. Mandatory DEI training doesn't unite us; it divides us even further. It tells professionals how to think and what to think and when to think. It replaces dialogue with dogma. It's not education; it's indoctrination. And worst of all, it's enforced by regulators, regulators who control their members' abilities to earn a living, to work, and to support their families.

It's quite ironic that a doctrine with the word "diversity" in it is the main killer of ideologies that are presented as essential and freeing in a democratic society. If you want to take an extra training, go ahead, by all means. But under this government you'll never be compelled to adopt an ideology as a condition of your livelihood. Regulators should focus on competency and ethics and not on whether you memorize the latest NDP socialist buzzwords.

Speaking of the NDP, I'm sure they have their gripes with Bill 13, as we've heard tonight. They'll say that we're protecting extremists. They'll say that we're rolling back progress. They'll say that neutrality is dangerous.

**Member Ceci:** Already said it.

**Mr. Wright:** As expected from the Member of Calgary-Buffalo.

They couldn't be more wrong. Freedom of expression is not extremism; it's neutrality. Neutrality is not oppression, and progress is not measured by how many people you can force to parrot your dog whistles and slogans. That includes professionals. That includes those who disagree with you. If your vision of inclusion requires silence of dissent, it's not inclusion; it's tyranny. And, Mr. Speaker, to that point, I have another article written that says that Canadian doctors are being silenced and censored more than ever.

Today I ask the Assembly: will we stand for neutrality, or will we bow to ideology? I know the members opposite will certainly take the chance to follow the Marxist way and bend the knee to ideology. We will on this side choose courage. We will not surrender to the cult of wokeness.

Bill 13 is our answer. It's our declaration that Albertans will not be bullied into Marxist NDP ideology fads, it's a promise that professionals will be judged by their work and not their tweets, and it's a slogan to every Albertan that your government will have your back when it comes to this nonsense. Let's pass this bill. Let's restore fairness. Let's protect those with the ability to think for themselves and not to respond to the leftist cult. And let's send a message, loud and clear, that in Alberta neutrality is not a negotiation; it's the minimum standard.

With that, Mr. Speaker, I adjourn debate.

**The Speaker:** I'm pretty sure the hon. member meant to say that he moves to adjourn debate.

**Mr. Wright:** I move to adjourn debate, sir.

**The Speaker:** It's actually a group decision.

[Motion to adjourn debate carried]

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

**Mr. Schow:** Thank you, Mr. Speaker, and I want to thank all members for their participation this evening in this robust debate. At this time, I move that the Assembly be adjourned until tomorrow at 1:30 p.m.

[Motion carried; the Assembly adjourned at 10:30 p.m.]







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