



Province of Alberta

The 31st Legislature
Second Session

Alberta Hansard

Thursday afternoon, November 27, 2025

Day 17

The Honourable Ric McIver, Speaker

Legislative Assembly of Alberta The 31st Legislature

Second Session

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Bouchard, Eric, Calgary-Lougheed (UC)
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Brar, Gurtej Singh, Edmonton-Ellerslie (NDP)
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New Democrat: 38

Independent: 2

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Legislative Assembly of Alberta

1:30 p.m.

Thursday, November 27, 2025

[The Speaker in the chair]

Prayers

The Speaker: Hon. members, let us pray. Lord, the God of righteousness and truth, grant to our King and his government, to the Members of the Legislative Assembly, and to all in positions of responsibility the guidance of your Spirit. May they never lead the province wrongly through love of power, desire to please, or unworthy ideals but, laying aside all private interests and prejudices, keep in mind their responsibility to seek to improve the condition of all. Amen.

Hon. members, we will now be led in the singing of *God Save the King* by Kalyna Brytan. I invite you all to participate.

Hon. Members:

God save our gracious King,
Long live our noble King,
God save the King!
Send him victorious,
Happy and glorious,
Long to reign over us,
God save the King!

The Speaker: Please be seated.

Introduction of Guests

The Speaker: Hon. members, I am pleased to welcome two young Albertans to the Assembly today. In my gallery are grade 6 and grade 4 students Cooper and Mason from New Brighton in Calgary, constituents of the hard-working constituency of Calgary-Hays. Active community members, the boys play hockey and baseball and also foster kittens through the AARCS shelter, showing compassion and responsibility well beyond their years. I've got to tell you that they grilled me hard with questions today. Cooper and Mason have a strong interest in politics and history, including the history of the prairies. They are here today to learn more about the role of elected officials, meet their MLA, and see first-hand the work that takes place here in the Legislature. I would also like to thank their parents, Nicole and Lawry Thompson, for bringing Cooper and Mason to the Assembly today. Please rise and receive the warm welcome of this Assembly.

Members, we were honoured to have today's rendition of the royal anthem performed by a Legislative Assembly Office page, Kalyna Brytan. Kalyna is a grade 11 student at Archbishop MacDonald high school and is currently serving her first term as a member of the City of Edmonton Youth Council, where she researches and finds solutions to problems affecting Edmonton's youth population. In 2023 Kalyna won first place at the Edmonton Regional Science Fair for the project on polycystic ovary syndrome and was one of eight competitors chosen to represent Edmonton at the 2023 Canada-wide Science Fair. In her spare time Kalyna loves to bake, write poetry, and play with her pets. Today Kalyna is accompanied by her mother, Suzanna Brytan, her older sisters Emma, Kasia, and Lelia Brytan, and her younger brother Maksym Brytan. I ask that they all please rise and receive the warm welcome of this Assembly.

Members, I rise to introduce to you and through you two representatives of Guru Nanak's Free Kitchen, who are seated in the members' gallery today. In Alberta their volunteers now serve more than 2,500 people every Sunday across Calgary, Airdrie, and

Siksika with hot meals and groceries. When a pipe burst in northwest Calgary, they mobilized immediately, delivering 32,000 bottles of water and multiple truckloads of groceries to affected families. Their work reflects the Sikh tradition of seva and a steady commitment to dignity for every neighbour. Folks, please rise and receive the warm welcome of this Assembly.

We have one school group today.

Ms Lovely: Mr. Speaker, it's my pleasure to rise to introduce to you and through you to all members of the Chamber here folks sitting in the gallery from Holden Rural Academy and their amazing teacher Julia Hoffman. Will you please rise and receive the traditional warm welcome of this Chamber.

The Speaker: Edmonton-North West.

Mr. Eggen: Thank you, Mr. Speaker. I would like to introduce to you and through you to the members of the Assembly Tarita Lanette Youngberg from Leduc. She is a mother in Leduc with five children, all with complex needs. I would ask her to rise and receive the warm welcome of the Legislature.

The Speaker: The Minister of Primary and Preventative Health Services.

Member LaGrange: Thank you, Mr. Speaker. It's an honour to rise and introduce to you and through you to all members of the Assembly Chair Michelle Chidley and Vice-Chair Ashley Eberle from Fertility Alberta. Fertility Alberta Advocacy & Outreach Association is a patient-led nonprofit that works to improve access, awareness, and outcomes for all Albertans who require fertility care to build their families. They do great work. Rise and receive the warm welcome.

Thank you.

The Speaker: The Minister of Justice.

Mr. Amery: Thank you very much, Mr. Speaker. It's my pleasure to introduce to you and through you Rajinder Verma, president of the Hindu Society of Calgary; his wife, Harinder; their sons Nishant and Janav; and his sister-in-law, Babli Verma, visiting from India. Rajinder has served the society since 2009, rising from volunteer to president. Please rise and receive the warm welcome of this Assembly.

The Speaker: The President of Treasury Board and Minister of Finance.

Mr. Horner: Thank you, Mr. Speaker. I rise today to introduce to you and through you Hallie-Jean Robinson. Hallie is a grade 9 student from Whitecourt who is here today shadowing a Treasury Board and Finance official as part of take your kid to work day. She'll spend some time this afternoon with me and my officials as we release the second-quarter fiscal update and economic statement and has spent time with the TBF team today to prepare for budget deliberations, an important part of our process. Hallie is keenly interested in social studies and is enjoying learning about the different levels of government.

The Speaker: The Member for Leduc-Beaumont.

Mr. Lundy: Well, thank you, Mr. Speaker. It's my pleasure to rise today and introduce to you and through you representatives of BAPS from Calgary and Edmonton. BAPS is a Hindu fellowship known for volunteer service and community outreach, and their volunteers are currently running their annual charity drive expected

to collect more than 50,000 pounds of food for families facing insecurity. I would ask them to rise and receive the traditional warm welcome of the House.

The Speaker: The Member for Airdrie-East.

Ms Pitt: Thank you. To you and through you I introduce my constituent Sammi Randhawa. I apologize for butchering your name, Sammi. It's a pleasure to have you in this Assembly. Through you and to you, Mr. Speaker, Sammi is with Guru Nanak's Free Kitchen and has been feeding families in and around Airdrie for quite some time. We're so grateful for his contribution to our community. Please receive the traditional warm welcome of this Assembly.

Members' Statements

Continuing Care System

Ms Sigurdson: After the COVID-19 pandemic there was a clarion call to do better in Alberta's continuing care system. Tragically, over 5,000 Albertans died from the virus, most of them seniors. As 2025 ends, what has the UCP government done to answer this call? Sadly, little has changed. Seniors in care continue to be at significant risk because of this UCP government's missteps.

Early on in the pandemic the former Premier minimized concerns when he said that the average life expectancy for Albertans was lower than for those dying from COVID. This callous remark foreshadowed numerous ill-informed government policies. The Auditor General found several issues creating a dangerous and at times fatal environment for residents, inadequate staffing among them. In response, the UCP brought in legislation that removed minimum daily hours of care from law, letting operators decide what staff was needed. Instead of protecting residents, the UCP's legislation left them without the care they need. In the pandemic 21 residents died at one facility, so what did the UCP do? They passed legislation to protect operators. The UCP gave them a free pass for their failure.

Who can forget the results of the UCP's decision to stop construction of the public superlab. That public lab would've provided world-class services. Instead, the UCP cancelled it and launched a full-scale lab services sell-off to DynaLife. The Auditor General found those decisions cost Albertans at least \$125 million, and patients waited even longer than ever for routine test results.

Albertans are tired of these UCP decisions that have put residents at serious risk. The lack of regulatory enforcement in continuing care facilities has led to many outbreaks and deaths. Today the same lack of enforcement continues. We need a government that will not leave vulnerable seniors in harm's way and invests in continuing care.

1:40 Canada-Alberta MOU on Energy Collaboration

Mr. Yao: Mr. Speaker, today is a great day for Albertans. Following months of negotiations, the Prime Minister and our Premier have finalized a landmark agreement that sets a renewed direction for national prosperity, economic security, and resource development. This partnership more than doubles Canada's capacity to export Alberta oil to Asian markets, strengthens investor confidence, and advances Canada's position as a global energy superpower. At the centre of the agreement is a privately financed, Indigenous co-owned Alberta bitumen pipeline that will deliver more than one million barrels per day to Asian markets through a strategic deep port. This project comes in addition to the expansion

of up to 400,000 extra barrels per day that comes with the Trans Mountain pipeline.

The agreement provides long-awaited stability for Alberta's energy sector and Fort McMurray. As everyone knows, over the last 10 years there have been a number of policies that have hurt Alberta's economy and hurt Albertans. We call them the nine bad laws. Today, the federal government has taken a remarkable step towards addressing these concerns. We're thankful that the federal government has been responsive, especially regarding the oil and gas production cap and the net-zero power regulations. Through this agreement, the federal government will not proceed with an oil and gas emissions cap, and the clean electricity regulations will be suspended.

Both governments will partner with Pathways companies to finance and build the world's largest carbon capture and storage systems to lower emissions from Alberta's bitumen. This will make Alberta heavy oil the cleanest heavy oil on the planet, displacing heavier emitting oil from Russia, Venezuela, and Iran and bringing better environmental and geopolitical outcomes. Together Alberta and Canada are taking bold, pragmatic steps to build a stronger and more resilient economy.

Thank you, Mr. Speaker.

Provincial Policing

Mr. Shepherd: Mr. Speaker, the UCP likes to claim they're the party of choice, but it's not true. When it comes to policing, they're actually planning to take our choice away. The minister of public safety claims his new provincial police force isn't meant to replace the RCMP. No. He just can't get a straight answer from those darn feds on whether or not they'll offer contract policing past 2032. His new provincial police force: well, that's just going to fill the gaps while we wait to figure things out.

Municipalities can still choose to keep the RCMP, but according to credible sources who have met with the new chief of the Alberta Sheriffs Police Service, he's telling municipal reps that the UCP have already made their decision. They're not renewing, and the ASPS will replace the RCMP. So it seems the minister's claims about respecting choice are just for show. The decision's already been made. We're getting a provincial police force, whether we want it or not, with no budget, business plan, or consultation.

Of course, that's what the UCP does. If they see a public service they don't like – and that seems to be most of them – well, they use the power of government and taxpayer dollars to create competition to weaken, attack, undermine, and replace them, whether it's health care, education, or the RCMP. It doesn't matter what Albertans want, that the vast majority supports public education, public health care, the local RCMP. The UCP are going to placate their separatist friends and just do what they want in service of their own ideology and political agenda.

Oh, and apparently they have an interesting plan to address recruitment, the fact that every police service across Canada faces challenges staffing up. I hear the new chief of the ASPS is telling folks that they're just going to lower the standards, the requirements to become an officer. What an insult to every officer, every sheriff serving today. But that's also what the UCP do: undermine and lower the quality of the services Albertans depend on.

Mr. Speaker, Albertans deserve better than a government that keeps putting its interests ahead of their own. Better is possible, and Alberta's NDP is ready to deliver it.

The Speaker: The Member for Lac Ste. Anne-Parkland.

Family Violence

Mr. Getson: Thank you, Mr. Speaker. Johnny Cash is one heck of a storyteller. One of my favourite songs of all time was *A Boy Named Sue*. It's about a young man growing up without a dad and sporting a girl's name. He had a bit of a rough go of it. To make it in life, he had to grow up quick, grow up mean, harden his fists, and get his wits keen.

Last week I shared some of the bad parts of my own childhood in the Chamber, and since then a lot of folks have thanked me for sharing my story with them. Many didn't have the best time growing up either, and they just soldiered on as well.

My wife once worked as a prison dentist and asked me how I ended up on a different path than some of her patients that had a similar childhood. I told her this, Mr. Speaker. I believe in God. I believed that what was happening to me would pass, and there were others that had gone through way worse than I did. I believed if I could take the brunt of the abuse, it would keep my brother safe, and that was my job as a big brother.

I used to repeat to myself: no pain, no emotion. School and sports: that was my safe place as a kid. Later that became work. Hard work and a good attitude reward on job sites, and being part of a team was a big deal to me.

We all have a back story, Mr. Speaker. I could be a victim, or I could be a victor. It was my choice. You see, victims drag the past around with them, and they keep piling on the grief. Victors learn to take responsibility, and they strive to be stronger. Victors find others with that winning mindset to run with. Those folks make you become better, and you do the same for them invariably.

I realized my parents were bad parents but not necessarily bad people, and as a kid, none of it was my fault. So I chose to break the cycle, Mr. Speaker. By no means am I perfect. I fully accept that I am a work in progress. But I've seen and done some pretty amazing things by that choice and by the grace of God. It gave me hope, purpose, and a reason to keep moving forward.

I hope sharing this today helps someone else, that they will choose to be a victor, to know that they're not alone. After all, "life ain't easy for a boy named Sue."

Government Policies

Member Ellingson: Mr. Speaker, this government has lost the plot. They cannot be trusted to govern. They should be governing for all Albertans. Instead, they are systematically stripping Albertans of their rights, undermining our public services, and making life more difficult.

Over the last two years they've changed all the rules regarding gifts, disclosures, and accessing information to the decisions being made. While Alberta's New Democrats brought forward legislation to encourage disclosure and transparency, the government voted that down.

This government has dragged Alberta down to the lowest funding levels in the country for public education. When teachers raised their concerns about class sizes and complexity, the government responded with the notwithstanding clause, taking away their Charter rights. While Alberta's New Democrats brought forward bills to address class sizes and psycho-ed assessments for students, the government voted those down, too.

This government has faced a long list of scandals as they move to institute American-style private health care in Alberta. As public health care crumbles, they double down and expand the ability for doctors to charge Albertans for their services and their ability to hand out contracts to their friends. Alberta's New Democrats are

standing for every Albertan to access public health care without paying out of pocket.

Alberta's New Democrats are standing up for your Charter rights, for public education, and for public health care. This government has stated that they have the final word, but they are mistaken, and they cannot be trusted. Mr. Speaker, it is Albertans that have the final word. Alberta's New Democrats are ready. Better is possible.

Government Policies

Mr. Deol: Mr. Speaker, the former UCP Premier Jason Kenney argued for rolling back wages for those with what he called modest levels of human capital. This was not just antiwomen rhetoric or a dismissal of hospitality workers; it revealed a deeper world view held by Mr. Kenney and the UCP.

Albertans pushed back, and he tried to do damage control under a so-called public health guarantee, but the truth became clear as soon as he took office. His government cancelled the hospital project and targeted Alberta's most vulnerable AISH recipients by deindexing benefits and changing payment dates. They rolled back youth wages and cut the STEP program that helped young people find work, driving youth unemployment to the highest level in the country. Instead of raising the minimum wage, the UCP handed out billions to wealthy corporations under the promise of trickle-down prosperity. Companies took the cash, shut down, laid off workers, and moved operations out. He became so unpopular that he couldn't finish his term.

1:50

Mr. Speaker, history may be repeating itself. The current UCP Premier is repeating the same mistakes. She pushed the R-star program, another giveaway to wealthy corporations. Alberta has the lowest minimum wage in the country. This government is clawing back AISH, cutting supports for disabled Albertans, and forcing thousands of educators back to work instead of addressing their issues. Emergency rooms are overwhelmed, surgical wait-lists stretch for years, and instead of fixing health care as promised, the UCP is moving Alberta toward an American style where Albertans will pay out of pocket to see a doctor.

Mr. Speaker, history may be repeating itself. Albertans are fed up, and they deserve better. Better is possible. Alberta's New Democrats are listening and ready to deliver.

Oral Question Period

The Speaker: The first question goes to the Leader of the Official Opposition.

Child and Youth Advocate Recommendations

Mr. Nenshi: Thank you, Mr. Speaker. Perhaps buried in all the other news today is the release of the Child and Youth Advocate's annual report. Every year this report comes and goes with barely any mention, and every year we learn more about children who died in the care of the government year after year, minister after minister, government after government. A simple question. Why is the care of the most vulnerable people in Alberta, the most vulnerable children, not a bigger issue for this government?

The Speaker: The hon. Minister of Children and Family Services.

Mr. Turton: Thank you very much, Mr. Speaker, and thank you to that member for that question. The health and well-being of kids here in this province is one of my highest priorities. You know, as minister and as a father I care about the lives of these children, and

I appreciate the OCYA and the recommendations that she's put forth in the report. We do take it seriously. That's why since 2013 as a ministry we have met over a hundred of the recommendations put forth because we know that these recommendations are making lives in children. We have a long way to go, but my number one priority continues to be the well-being and safety of some of our most vulnerable and complex kids.

Mr. Nenshi: I thank the minister for that answer, but children keep dying.

The late Manmeet Singh Bhullar, a friend to many of us, who died 10 years ago this week, became minister of children's services. When that happened, I don't know if he was that thrilled about that job. But when he realized what was happening, he made it his life's work to make it better. Sadly, he wasn't able to finish that job, and so little has changed, and children continue to die. Will the government at least agree as a top priority to implement the recommendations of the advocate this year immediately?

The Speaker: The hon. minister.

Mr. Turton: Thank you very much, Mr. Speaker, and thank you again to that member for that question. Every year I look at these recommendations put forth by the OCYA, and we take them very seriously. Again, as I stated previously, this is why we met over a hundred of the recommendations that were put forth. We're reviewing the report. I was very thankful for the recommendations, and we're going to give them a really good look because we know that these recommendations come from a place of making the system better for kids. We take this very seriously, and I'm reviewing the report with my team as we speak. I look forward to more information in the future regarding it.

Mr. Nenshi: Just this last spring, Mr. Speaker, in a so-called red tape bill the government removed the ability of the Child and Youth Advocate to investigate the deaths of children who have aged out of care. We saw a number of those reviews of that type in the final report today. At the time the minister said it would make things easier. There's nothing easy about this. This government consistently tries to hide information from Albertans. Given today's shocking report, will the government reverse course and continue to report on the deaths of children who have aged out of care?

The Speaker: The hon. minister.

Mr. Turton: Thank you very much, Mr. Speaker. Since being appointed as Minister of Children and Family Services my number one priority has been to ensure that kids under the age of 18 are cared for, supported, and given the adequate supports and resources that they need to lead healthy and resilient lives when they become adults. That's why we invest in our family resource networks. That's why we continue to put such a high priority on the recommendations put forth by the OCYA. Our goal at Children and Family Services and the government of Alberta is to make sure that our young children are well equipped so they can enter adulthood and lead healthy lives.

The Speaker: For the second main set of questions, the Leader of the Official Opposition.

Bill 11

Mr. Nenshi: Mr. Speaker, Bill 11, which dismantles the public health care system, is certainly a doorstop of a bill, but there is remarkably little detail in it. We don't know what services will be

covered, what guardrails will be put in place. But out of that entire bill, four words that the minister said are the ones that give me more pause right now. When asked if the privatization scheme includes family doctors she said, quote: not at this time. Unquote. This clearly means the government is contemplating including family doctors in the scheme. So if not now, when?

The Speaker: The hon. minister of preventative health.

Member LaGrange: Thank you, Mr. Speaker. I'm glad the member opposite took the time to read all 300 pages of the bill. In that bill there are so many reforms that are actually going to help Albertans. We were very clear that we're going to put safeguards in place, and part of those safeguards is ensuring that cancer and emergency surgeries are not going to go to the private sector and also that family practitioners will of course be under the Alberta Health Care Insurance Act because it is important that we make sure everyone has a primary care provider.

Mr. Nenshi: What I heard there could have been summed up in: not at this time.

Of course, the Premier has been saying for years that she wants Albertans to pay to see their family doctor. We know that countries that use this hybrid model have a wide variety of outcomes from bad to very bad. It all depends on the regulations, but the regulations are not in this giant bill. We don't even know what the regulations will be. Can the government confirm at least one thing: what will be the ratio of hours that health care workers must work in the public system in order to earn private hours?

The Speaker: The minister.

Member LaGrange: Thank you, Mr. Speaker. Of course, the member opposite would know that the legislation is the framework and the regulations are where we're going to consult with the front lines, with the Alberta Medical Association, with the College of Physicians & Surgeons. We are going to make sure that those guardrails are what the front lines want and will in fact protect the public system. The member opposite is wrong. Germany, the Netherlands, and Switzerland all have a private, for-profit system as well as their universal system, which in fact allows for faster surgeries.

Mr. Nenshi: Well, that answer can also be summed up in four words: trust us this time.

Clearly, they've done no consultation. They have no idea what these details will be. They want us to pass this legislation that dismantles public health care without any details. Now, they've said that all these surgeries will happen in the evenings and the weekends, but they haven't said what's happening during the day. What we need to know is: how will the government invest on the public side to make sure that public operating rooms are not starved of people and resources and sit even more idle than the Premier admitted earlier this week?

The Speaker: The hon. minister.

Member LaGrange: Thank you, Mr. Speaker. In fact, let's take a walk down memory lane so that the members opposite can respond to what they were doing. We know what we've been doing to improve health care. Under the NDP wait times for open-heart surgery increased by 50 per cent. In June of 2024 the average hip replacement was 14.6 weeks; under the NDP it was actually 40.7 weeks. It is actually 21 weeks shorter under the UCP. I think we can go on our record.

The Speaker: The Leader of the Official Opposition.

2:00

Mr. Nenshi: The minister often reads that list, and I always wonder: why doesn't she read the wait times under her government? Because they're much worse.

Bill 13

Mr. Nenshi: Now, Mr. Speaker, this government, the same government that viciously muzzles its critics, claims to be in favour of freedom of speech. I got a great text from a teacher recently. It said: hey, does Bill 13 mean I can now say what I really want to say about the Premier? At the same moment the Member for Airdrie-East suggested that no teacher or principal should ever criticize the government. Which is it?

The Speaker: I'm struggling to find the connection between the first supplemental and the second, but, Minister, if you want to answer, go ahead. [interjections] Pardon me? That's because it's the third main.

Go ahead.

Mr. Amery: Thank you very much, Mr. Speaker. The fact of the matter is crystal clear. Albertans value free speech and free expression in this province. That's what Bill 13 is exactly about, ensuring that our regulated professionals in Alberta can speak freely outside of work without fear of losing their jobs or their licences or being fined tens of thousands of dollars. These are essential pillars of our democracy. On this side of the House we'll continue to defend free expression. I'd love to see the members opposite also support free expression.

Mr. Nenshi: Many Albertans believe that Bill 13 is actually rooted in an attack on Alberta's lawyers. After all, the Law Society of Alberta, with the support of the vast majority of its members, requires mandatory Indigenous training given the overrepresentation of Indigenous people in the legal system. The Justice minister tried to answer this earlier and was very unclear, so I'll make it easy for him. Will the Law Society still be allowed to require lawyers to take the path training?

The Speaker: The hon. Justice minister.

Mr. Amery: Thank you once again, Mr. Speaker. Our government remains firmly committed, once again, to working very closely with Indigenous communities and supporting them in advancing reconciliation all across this province. That's exactly why we've made progress on 24 of the 29 truth and reconciliation calls to action that relate to this province. Bill 13 is very clear. It restricts mandatory training that is unrelated to a professional's competence and their ethics. If certain training is relevant to someone's competence, it'll be allowed always.

Mr. Nenshi: I think we can summarize that as no.

I'm sure it's an absolute coincidence that this attack on lawyers comes after the Law Society of Alberta has investigated three consecutive Conservative Justice ministers, and I'd be shocked if we don't see a fourth very soon.

Mr. Schow: Point of order.

Mr. Nenshi: This really isn't about protecting professionals; it's about protecting UCP members from criticism yet again. I've asked so many times, and I'm going to ask one more time: how can

Albertans be sure that they can criticize this government without repercussions? When will government ministers apologize . . .

The Speaker: Member, when I stand, you've got to stop talking. Not optional.

Go ahead, sir.

Mr. Amery: Thank you very much, Mr. Speaker. The fact of the matter is that we're restoring fairness and neutrality. Regulators focusing on competence and ethics is the primary concern for Bill 13, not on the beliefs of their members. Professionals should never fear losing their licence or their jobs. We have nurses in this province and in other provinces who are facing disciplinary action for simply expressing their views on social media. Every single Albertan is entitled to speak freely without ideological enforcement or intimidation. We're protecting that right for our professionals. Full stop.

The Speaker: A point of order was noted at 2:03.

The next question belongs to the only one we should hear from now, the Member for Edmonton-Mill Woods.

Bill 12

Ms Gray: Mr. Speaker, when the UCP government seized control of Alberta pensions, they assured workers that this would be fine because they knew best and they were fiscally competent. Turns out nothing could be further from the truth. Now in Bill 12 we see this government trying to protect itself from pension plans seeking justice for the UCP's fiscal incompetence. Billions were needlessly lost in the VolTS scandal. Will the Finance minister explain why this government is trying to pass Bill 12 to avoid proper accountability for their failures?

Mr. Horner: Mr. Speaker, we are proposing amendments to the Alberta Investment Management Corporation Act to support AIMCo as Alberta's primary investment manager. In November 2024 we appointed new leadership at AIMCo to refocus its mandate on delivering the best possible returns at lower costs for Albertans and pensioners. This amendment will eliminate any potential liabilities associated with the volatility overlay leverage trading strategy, known as VolTS.

Member Ceci: We know.

Mr. Horner: I know the member knows because it started in 2018, when he was the Finance minister, the Member for Calgary-Buffalo, and it has since been . . .

The Speaker: The hon. Member for Edmonton-Mill Woods.

Ms Gray: What the minister refers to as liabilities: he's actually talking about other people's pension dollars that they lost because of the UCP's bad bet. Bill 12 not only denies Alberta pension holders the ability to seek justice for the UCP's fiscal incompetence; it also allows UCP parliamentary secretaries to start receiving additional salaries. To the minister: does the government understand how shameful it is to shield themselves from accountability for their imposed bad choices while at the same time demanding that Albertans pay UCP MLAs more?

Mr. Horner: Mr. Speaker, there are a lot of things in conflict with that question, the first being that it sounds like they would be fine with this government putting \$1.3 billion or more on the Alberta taxpayer. This is shielding the Alberta taxpayer from liability. Fully funded, defined-benefit pensions, of which we are a proud partner,

are not only well funded; they're fully funded, and in some cases they're technically overfunded. No pensioner will see a decrease in their benefits. The problem has been remedied, and we cannot put this on the taxpayer.

Ms Gray: This government rammed through Bill 22 and told pensioners what they had to do with their money, and then this happened. This government has had fiscal scandal after fiscal scandal – chartered surgical facilities scandal, recovery centre scandal, DynaLife lab scandal – and now taxpayers are going to foot the bill for this government to give higher wages to their MLAs. It's expensive to keep the team together as you leap from scandal to scandal. Why do Albertans have to pay for scandals and then also pay more for the people in charge?

Mr. Horner: The only scandal here, Mr. Speaker, is that the opposition fails to ever complete the exercise. I sit in this House day after day and I hear very defensible arguments around funding for health care, for education, for the social safety net. We never complete the exercise to talk about the Q2 forecast, which I'll give later today. I'll tell you that it hasn't changed much from Q1: a 6 and a half billion dollar deficit, no path to balance. We need to prioritize in this House about the things that are important to Albertans, and this is protecting Albertans.

The Speaker: Okay. Now we won't have preambles on supplementaries.

Bill 11 (continued)

Ms Hoffman: The Premier knew that she would never be elected if she was honest with voters about her intentions to bring in for-profit, American-style health care, so she promised in the election that she absolutely wouldn't. She said that no one would ever have to pay for health care, but here we are, Mr. Speaker. It's in black and white. Under the UCP it's to the front of the line for those who have a platinum credit card, and better luck in your next life for those who don't. So will any of the health ministers over there, any of them, have the courage to tell the Premier that she shouldn't break her election promise that she ran on and actually defend public health care?

The Speaker: The hon. minister of preventative health.

Member LaGrange: Thank you, Mr. Speaker, and thank you to the member for the question. In fact, we have been very clear and the Premier has been very clear that we have a very strong public health guarantee. We are going to ensure that everyone who needs essential service as well as those who need to go and see a family physician will never have to pay out of pocket. Nothing has changed, but the member opposite should be supporting this historic day, where this MOU has been signed that will fund health care and education and all the others.

Ms Hoffman: Given that the minister of health doesn't want to answer a question about her responsibilities as a health minister and given that some of the ministers over there may actually want to run in the next election but I'm pretty sure that there are some who don't – maybe they've made the decision about what to do with everyone's careers – and given that Albertans are overwhelmingly rejecting an American-style health care system because public health care is one of the things that makes us proud to be Canadian, who over there is willing to risk their seat on this current government's two-tiered health care policy to make you pay out of

pocket for American-style care if somebody you love gets sick or injured?

2:10

Mr. Nixon: Mr. Speaker, you know what Albertans are going to want to talk . . . [interjections]

The Speaker: Let's hear the answer.
Start over, please.

Mr. Nixon: Mr. Speaker, you know what Albertans are going to want to talk about in the next election? The fact that the NDP, when they were on this side of the House, sold out Albertans' birthrights to the Liberal-NDP coalition under Justin Trudeau in Ottawa, tried to appease them on climate policy, blocked oil and gas development, and sided against the people of Alberta. [interjections]

The Speaker: Members, order. You maybe didn't understand me when I said we'd like to hear the answer, but now that you've heard it twice, let's do better.

Mr. Nixon: Today, Mr. Speaker, I was with the Premier in Calgary who did the exact opposite: fought for Albertans, got rid of seven of the nine bad laws, and has moved Alberta forward. Here's the real question: is the NDP going to side with their bosses in Ottawa, or are they going to side with Albertans?

The Speaker: Only the hon. member.

Ms Hoffman: Given that it's clear that the only party you can trust with public health care in this province is the NDP and given that the real title of Bill 11 should be The UCP Loves American-style, For-profit Health Care and given that when the current government doubled down on privatization, we ended up with a DynaLife debacle, at least \$125 million wasted on their privatization experiment, Turkish Tylenol that still sits in a warehouse, and at least six investigations into the private, for-profit surgical scandal, given that Albertans can't trust the UCP with health care, would they like to try to pretend to answer that, any one of those ministers . . .

The Speaker: Hon. member, after your 35 seconds are over and I stand up, that's when you stop.

Ms Hoffman: Yes. Thank you.

The Speaker: Now we're only going to hear from the minister.

Mr. Nixon: Well, clearly, Mr. Speaker, the NDP want to talk about anything but the great news for Albertans today. That's because the entire time I've been in the Legislature . . . [interjections]

The Speaker: Order. I just reminded you, folks.
Start over, Minister.

Mr. Nixon: Thank you, Mr. Speaker. The entire time I've been in the Legislature, the NDP have tried to make deals that they've been ordered to do by the federal NDP to keep our resources in the ground. They've even been resharing tweets with their federal colleagues right now calling against this deal that the Premier and the Prime Minister made today. Shame on them. I know that the Leader of the Opposition once famously attacked people that drive trucks. I do own three of them, so that's probably why he doesn't like me. On this side of the House we side with the men and women in Alberta who produce the largest resource in this country, and we signed a brilliant deal on that today.

The Speaker: Grande Prairie.

Canada-Alberta MOU on Energy Collaboration

Mr. Dyck: Well, thank you very much, Mr. Speaker. Today is an incredible day in Alberta. Today the Premier and Prime Minister announced a new beginning in the relationship between Alberta and Ottawa with the signing of a new memorandum of understanding that provides a path forward for a new pipeline to Asian markets, elimination of oil and gas cap, suspension of the net-zero regulations, exemption to the tanker ban and C-69, and approval of the pathways to net zero carbon capture project. To the Minister of Energy and Minerals: how does this MOU help us today? [interjections]

The Speaker: I don't know how the minister heard the question with the noise from your side, but I hope you heard it better than I did, Minister.

Mr. Jean: Well, Mr. Speaker, I think I can take a pretty good guess at it. This is a big day for Alberta. It's a great day for Albertans. A new pipeline to Canada's northwest coast means a bright future for our entire sector. Demand for our responsibly produced oil has never been higher. We have a goal of doubling our oil production by 2035, and that's good for the planet. We need to get access to tidewater. We will build it in partnership with our First Nations and industry, not taxpayers. This pipeline will build hospitals, schools, roads, so much infrastructure, so much quality of life. This is a good thing for Alberta.

The Speaker: The hon. member.

Mr. Dyck: Well, thank you, Mr. Speaker. Given that 10 years of the Trudeau-NDP alliance, led by the members opposite's mother ship in Ottawa, attempted to crush the Alberta economy by banning our exports and attacking our largest industry and given that our government has won numerous court cases, challenges on these particular policies, my question to the minister of energy: how will this reversal of bad NDP policies help our energy sector increase production?

The Speaker: The minister.

Mr. Jean: Thank you, Mr. Speaker. You're not going to believe it, but the Trudeau legislation was actually designed to keep our products, our resources, in the ground. You know what? The NDP from Alberta applauded every single one of those bad laws, and they should be ashamed of themselves. Essentially, they were pushing to kill our energy sector and Alberta jobs, the livelihoods of Albertans. Industry was clear that in order for them to invest, change had to happen. Our Premier has made that change happen. Congratulations to our Premier. A great day indeed for Albertans.

The Speaker: The hon. member.

Mr. Dyck: Well, thank you very much, Mr. Speaker. Given that many Indigenous communities benefit directly from the energy sector and given that Alberta, through the Alberta Indigenous Opportunities Corporation, has led this entire nation in supporting Indigenous communities in pursuing an ownership stake in energy infrastructure, to the Minister of Indigenous Relations: how does this pipeline project provide opportunities for economic reconciliation for Indigenous communities?

Mrs. Sawhney: Thank you to the hon. member for that question. A fantastic day indeed, Mr. Speaker. This pipeline project supports economic reconciliation, and this is indeed a moment of opportunity. It provides a pathway for Indigenous ownership and

long-term prosperity. We have already accomplished this through the work of the AIOC, where equity ownership in major infrastructure projects provides growth, prosperity, and a genuine seat at the table for Indigenous communities. With this pipeline project we will continue to build on our record and the progress already made.

The Speaker: Okay. Now let's only hear from the Member for Edmonton-Manning.

Whistle-blower Protection for Health Care Workers

Ms Sweet: Thank you, Mr. Speaker. The Auditor General report on the DynaLife privatization failure explicitly stated that AHS staff felt "discouraged from voicing concerns... due to fear of repercussions." It's not an isolated incident. It's a broader pattern of intimidation and suppression of health care workers' voices under this government. During the corrupt care scandal whistle-blowers who raised alarms about private health care contracts were shut down through political interference and cover-ups. To the minister: how does this government justify leaving critical gaps in whistle-blower protection, knowing that these gaps put patient safety and public trust at risk?

The Speaker: The hon. minister of health.

Member LaGrange: Thank you, Mr. Speaker. Of course, there's always a duty to report from all health care workers and anyone who sees something that is going untoward.

Ms Hoffman: Intimidation.

Member LaGrange: Mr. Speaker, DynaLife was...

Ms Hoffman: Corruption.

Member LaGrange:... actually operating quite well all in Edmonton and in the north. They've been doing that for...

Mr. Schow: Point of order.

Member LaGrange:... over a decade. It is the reason why they entered into a contract negotiation with Alberta Health Services that took 18 months or longer. It was surprising to all of us that when they were only...

The Speaker: The hon. Member for Edmonton-Manning. And just before you start, there was a point of order at 2:18.

Ms Sweet: Thank you, Mr. Speaker. Given that the government's dismantling of AHS into four separate agencies has created confusion and uncertainty for thousands of health care workers and given that under the previous structure whistle-blower protection was clearly defined under the public interest disclosure act but given that many workers are now unsure whether these protections still apply and given that the government's failure to address these gaps before restructuring shows a disregard for transparency for workers and workers' protection, why did this government proceed with restructuring without ensuring that every health care worker had clear, enforceable protections against retaliation?

The Speaker: The hon. minister of primary health.

Member LaGrange: Thank you, Mr. Speaker. Of course, everything that was in place before the restructuring is in place right now. The members opposite would like you to believe otherwise. That is not the case. The duty to report, the whistle-blower: all of those are still

in place. We're going to continue to make sure that our refocusing aligns with the best practices across other jurisdictions as well as making sure that Albertans have the very best health care possible because that's what they deserve. They want timely access, and that's what we're doing.

2:20

Ms Sweet: Given that when front-line workers are silenced, problems with unsafe staffing levels, misuse of public funds, and political interference go unchecked and given that transparency is not optional in health care because it's life or death and given that our Bill 204 addresses this by creating a clear, dedicated framework for health care workers to report wrongdoing without fear of retaliation and given that this bill should be supported without partisan debate, will the government support Bill 204, the publicly funded health entity whistle-blower protection act, and guarantee health care workers can report wrongdoing without fear of reprisal? Yes or no?

Member LaGrange: The answer would be no because it's a duplication of what already exists, Mr. Speaker. There was an issue with DynaLife day one. It was given to me as something that needed to be fixed. Our government fixed it. In fact, we now have shorter wait times for all of those lab tests. Alberta Precision Labs is doing a fantastic job, and we're going to continue to support them as they increase capacity across this province.

Private Health Services Delivery

Member Boparai: Mr. Speaker, when will this UCP government stop dancing to the tune of insiders and start putting Alberta first? From \$125 million wasted from the DynaLife deal to \$80 million wasted from Turkish Tylenol to millions more funnelled into private surgical contracts, this government is bleeding public dollars and selling off health care while people die waiting for care. How much more of their cuts, chaos, corruption, and cruelty will Albertans have to endure with American-style health care?

The Speaker: The hon. the minister of hospitals.

Mr. Jones: Thank you, Mr. Speaker, and thank you to the member for the question. The Auditor did find deficiencies in government's documentation, procurement control, and transition oversight. These occurred across AHS and included the former ministry of health and department. The procurement and transition of community lab services was not up to the standard that Albertans expect, which is why this minister and this Premier reversed the transaction and improved community lab services for Albertans by about 70 per cent in the six months after the reversal of the transition. We're also moving procurement out of AHS into a new health services organization and aligning it to best practices.

Member Boparai: Given that this UCP government wants to bring in U.S.-style health care to Alberta and that this very Premier in 2021 talked about selling off the Peter Lougheed Centre, the only hospital serving northeast Calgary, and given that these schemes will make life even more unaffordable and given that families are struggling with rising costs while they dismantle the public health care system that is supposed to treat us all equally, which privatization failure will this government make Albertans pay for next?

The Speaker: The hon. minister of hospitals.

Mr. Jones: Thank you, Mr. Speaker. No Albertan will have to pay for medically necessary care, including hospital care, and I'm

pleased to share again that we are making substantial investments, really, record investments in our public system. We just recently announced that a stand-alone Stollery will be built here in Edmonton. The members opposite were present. We also announced that two additional bed towers will be built in the Edmonton area, one at the Misericordia and Grey Nuns, and a third hospital bed tower will be built at South Health Campus in Calgary for a net increase of 1,000 acute-care beds. That's all public. [interjections]

The Speaker: When you get the Speaker's job, you get to sit up here. Until then you've got to wait.

Member Boparai: Given that this UCP government's staggering waste of taxpayer dollars are not just limited to health care, insurance, education, \$143 million on coal contract payouts, and millions more in countless taxpayer-funded panels and reports that lead nowhere and given all of this waste while emergency rooms overflow and surgeries are delayed, when will this government stop gambling with taxpayers' dollars? When will they stop their privatization experiments in health care and start protecting the systems Albertans rely on?

The Speaker: Only the minister of hospitals.

Mr. Jones: Thank you, Mr. Speaker. The members opposite inquired about surgeries. We did perform a record number last year, 318,000. We're on track to beat that, and that was before we allocated additional funding to do 50,000 more procedures over the next three years. We are looking at the surgical wait-list, and we're going to start prioritizing surgeries so that we can work that down over the next three years. We're also expanding our ORs. We're renovating, we're building new ones so that more surgeries can be done, and we're increasing flexibility so that physicians can do more procedures with Albertans here in Alberta.

Road Construction in Lesser Slave Lake

Mr. Sinclair: Mr. Speaker, highway 88 is a long overdue project that has become a symbol of the inequity that northern Albertans in my riding have endured for too long, feelings that range from hopelessness to anger, especially about the number of lives lost on a dangerous highway in the last five years. Further given that people in Lesser Slave Lake are grateful that meaningful construction has finally begun and look forward to the significant progress in 2026, to the Minister of Transportation and Economic Corridors: could you please provide an update on highway 88?

The Speaker: The hon. Minister of Transportation and Economic Corridors.

Mr. Dreeshen: Well, thank you very much, Mr. Speaker, and I'd like to thank the member for this question and his advocacy for highway 88. I know we had discussions years ago about doing a simple paving job on it, but he spoke with residents in the area who knew that it needed to be widened, so now we're going through that process. Utility work actually started this year. There's \$6 million that is going to go into it next year with three segments broken out so that highway 88 can be built and way safer for the people in his area and for industry near Slave Lake.

Mr. Sinclair: Given that this minister has long been a champion for highway 88, with several meetings with myself and other champions like Norm Scatter from the MD, Mayor Frankie, and the rest of the council from the town of Slave Lake, given that population shouldn't

be the only data utilized for transportation and infrastructure budgets and further given that it's important to note that the weight and type of vehicles driven on resource-heavy corridors like 88 and others should also be measured because of the revenue generated for provincial coffers, to the same minister: do you think resource revenue maps are a fair proposal to Treasury Board to balance the scales in northern Alberta?

The Speaker: The hon. minister.

Mr. Dreeshen: Thank you very much, Mr. Speaker. I do think resource revenue maps are a good idea to take to Treasury Board. That's why I've done it twice, and I know the member is very supportive of it. That's why there are actually 16 projects worth \$169 million going into Lesser Slave Lake. We know that the north is so important and not just because I have a member from Fort McMurray sitting right beside me who whispers in my ear all the time. The north is so important, and we have to make sure that the billions of dollars coming from our oil and gas industry and the road network that makes it viable is well funded.

Mr. Sinclair: Given that with budget season well under way Albertans are frustrated and eager to join our new Progressive Conservative movement and given that principled, responsible, and normal government is exactly what Albertans are missing right now and further given that with massive deficits, corruption, reckless spending, and the biggest cabinet in Alberta's history combined with lawsuits, recalls, and some polling that has them losing to the NDP if an election was held, to any of my former colleagues: with endless deficits and the UCP collapsing in the polls, when will you admit this isn't working and admit it's time for a change?

The Speaker: I didn't hear anything in that question about government policy, but if a minister wants to answer, feel free.

Mr. Nixon: Well, Mr. Speaker, you're right. There was no question about government policy, but I'm happy to talk about what's happening with the government today. Again, today you saw a historic agreement signed between the province and the federal government, standing up for Alberta rights, removing things like a production cap on our largest resource in this province, because of the leadership of our Premier. We're proud of what's been accomplished, and the real question becomes for this Legislature: are the Official Opposition and the independent members going to continue to stand against Albertans' birthright and stand against us being able to produce our resources or stand with this side of the House and get a pipeline built?

Child and Youth Advocate Recommendations (continued)

Member Batten: Mr. Speaker, today we are heartbroken to learn of 79 children who died or were seriously injured while under the guardianship of this . . . [interjections]

The Speaker: Order. Order.
The hon. member.

Member Batten: Thank you, Mr. Speaker. Today we are heartbroken to learn of the 79 children who died or were seriously injured under the guardianship of this government. Sixty children and youth lost their lives under the responsibility of this government. When we share these numbers, we remember and we mourn each child who lost their lives in trusted care of this government. Every year we ask this government why they ignore

the recommendations of the Child and Youth Advocate. Why does this government continue to fail these children? Will they do something before more lives are lost?

The Speaker: The hon. Minister of Children and Family Services.
2:30

Mr. Turton: Thank you very much, Mr. Speaker, and thank you to the member for that question. Every year when I see this report and I listen to the stories about children that have passed away or children that have been hurt in care my heart absolutely grieves and goes out to the families affected. As I have listened to the stories of the families as I've been travelling around the province, I know how important the work of the OCYA is in providing recommendations that make a difference. That's why as the Minister of Children and Family Services we take very seriously these recommendations, and we will continue to do so moving forward to keep our most vulnerable children safe.

Member Batten: Given that last year the government passed a bill to change the frequency and the age of youth deaths reported under care, given that the changes this government passed reduced the reporting that would be required to do in instances of serious injury and death and given that this government also cut the budget for the Child and Youth Advocate, making it harder to investigate these incredibly tragic losses, Minister, how many other young people should have been in this report?

Mr. Schow: Through the chair.

The Speaker: The minister.

Mr. Turton: Yes. Thank you so much, Mr. Speaker, and thank you again to that member for that question. The Office of the Child and Youth Advocate is extremely important, and that's why the budget actually went up. We take these recommendations extremely seriously because since 2013 we have met over 100 of these recommendations. As my team continues to review these recommendations this year, we will do the same due diligence of looking at these recommendations to look for improvements on how we can help the system, because at the end of the day we know that the system needs to be better to be able to look after children, to keep our most vulnerable and complex children safe, and this is something I take very seriously.

The Speaker: Calgary-Acadia, through the chair.

Member Batten: Given that the OCYA flags in their annual report that more children and youth are struggling with mental health and given that the same report shows that the government has made limited efforts to support children under government care with disabilities and given that 65 per cent of the children which the office reviewed were Indigenous – a reflection of an unacceptable and ongoing harm caused by systemic inequities – what concrete actions is this government taking to address and eliminate the systemic issues that continue to harm children in Alberta?

The Speaker: The hon. Minister for Mental Health and Addictions.

Mr. Wilson: Well, thank you, Mr. Speaker. This is such an important issue that I have talked to my department and we're making youth mental health the priority in our office this year. We've got so many programs going. I started a Kickstand program working, actually, with the federal minister of health; we have a great relationship. She gave me \$10 million to go along with the \$15 million that the province is putting into that program to put

Kickstand programs across the province. We're also getting our CASA classrooms going. Some members are probably familiar with those. We're going to do 60 classrooms across the province. This is to help out our schools and to get the counselling services out where they're needed.

The Speaker: There was a point of order noted at 2:31.
The hon. Member for Chestermere-Strathmore.

Federal Firearm Policies

Ms de Jonge: Thank you, Mr. Speaker. Albertans and all Canadians deserve real solutions to crime, not policies that punish law-abiding citizens. Ottawa's 2020 firearms ban has left responsible gun owners feeling unfairly targeted while criminals remain the real threat. The federal gun grab is costly, ineffective, and an unjustified violation of property rights. Can the Minister of Justice update us on the status of this flawed policy and explain what our government is doing to defend responsible Albertans from federal overreach?

The Speaker: Members should refrain from walking between the person asking or answering a question and the chair.
The Justice minister.

Mr. Amery: Well, thank you very much, Mr. Speaker. This day is full of incredibly good news. We got rid of the emissions cap, we have a new pipeline coming here to Alberta, and we just learned that Steven Guilbeault has resigned from the federal cabinet, so good news all around. Simply put, the gun grab is not about public safety. We're going to use every single legal means available to us to ensure that law-abiding Albertans are not unfairly prosecuted and that they can acquire, keep, and use firearms that are protected under the Bill of Rights.

The Speaker: The Member for Chestermere-Strathmore.

Ms de Jonge: Thank you, Mr. Speaker and to that minister for his advocacy. Given that responsible gun owners expect Alberta's government to stand up for their property rights and with the Chief Firearms Officer under provincial authority we have the tools to do just that, can the minister explain how our government will leverage the CFO's role to protect property rights, ensure accountability in the firearm system, and push back against Ottawa's unnecessary restrictions?

The Speaker: The hon. Minister of Justice.

Mr. Amery: Thank you again, Mr. Speaker. Our Chief Firearms Officer has done a remarkable job in advocating and supporting responsible firearm owners in Alberta. That's why we're revisiting policies for offences for possession of newly prohibited firearms because prosecution of law-abiding Albertans is generally not in the public interest here in this province. Our government is focusing our time and resources on real public safety solutions like violent criminals, not hunters and farmers.

The Speaker: The hon. member.

Ms de Jonge: Thank you, Mr. Speaker and to the minister. Given that provinces across the country have raised serious concerns about Ottawa's approach, recognizing the impact on law-abiding gun owners and the strain on provincial resources, can the minister outline what steps our government is taking to work with other provinces to present a united front, push back against Ottawa's

flawed gun grab, and advocate for practical solutions that actually enhance public safety?

The Speaker: The minister.

Mr. Amery: Thank you again, Mr. Speaker. Alberta stands united with provinces all across the country in opposing this gun confiscation scheme. We told the federal government at our last FPT meeting that this program will not work. It will not address public safety, and it will not reduce crime. The provinces of Saskatchewan and Ontario are with us. We want to see the federal government scrap this gun grab and actually address firearm smuggling, trafficking, and preventing gun violence. That's the way that you deal with public safety. That's the way that you curb violence in this province.

Tourism Industry Support

Ms Goehring: Mr. Speaker, the budget for tourism is going down this year and even more cuts are planned in the future. It shouldn't be this way. As the shadow minister for Tourism and Sport I hear directly from stakeholders, especially this week at the Tourism Industry Association of Alberta's economic budget forum, where we discussed affordability. Given that tourism customer demand is driven by cost and Albertans are currently experiencing an affordability crisis, how will the government support the vital industry of tourism in this province by cutting sector funding?

The Speaker: The hon. the minister of tourism.

Mr. Boitchenko: Thank you, Mr. Speaker, and thank you for the first question from the opposition. Alberta's tourism strategy is bold: \$25 billion by 2035. Alberta's tourism strategy is also doing very well in Canada. We are exceeding the average of Canadian tourism growth by four, and we are the fourth-largest industry expert in our province. The tourism sector is also the largest growing export in Canada.

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

Ms Goehring: Mr. Speaker, given that one of the many concerns by the tourism industry is a lack of consultation by the UCP regarding their All-season Resorts Act and given that ministers having more power outside of public scrutiny is not the solution and given that Indigenous communities were not consulted on the act, given that we proposed amendments that would have necessitated proper consultation but this government failed to support these amendments, how will this government make up for the fact that they neglected to consult on major pieces of tourism and failed to honour the obligations under law to Indigenous communities?

The Speaker: The hon. tourism minister.

Mr. Boitchenko: Thank you, Mr. Speaker. The All-season Resorts Act is good for Alberta. B.C. has 13 all-season resorts in their province; Alberta has zero. We will not reach our goal of \$25 billion by 2035 if we don't build resorts in Alberta. This is going to increase our tourism strategy, increase our tourism flow. This is good news for Alberta to have this strategy, and all-season resorts in . . .

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

Ms Goehring: Given that rural development opportunities must be a vital part of the future success of our Alberta tourism sector and given that that requires working with communities as they define

and develop their own tourism-based opportunities, given this government's ongoing failure to effectively collaborate with municipalities and instead have imposed legislation rules on them to take away their local decision-making authority, why hasn't this government partnered with rural communities to support more regional development in the tourism industry?

2:40

Mr. Boitchenko: Mr. Speaker, we are committed to creating more year-round opportunities in our province for people to stay, play, and live in our province. The All-season Resorts Act is key to helping to reach our goal of growth of our visitor economy to \$25 billion. By attracting private capital into our visitor economy while ensuring new developments are responsible, we're striking the right balance of economic growth, environmental protection, and longevity of opportunities in our province.

Alberta Disability Assistance Program

Ms Renaud: This entitled government introduced Bill 12 to move all 80,000 severely disabled AISH recipients to their dangerous new program called ADAP, slashing payments by 10 per cent, upending lives with zero right to appeal. They now expect thousands of people with severe disabilities to hunt for a job regardless of barriers to employment, yet at the same time this government is set on eradicating diversity, equity, and inclusion. How can the UCP deliver inclusive employment for 80,000 disabled Albertans when they're scared to even say the word inclusion?

Mr. Nixon: Mr. Speaker, the NDP have been spreading false facts about the ADAP program for a long time, but we now know why today as the NDP released across TikTok what they believe should happen with individuals who are disabled and who want to be in the workplace when they said, and I quote, that there is zero path for anybody with disabilities to be in the workplace. What an insult to the 1 in 5 Albertans who have disabilities, who contribute almost \$10 billion to our economy. That is the most ableist thing I've ever seen, and I think the NDP should apologize for it.

The Speaker: A point of order is noted at 2:42 p.m.

Ms Renaud: Given that almost 20 former members of the Premier's Council on the Status of Persons with Disabilities appointed by Conservative governments have signed an open letter calling for ADAP to be cancelled and given this government fails to consult disabled Albertans, hides reports from their own disability advocate, are absolutely clueless about what it takes to open successful pathways to employment for disabled Albertans, why won't this government listen to their own experts and slam the brakes on this dangerous, ableist program?

Mr. Nixon: Mr. Speaker, the only people pushing an ableist program are NDP as that member, and I quote, said: there's no successful pathways to employment for people with disabilities. I will table that later. Shame on that hon. member. Again, 1 in 5 Albertans have disabilities. They contribute almost \$10 billion to our economy. Almost everybody in this House knows and/or loves somebody with a disability. Is this the NDP's position, that they would like to continue with the policies of past governments, including theirs, to stop people with disabilities from working, to punish them for working? When is she going to apologize to 1 in 5 Albertans with disabilities for her comments?

The Speaker: The hon. member.

Ms Renaud: Thank you, Mr. Speaker. Given that here are the facts: this government is going to move 80,000 people from AISH to a program called ADAP. The only thing they're going to change is put a bit more funding into training so people can write a resumé, learn how to do an interview, and then send them out to find a job. Given that this is a government that is unwilling to pass basic accessibility legislation so that we can open up pathways to employment, not just do the status quo as this minister is explaining to this Chamber, this program will harm people and will kill people. He can say whatever he wants; he's wrong.

The Speaker: A point of order was noted at 2:44.

Oh, I can hear myself think. This is great.

Mr. Nixon: Mr. Speaker, it's no secret that . . .

An Hon. Member: Speaking of killing . . .

Mr. Nixon: . . . I have a son with a very debilitating brain injury . . .

An Hon. Member: . . . here's somebody who knows something about killing.

Mr. Nixon: . . . who over the last two years has survived a car accident, a coma, learned to read, write, walk, eat again, lived in the hospital for a year, and managed to graduate from high school, is in college right now working through his disability to become a heavy-duty mechanic. This side of the House sides with people like Austin. That member has said – again, direct quotes – that there are no pathways to employment for people like Austin. Alberta's government is going to stand with the Austins in Alberta, not with the NDP. [interjections]

The Speaker: Order.

Members, a point of order was noted at 2:45 p.m.

In 30 seconds we will continue with the Routine.

Tabling Returns and Reports

The Speaker: The Member for Cypress-Medicine Hat.

Mr. Wright: Thank you, Mr. Speaker. I have eight tablings. All have the five requisite copies. First, I'll start with the second-best news of the day: the eco cultist Steven Guilbeault has resigned from cabinet, seemingly over the dismantling of his legacy.

Second are the articles referenced in my Bill 13 speech yesterday, the first being *The New Censorship: Regulatory Creep, Professional Regulators, and Growing Limits on Freedom of Expression*. Two is an article referenced as well, *Like Jordan Peterson, These Medical Professionals Won't Be Silenced by their colleges*. Third is another one, *Canadian Doctors Are Being Censored by their colleges*. Fourth is a list of individuals, including regulated professionals, being fired for expressing pro-Palestinian views, as referenced in my speech yesterday. The fifth is a *Montreal Gazette* article detailing a Montreal ER doctor's tale of criticism of the government. He was then hit with an ethics complaint by his college.

The next is a letter from the Minister of Mental Health and Addiction pertaining to the recovery community's competitive grant process. And the last one is a full packet pertaining to the recovery community's operation competitive grant process decisions.

The Speaker: The hon. Member for Edmonton-West Henday.

Member Arcand-Paul: Thank you, Mr. Speaker. I have the five requisite copies to table today of a letter to the Premier from the Treaty 8 First Nations of Alberta grand chief where they call for the immediate suspension of all legislative advancement of Bill 7.

Thank you.

The Speaker: The hon. minister of social services.

Mr. Nixon: Well, thank you, Mr. Speaker. As promised, I am tabling copies of the transcript of the video where the NDP made clear that people with disabilities have no pathways to employment.

The Speaker: The hon. Member for Edmonton-Highlands-Norwood.

Member Irwin: Thank you, Mr. Speaker. I have two related tablings. The first is an e-mail from law professor Jennifer Koshan. She's urging us to vote against Bill 9, and she outlines in her blog post, which is my second tabling, entitled *The Nuclear Option: An Update on Alberta's Legislation Targeting Trans and Gender Diverse Youth*.

The Speaker: The hon. Member for Sherwood Park.

Mr. Kasawski: Thanks, Mr. Speaker. I have a research report on the implementation of Alberta's Bill 27, Bill 29, and ministerial order 30 of '25 written by Gillian Robinson, PhD at the U of A. It's titled *Back-to-school Culture of Fear*.

The Speaker: The hon. Member for St. Albert.

Ms Renaud: Thank you, Mr. Speaker. I have two tablings. One is an e-mail on the concerns from a constituent about the haphazard gathering of data on classroom complexity, and the second is about fair wages for health care professionals.

2:50

The Speaker: Okay. Now we are at points of order. If my notes here are correct, the first point of order was at 2:03 p.m. by the hon. Government House Leader.

Point of Order

Allegations against a Member

Mr. Schow: Yes, Mr. Speaker. I rise on 23(h), (i), and (j). At the time noted the Leader of the Opposition was asking a question to the government in the leaders' row question. The Minister of Justice was answering. The nature of the question was about ministers of Justice previous, from this government and the PC government, saying how they've all been investigated. Then the leader went on to say that he expects the current Minister of Justice to be investigated soon.

This would obviously be insinuating that the Minister of Justice is guilty of some kind of a crime. That is absolutely not the case, and to insinuate that in this Chamber also, I think, is unparliamentary. It does raise to the level, I think, of a point of order under 23(h), (i), and (j) given that we are all members of good standing in this House; otherwise, we could not be here. For the Minister of Justice to be accused of breaking the law or doing something untoward, I think, is really below the level of decorum and debate that we should be having in this place.

The Speaker: The hon. House leader.

Ms Gray: Thank you very much, Mr. Speaker. I think the Government House Leader is reading far too much – I do not have the benefit of the Blues, but I do not believe that the Leader of the

Official Opposition named the Minister of Justice by title or any other way. If I'm not mistaken, he said, "Shocked if we don't see a fourth very soon," in no way implying any particular individual or what might happen.

I also thought I understood, Mr. Speaker, that the government's position was that no Minister of Justice has ever done anything untoward and investigations were not admissions of guilt and were not admissions of any crimes being created.

In this case we are talking and debating about a regulated society and what may or may not happen and a pattern of behaviour given that multiple ministers of Justice from this government have had investigations. The Leader of the Opposition simply said, "It wouldn't surprise me if it happened again," and did not make any specific accusations.

The Speaker: Well, having listened to the arguments on both sides, there's a lot about both arguments I don't agree with. I'm not sure that the member said there was any crime committed or any wrongdoing, but he definitely targeted the current Minister of Justice, because of what he said about three and he'd be shocked if there wasn't a fourth. It's pretty clear he's talking about the current Minister of Justice. What's less clear is whether he was accusing anyone of committing a crime. He could well have been actually criticizing the Law Society for frivolous accusations, or people that go there.

It's not good phraseology. It's worth a caution to the Leader of the Official Opposition. This is a bad pattern to start, and I certainly hope the Opposition House Leader will counsel your party leader not to continue to go down this road. I don't think, for the reasons I've tried to explain, that it rises to a point of order, but there are no pats on the back for anybody on this.

The next point of order was called, if my notes are correct, at 2:18 p.m. by the hon. Government House Leader.

Point of Order

Allegations against a Member

Mr. Schow: Yes, Mr. Speaker. I rise on 23(h), (i), and (j). At the time noted the Member for Edmonton-Glenora off the record was heckling the minister of health, finishing a sentence, and said the word "corruption." In the context of saying the word "corruption," it would be insinuating and saying that the government and the minister is corrupt.

It would be very difficult for me to find the unofficial records in that exact timing to prove this to you, Mr. Speaker, because I don't have the Blues, but I have very good ears in this Chamber and I hear a lot of things that come from the opposition. I don't call all the points of order because I just don't have all day. We want to get to debate at some point.

I do not believe that continuing to go down this road of calling the government or government members corrupt is healthy debate for this Chamber. I can assure the House going forward that I will continue to call this point of order until we can abolish the use of calling a government or members of the government corrupt. This is ridiculous.

Ms Hoffman: I apologize and withdraw.

The Speaker: Well, that makes that matter concluded. While I won't compliment the member on the comment, I will certainly compliment the member on the proper apology and withdrawal.

Number 3. Gosh. Who called the point of order at 2:31? The hon. Government House Leader.

Point of Order Parliamentary Language

Mr. Schow: Thank you, Mr. Speaker. This is one of two points of order on the Member for Edmonton-Rutherford today. I will get to the second one at its appropriate time. As appalling as this one is, the next one is actually worse.

At the time noted, when the minister was speaking – and I forget which minister was speaking. Oh, no. It was the Minister of Children and Family Services answering a question about the OCYA report. At that time the Member for Edmonton-Rutherford said: you're killing kids.

Mr. Speaker, on the record or off the record, in this case the latter, that language is wildly inappropriate. This member has a rich history of saying things that are wildly inappropriate in this Chamber at very inopportune times. Again, I'm referencing the next point of order. Saying, "You're killing kids," is completely unacceptable under 23(h), (i), and (j). Whether it made it into your records or not, I'm pointing this out to the Chamber and would hope that that member would do better.

Ms Gray: Mr. Speaker, unfortunately, at this time I did not hear the heckle. I do not know if this was said in this Chamber. I will say that the Government House Leader has very recently argued that any time his members say "you" or "you're" they're talking about a collective. The policy debate that we were having about kids dying in care is incredibly important. I do not know what the heckle was, if there was one, or who it was directed at. If it was directed at a member, that would certainly be unparliamentary, but I did not hear it.

The Speaker: Well, I'm glad we all agree that any comment like that is wildly unparliamentary and really unacceptable and below the level of discussion and decorum that should ever happen in this room.

I didn't hear it. The Blues that I have don't record it, so I can't call it a point of order. But I will repeat: that phraseology has no place in here. That sentiment has no place in here. I'll leave it to the Opposition House Leader to check with the member and, if that was indeed said, to offer extremely strong guidance. If it wasn't, that's a different case. What I do agree with, that was agreed with on both sides, is that type of comment has no place in this Chamber, not today, not ever.

That takes us to point of order 4, I think, at 2:42 p.m. by the Opposition House Leader.

Point of Order Parliamentary Language

Ms Gray: Thank you very much, Mr. Speaker. At 2:42 the minister in response to the Member for St. Albert said two things that I believe are a point of order under 23(h), (i), and (j). First, that the NDP is "spreading false facts." This is another way of saying "lying." We cannot do indirectly what we cannot do directly. I felt this rose to a point of order in this case because of the clear language that was used.

Secondly, he continued to say that the member asking that question was "the most ableist thing [he's] ever seen." Now, a debate about policy and whether a policy is ableist or not would be appropriate, but a debate to that level of calling another member ableist, racist, or misogynist is a form of insulting, name calling, and under 23(h), (i), and (j) is inappropriate in this Chamber.

I do not have the benefit of the Blues. I rose to call the point of order at that time, and I look forward to your ruling, Mr. Speaker.

The Speaker: The hon. Government House Leader.

Mr. Schow: Thank you, Mr. Speaker. I'll start with the last part first. The Member for St. Albert followed up the answer that the minister gave by also calling him and the government ableist. So, you know, glass houses.

As I was listening to the debate, the second part – I actually forgot the first point of order, which I believe was "spreading false facts," now that it comes to mind. There are things you cannot say indirectly that you also cannot say directly in this Chamber. You certainly cannot call someone a liar. You cannot say someone's lying in any form. In this instance I think that the minister was clearly making a point that the opposition is using information that is inaccurate. That is our job in this Chamber, to point out where we think there are inaccuracies in what is being debated and to say that it is false. That is what we do all the time. We do that in many different ways. I would say that members on the opposition and the government side are quite creative in making those arguments. So I don't believe this is a point of order but, rather, a matter of debate.

3:00

The Speaker: Okay. Well, the Blues that I'm holding say that the minister said, "the NDP have been spreading false facts about . . . ADAP," and it certainly wasn't directed at an individual but a group of individuals. Sadly, that's kind of common lingo going both ways. It's certainly not advisable language, and on this occasion along with – I don't know – about half a dozen other occasions, roughly, I heard the word "ableist" thrown back and forth. Not a good word to use lightly. It's an accusation that really suggests that someone is not protecting disabled people. I heard it go across both ways.

It's thus far not defined as an unparliamentary phrase. Sounds to me almost like both sides agree it should be. Maybe the two House leaders should have a talk about that and decide whether you all agree that it's a phrase that should be forbidden from this place. As of now it's not, but it's not helpful, and it's gone both directions today more than one time. I can't make you do it, but I'm suggesting you have a talk about whether both sides are going to stop doing this or whether you're going to keep doing it until it becomes, in a most unfortunate way, another thing you can't say in here.

On to point of order 5.

Point of Order Allegations against a Member or Members

Mr. Schow: Thank you, Mr. Speaker. I'll be brief. We actually just kind of touched on this, but at the time noted, the Member for St. Albert was asking a question to the Minister of – for heaven's sake, it's Sundre's favourite son; how do I forget the ministry? – Assisted Living and Social Services. At the time noted, the member said on the record, with my unofficial chicken scratch: this government is going to harm people and kill people. There are many different ways to say that a policy is unhelpful or may cause problems with the public, but to suggest that the government or a member is going to kill someone or harm someone – but I want to emphasize the other word, "kill."

Like, Mr. Speaker, this is the kind of stuff that members on the opposition side clip in their social media to rouse up the public. Then we find ourselves getting e-mails saying, "You're going to kill people," and then threats are made. There's a report from the LASS in our desk that was put on here earlier this week talking about the number of e-mails that are coming into offices that are making threats against members and their health or well-being. My house, my own personal residence, has been protested with people coming to my house. I have an office for the exact reason for people

to come to my office. That's why I put my name on the ballot. My neighbours didn't sign up for that. My kids didn't sign up. Neither did my wife. But the kind of language that's used here, saying we're going to kill people, is the kind of stuff that incites violence against members in this Chamber.

Mr. Speaker, this is dangerous language. As I said in my last point of order, there are creative ways to say what you want to say. It's what we were hired to do. I encourage the Member for St. Albert to pick better language besides: going to kill people. Under 23(h), (i), and (j) I believe this is a point of order.

Ms Gray: Mr. Speaker, I disagree, and I disagree strongly. I think the ruling on this will be very important. Dangerous actions include the policy decisions that this government makes and the impact they have on families and on people outside of this Chamber. Government decisions do kill people. We know and we have made this a matter of debate in many different ways across many different things.

I will say, Mr. Speaker, that I had a very important conversation with the previous Speaker during the time of COVID-19 because at that time government decisions had an impact on public health and public health outcomes, including death. We talked at that time about the importance of making a distinction between a minister making a decision or government policy because government policy does kill people.

I think it's ironic that the Government House Leader has gotten so worked up over the word "kill" when just the other day in the House he referred to us as killing businesses and killing opportunities. He uses this language when it serves him and attacks us when it serves him. It's very frustrating.

I do not have the benefit of the Blues, but I heard: this program will kill people. Given that we know people commit suicide while waiting for help on the current AISH wait-lists and this change is reducing the amount of money people will get, is going to increase wait-list sizes, is going to put more pressure on vulnerable, disabled Albertans to go out and find work with very little supports, to suggest that it won't kill people is to deny reality.

The government policy is pissing off Albertans, Mr. Speaker, and they are reflecting that. It is not because of how the Official Opposition is talking about it that there has been an increase in people reaching out to their MLAs. I would like everyone to be able to have safe, healthy workplaces. I would like us to have a safe, healthy workplace. I would like us to have policy discussions, but we have to be realistic about what's happening outside.

I do not believe this is a point of order because the Official Opposition needs to talk about the reality of what happens when this government passes legislation, and I believe that the member said that the program will kill people, that the policy decisions being made would kill people. That is my submission to you, Mr. Speaker. I do not believe this is a point of order.

I agree we should all be careful about the language we use. Talking about a program and its impacts should be in order in this place. Talking about a minister, an individual: I agree; we should not use that language. If that was the language used, I will apologize and withdraw, but if they were talking about a program, I believe we should be able to say these things.

The Speaker: Well, I have the Blues. This is what it says. "This program will harm people and will kill people. He can say whatever he wants; [it's] wrong." Well, listen. While I agree with the Opposition House Leader that you need to talk about these things, I think you need to find a different way to talk about it. As much as I might hate myself for making the suggestion, it's a different thing to say that people will die or could die under this government

program. The direct verbiage of "will kill people" sure sounds like murder.

You know, it's a point of order. You can talk about these things. You might find a different way to say it that doesn't also pass for describing a murder. Again, I'm even giving you a suggestion to say: under this government policy people will die. That would be parliamentary, as an example. But to say "this will kill people" is unacceptable, and I will ask you to withdraw and apologize on behalf of the member.

Ms Gray: Mr. Speaker, I apologize and withdraw.

The Speaker: Thank you.

We have a sixth.

Point of Order Inflammatory Language

Mr. Schow: Mr. Speaker, of all the points of order that I have called in my time, this is one of the ones that maybe doesn't agitate the members opposite as much as it agitates me. But I think that what was said at the time noted, when the minister of seniors and social services was answering a question about AISH – he was going into detail about his own son, who, as we all know in this Chamber, recently, in the last two years, was in a horrific car accident. Horrific. He sustained a significant brain injury and, by God's will alone, is still alive today. While describing that very personal incident in this Chamber, the Member for Edmonton-Rutherford had the gall, the audacity, to say: it's not about you.

Mr. Speaker, it's not about me either, but a number of members in this Chamber on both sides sent notes to that member when he was going through this horrific incident. I myself went to the hospital when it was very touch and go whether or not Austin was going to live. We all went through that together because, whether your political stripe is of the opposition or the government side, we all want everyone to get home. We want our families to be safe.

We're in this first and foremost, Mr. Speaker, for our families – that's why we put a name on a ballot – whether it's direct or indirect, but also for our communities. Every once in a while we bring our families into debate to talk about personal experiences. This was one that touched the lives of all of us and reminded us how fragile life can really be. Whether the Member for Edmonton-Rutherford liked the context of how that story was told or not, it was incredibly relevant to this specific answer, and to have the heartless moment to say, "It's not about you" is a disgrace.

3:10

Now, whether the ambient mics picked that up or not, to me, is irrelevant. *Hansard* needs to know, the government side needs to know, and the opposition side and the independent members need to know that that was said in this Chamber. Sometimes members cross the line. It's happened on both sides, and today that line was crossed. It's despicable, Mr. Speaker, and I expect an apology, whether it's from anyone on the opposition side.

Ms Gray: Thank you very much, Mr. Speaker. I will only say that it was an incredibly heated moment in this Chamber. I do not believe disrespect or anything unparliamentary was intended. I did not hear the comment myself, but on behalf of the member I will apologize and withdraw. The Government House Leader seems very certain that those words were said, so I will apologize and withdraw.

The Speaker: Well, thank you for doing that. I'll read you what the Blues say, and sadly it's worse than that. It says that an hon.

member – it doesn't identify who. It says, "Speaking of killing . . . here's somebody who knows something about killing." That's what it has. Not good.

You've already apologized. I won't ask you to apologize again. I think we can all agree this is disgraceful.

Orders of the Day

Government Bills and Orders

Third Reading

Bill 5

Miscellaneous Statutes Amendment Act, 2025

The Speaker: The hon. Minister of Technology and Innovation.

Mr. Glubish: Thank you, Mr. Speaker. On behalf of the Government House Leader I would like to rise to move third reading of Bill 5.

[The Deputy Speaker in the chair]

In doing so, I would like to just share a few quick thoughts. I know traditionally with bills like this there's not need for a lot of debate, but I just need to point out because there were some things said on this bill in earlier readings that need to be addressed. Now, earlier in the debate the Member for Edmonton-City Centre went off at length about the, as he called it, Henry VIII clause that is being repealed through this legislation. He framed it in such a way as to say that the government had made a mistake and they were finally fixing their mistake.

Now, Madam Speaker, I think we should go back to the debate that happened earlier this year on Bill 46, which is the legislation that's being amended through this. Back then there was a lot of criticism from the other side about this clause being in that legislation. In that debate I explained to the members opposite that that had been included at the recommendation of Leg. Counsel for the explicit and sole purpose of making consequential amendments to all of the other pieces of legislation that were affected by the updates relating to freedom of information and privacy legislation. There were hundreds of amendments required. Leg. Counsel advised us that this would be the simplest, most straightforward way to give them the discretion they needed to make all of those consequential amendments.

Now, I understand that at the time the members opposite had said: yes, but once that's done, this piece of legislation is still there, giving the government power to make changes without coming back to the Legislature. That was a fair point that I agree with. That's why I said: once these consequential amendments are done, we will happily repeal this clause because we won't need it anymore; the whole express purpose, as advised by Leg. Counsel, will have been accomplished, will have been accomplished within 30 days, and at our earliest opportunity we would happily repeal it.

Madam Speaker, I'm so happy to be able to point out that, yes, Bill 5, before us today, does repeal that legislation. Promise made; promise kept. This was not a mistake, as the Member for Edmonton-City Centre so alleged. This was by design. We explained to the members opposite exactly what we were doing, and we promised to them that we would come back this fall and we would repeal it because the stated intended purpose will have been accomplished.

There is one other thing, Madam Speaker, I would like to highlight, and that is just a quick exchange that happened, I believe, in Committee of the Whole in May of this year on Bill 46 between myself and the Member for Banff-Kananaskis. At the time she was raising concerns about this. She had knowledge that I had made this promise, and she said – I can't give you verbatim what she said but to the effect of: I will hold you to this, and if you don't repeal this,

I will expect an apology. Now, Madam Speaker, I interjected during Committee of the Whole and said: "Okay. Great. But if I do repeal this, if the government does repeal this, will you apologize for your approach and your mischaracterizations of our intent?" She acknowledged that she would happily apologize.

I say all of this to say that it's really unfortunate and just discouraging that the members opposite, particularly the Member for Edmonton-City Centre, was trying to frame this as though: oh, no; the government made a mistake, and they finally realized it, and now they're repealing this bad legislation. Nothing could be further from the truth, Madam Speaker. What actually happened is that we followed the advice of Leg. Counsel, we used this clause for a very targeted, specific purpose to deal with consequential amendments, which is a very understandable use of it, and we committed to repealing it as soon as that was done, and here we are today doing exactly what we said we did. There were no mistakes made. I'm really disappointed in the members opposite for how they have tried to frame this.

Now that I have corrected the record, now that we have got back to the facts, I am happy to move third reading of Bill 5, and I hope all members will support this bill.

Thank you.

The Deputy Speaker: The hon. Member for Edmonton-Highlands-Norwood.

Member Irwin: Thank you, Madam Speaker. I appreciate the minister standing up and trying to defend the moves, but I think this speaks to a bigger issue of a lack of collaboration and a lack of willingness for this government to work with us.

Madam Speaker, for the benefit of you just ensuring that I'm speaking about Bill 5 here, there were multiple conversations that happened when it came to Bill 46. We raised many concerns about the power-grabbing clauses that this UCP government used, the so-called Henry VIII clauses. We have a lot of very intelligent folks on our side of the House, people who have the legal backgrounds and raised significant concerns about how those Henry VIII clauses were being used in this piece of legislation and recommended through a series of amendments that the UCP change course.

I can tell you that I've been an MLA now for, gosh, nearly seven years, six and a half years, and one of the things that's really troubling in this role is that in previous governments, I hear from other, you know, MLAs who served prior to me, there was a sense of collaboration. There was this willingness to work together. I can count on both hands the number of times this UCP government has accepted our amendments and has been willing to work with this. I know they have. There are a few cases where they've accepted our amendments because there have been clear drafting errors or there were technical errors, that sort of thing, but rarely – rarely – are they willing to work with us on amendments of substance.

A parallel example is around private members' bills. You know, I talk to schools, I talk to students about the few legislative tools we have. Private members' bills are one of the few tools we have as opposition members to try to bring forth legislation in this province. How many private members' bills has this UCP government accepted from us? I look at the Member for Edmonton-McClung. He says zero. Zero. Yet how many private members' bills have we supported from the UCP? Many. Many.

I share all this, and I want to get on the record around Bill 5. As we've said in previous readings of this bill, we are supportive of this bill, but we have to raise these important concerns around the UCP's unwillingness to listen to the opposition, to listen to our strong advice that they should very much avoid the use of these so-called Henry VIII clauses. As we said on the record then during Bill

46 reading and on previous Bill 5 readings, these antidemocratic provisions should have never had a place in Alberta laws.

Again, had they simply listened to us, had they simply supported our amendments, they wouldn't have to be here cleaning up their own messes, and we wouldn't have to be here having this misc statutes bill and wasting our time when we should be talking about the really critical issues that Albertans are telling us about.

So, again, I need to get that on the record. We will support this bill, but I'm going to leave this Chamber today urging the UCP to very much consider how, moving forward, perhaps we could work together. Perhaps you could be more willing to sit down and really consider the thoughtful amendments, the thoughtful private members' bills that we've put forward. Moving forward, I hope that that can happen.

Thank you, Madam Speaker.

3:20

The Deputy Speaker: Are there others to join the debate on Bill 5? Seeing none, I will ask the question.

[Motion carried; Bill 5 read a third time]

Government Bills and Orders

Second Reading

Bill 11

Health Statutes Amendment Act, 2025 (No. 2)

[Adjourned debate November 26: Mr. Gurtej Brar]

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

Mr. Haji: Thank you, Madam Speaker. It's an honour to rise to speak in the Legislature in the strongest opposition on Bill 11. This bill will profoundly reshape the future of health care in this province. At the heart of this conversation is that this government is moving Alberta closer to an American-style, two-tiered health care system, something that you will expect that any government that's coming to power will run on in an election.

The contractual agreements in our democracy that we do with our electorates are the commitments that we make during an election, and that is that what we will do is what we tell to our electorates, and what we are given the mandate to deliver is based on that. It's a massive change that this government did not run on. Albertans deserve a commitment and the delivery of that commitment. In fact, the government ran against these very ideas.

The bill opens the door for dual practice, allowing surgeons and some specialists to toggle between a public and a private system. For the first time in Canada, Madam Speaker, physicians will be able to bill either the provincial health plan or charge patients directly for elective surgeries like hip, knee, and cataract procedures. It will depend whether you are employed or not. It will depend if your credit card is sufficient enough or not. It is heart-breaking at a point when you are in a hospital to be asked whether you can actually save your life or cover your cost. This means Albertans who can pay privately will be able to skip the public wait-list while those who cannot afford thousands out of pocket will be forced to wait longer, and waiting longer means deteriorated complications, which the public system will eventually consume at a very high cost that the taxpayers have to pay.

Access to timely care is not only a good thing; it is the most cost-efficient health care financing in any part of the world. It's a care for the patient, and it's a cost saving for the public. Access to timely care becomes now not on need but the ability to pay, not the medical need that someone will have.

As presented the bill places no cap on private surgical fees. There are no safeguards against a talent drain from already strained public hospitals. It expands private payments for diagnostic tests, including MRIs, CT scans, and even blood work, without requiring a doctor's referral. Again, those who can pay get faster diagnosis, faster treatment; those who can't wait longer.

The bill makes the government the payer of last resort. It reminds me of some of the utilities acts that we have debated here. Now it's in our health care, the last resort. Actually, the option of last resort puts a higher risk on those who cannot pay because they don't have better credit. Therefore, they pay higher electricity bills. In this case you don't have better credit, so you don't get access. It seems like a trend here.

This system of making government the payer of last resort mirrors the U.S. model, pushing Albertans towards private insurance plans to cover essential medications. The Canadian system was not built in that way, which means that you have very few people who have coverage.

All of this is in stark contrast to the identity of this country. The Canada Health Act prohibits financial barriers to medically necessary care. Bill 11 violates that principle by introducing price-based access for faster treatment, a tier for the wealthy and one for everyone else, one that is faster for the wealthy and one that has longer wait-lists for the rest of us.

Madam Speaker, we don't have to guess what happens if health care is privatized because we have very close proximity to the U.S. The United States is already the world's highest spender on health care. It consistently ranks, though, last among high-income nations when it comes to health system performance. More privatization doesn't reduce costs, it doesn't improve outcomes, and it certainly does not advance equity.

With Bill 11 as a province we risk creating a system where physicians and patients face more insurance rules, more billing disputes, and more administrative barriers, the very, very problem that plagues the U.S. system. A lot of our workforce will be utilized towards going through these administrative barriers that lead to poor health outcomes and do not improve health care spending.

Bill 11 is not an isolated change. It's important to recognize that Bill 11 is not one-off policy. It's part of a multiphase health care overhaul that this government has been pursuing for several years.

3:30

Government justification focuses on three areas. Wait times: they argue that private diagnostics will boost capacity and reduce delays. DynaLife did not reduce the wait time on diagnosis.

Choice and investment: they claim the private-pay options attract health professionals and investment, that all the doctors will come here, and they will invest here, and then everything will be good. We argue: what evidence proves that? Repeatedly in the House in question period the minister fails to provide evidence that proves that choice and investment would bring better workforce planning in our health care system.

System efficiency is another argument. The Premier has long publicly advocated for copayments and private-sector involvement as a way to improve efficiency. We have experimented with that with DynaLife. It surely didn't improve efficiency.

One other thing that I also want to point out in the argument on Bill 11 is that repeatedly during question period, Madam Speaker, the government cited that this is not American style. We argue it's American style. We strongly believe it's a two-tiered, American-style system. The government has suggested that Bill 11 aligns Alberta with the European style, but the comparison ignores the basic foundations of the European health care system. Most European countries have national pharmacare. In fact, among the

advanced, high-income countries it is the U.S. and Canada that don't have a pharmacare system. A national pharmacare system already makes the country's out-of-pocket health care spending extremely lower, which is something that we don't have.

[Mr. van Dijken in the chair]

The European health care systems invest heavily in prevention, and what happens when you invest heavily in prevention is that it lowers overall system cost, which we don't. It's completely a wrong comparison. Another example is that mental health care is included in the public system when it comes to the European health care system, which it isn't in our system. What that means is that it makes our out of pocket way, way higher than the European.

I've heard the minister cite Denmark as a good example. Well, you would think the minister responsible for primary health care should know that Denmark has the highest attachment when it comes to primary care. In fact, 98 per cent of the Danish population are attached to a GP. Here you have to find your own doctor by yourself. It's a requirement that you will have a GP in Denmark.

With that, again, I've heard the minister say Denmark. Already in our current system a Canadian spends twice out of pocket compared to a Danish citizen. Without moving towards privatization we already spend twice out of pocket compared to a Danish citizen. It's 15 per cent, and we pay close to 28 per cent because we have to cover our mental health costs. We have to cover our pharmacare. We have to cover our prescriptions. When you're referencing those countries, you have to take that into account in terms of an individual's spending or private contributions to an individual's health care spending.

Finally, from the European perspective, funding models differ. We have a funding model here that is tax based whereas they have a funding model that is a payroll-based system.

Mr. Speaker, we need to compare and make sure that our arguments and evidence are based on facts that will actually speak to the realities. When we are comparing something that is not comparable, I'm afraid that we are misleading. These differences matter. Bill 11 does not bring Alberta closer to Europe. If anything, we're getting closer to the U.S. model.

Thank you, Mr. Speaker.

The Acting Speaker: The Member for Edmonton-City Centre.

Mr. Shepherd: Thank you, Mr. Speaker. I appreciate the opportunity to rise and speak at second reading of Bill 11. You know, health care is one of the top issues for Albertans. I've had a chance to learn a lot about health care in my 10 years in this job, particularly the five years that I spent as critic for health. I've heard a lot of stories about Albertans' experiences, and I can tell you that in the five years that I spent as critic for health, I saw how this system has degraded under the care of the UCP.

Let me tell you a story, Mr. Speaker. A couple of weeks ago I was at Alberta Municipalities. I was speaking with an elected official from Slave Lake, and he told me about his experience when his wife gave birth to their first child. She went into labour, and they drove to the Slave Lake health centre. When they arrived there, they examined her, but there was no anaesthesiologist available, which is a chronic state in our rural health care facilities under the UCP. There are wide swaths of our province where women cannot give birth in their communities. That has been a development under this government, and unfortunately they found that was the case here.

They examined his wife, and you know what? They immediately began to make arrangements to get her a medevac transport to Edmonton. They told him that she faced a 90 per cent chance of losing her child if there were any complications, and without an

anaesthesiologist available they could not provide the support she needed. There's only room in that transport for one person to go with her, so her mother stayed with her to ride in that medevac as they waited for it to arrive.

In the meantime her husband – well, he had to leave her. He hopped in the car so he could try to drive and get to Edmonton to catch her in time so he could be there for the birth. Now, he didn't get far, maybe an hour out of town, and he got a phone call. They said, "You know what? Sorry. The labour is moving too quickly. We're going to have to have the baby here despite the risk." They were incredibly lucky, Mr. Speaker. The birth went smooth. The child arrived safely.

But you know what, Mr. Speaker? That gentleman told me that he knows another family that wasn't so lucky. Similar circumstances: no anaesthesiologist available, no support available, and that couple lost their child. That's the state of our health care system under the UCP.

3:40

Let's be absolutely clear about what the state of that system was when it was handed over to them in 2019. "Alberta's health [care] system has enjoyed one of its most uninterrupted periods of stability under the NDP's reign." That was Keith Gerein, one of the best health reporters we've ever seen in this province. He now reports on city hall, but I'll tell you, I learned a lot from him in my time as health critic. I have deep respect for his work. And you know what? He was absolutely right.

During our time in government Alberta had a welcome respite from years of constant chaos under conservative governments. Conservative governments had spent years tinkering with the health care system with no real clear focus or intention other than increasing privatization, reckless cuts to funding, rearranging the health care system and how it was governed, risky experiments with private surgery bailed out on the public dime, multiple health ministers, and six CEOs of AHS. Chaos, Mr. Speaker.

To quote columnist Don Braid, "Staffing and programs were flatlined, resuscitated and then put through the same survival cycle again. It was chaotic for doctors, nurses and too often for patients." Mr. Speaker, our government restored balance. Did we get everything right? No. Did we solve every problem? No. But health care blossomed, workers had a respite, and we had long, badly needed stability.

Ms Hoffman: And the Calgary cancer centre.

Mr. Shepherd: And the Calgary cancer centre, built by my colleague from Edmonton-Glenora, or at least got the work going. We moved that forward.

Mr. Speaker, the fact is that under the UCP, that pretty quickly fell apart. Indeed – you know what? – we were warned. Don Braid, back in 2019, same article, said, "Health isn't a [big] issue in this campaign – not yet," but that's just because it's been stabilized, so it wasn't top of mind. He said, "But it may once again hit the heights when the dire risks of UCP health promises sink in." He warned health care was slipping under the radar because it was no longer a hair-pulling crisis. Six years later, it sure is.

I'll tell you, the UCP government have repeated every mistake conservative governments have made before them, and now they're doing it 10 times faster on steroids. Tinkering with the health care system with no clear focus or intention other than increasing privatization: check. Risky experiments with surgery on the public dime: check. Multiple CEOs of AHS: check. Most of all now, with Bill 11, they're echoing the attempts of Ralph Klein, who himself had a Bill 11 back in the day – first political protest I ever attended

out here in front of the Legislature – in his attempts to make a massive increase in privatization in the health care system. It's an obsession of Alberta Conservatives, Mr. Speaker, something they keep coming back to despite the fact that every single time it fails. It fails to produce better outcomes, it doesn't realize any savings, and in fact every single time Albertans pay for it with less access and higher costs. Every single time.

This Bill 11 is going to do exactly the same. Let's talk about how. The UCP's idea here is to let doctors practice in both the public and the private system at the same time. They claim this is going to increase capacity, Mr. Speaker. Now to make that comparison, they point at European models and say: "Well, look, it works in Denmark. It works in these other countries." That's like looking and saying: "Hey, you know what? There's a carburetor in that Maserati and it's able to go really fast. If I put it in my Volvo, it'll go really fast, too."

The fact is, Mr. Speaker, they are trying to cherry-pick one piece of a complex system that, as my colleague from Edmonton-Decore noted, involves a lot of other factors. It involves the health care system, social supports, and a whole lot of other things. Let's be absolutely clear. When we're talking about the UCP government, they've degraded pretty much most of those other systems and supports, too. This isn't going to be the one big fix, and let's be clear. They are trying to fix a system that they broke, a system they have abused, where they have driven health care workers into exhaustion, where morale has never been lower because of the constant chaos they have created, particularly in the last two years with their trying to reshuffle and rearrange the entire health care system. Health care workers don't even know who they're working for or where anymore.

Andrew Coyne in the *Globe and Mail* this week, not someone known to be a, you know, raving socialist, wrote about the UCP's new plan for allowing doctors to practise both privately and publicly at the same time. He says that

the Alberta plan fails. Just because you divide what was previously one line into two doesn't change either the number of patients or, crucially, the number of hours in a doctor's day. All you've done is reshuffle the order in which the doctor sees them, replacing medical necessity as the triage criterion with ability to pay.

Dr. Jared Wesley shared an excellent example of this. He said that, you know, if you go to Tim Horton's, standing in the line there and there are 20 people in the line waiting to get a coffee at the cashier, it doesn't matter if you open up a second lane where if you put a \$20 bill down, you get your coffee faster. If there's still only one cashier, it just means that the folks that put down \$20 are going to get their coffee faster.

You know, Andrew Coyne goes on to say that, at best, it's going to be "a wash: Doctors spend more hours treating patients privately and fewer . . . treating" people publicly. We have seen that happen, Mr. Speaker, because the government has already tried this with their Alberta surgical initiative. It's in poor taste, they say, to say I told you so, but we told them so. In my time as health critic I repeatedly warned this government that doubling down on private surgeries when we don't have more anaesthesiologists, when we don't have more OR nurses, and particularly in the wake of a pandemic where we exhausted so many workers and lost so many workers was not going to fix the problem, and in fact it has not.

As Mr. Coyne said, doctors are just choosing. OR nurses are being hired away to private surgical centres. Well, why wouldn't you? The surgeries are easier. They get to do the easy ones. So all it does is degrade and pull resources out of the public system. Mr. Coyne says, "To maximize the returns on their private hours, doctors will be likely to focus these on [those] patients who can be

treated more quickly, leaving the more difficult, time-consuming cases to the public system," where they will wait longer.

Mr. Speaker, for that couple who lost their child at the Slave Lake health centre, giving the anaesthesiologist a chance to work in a private system at the same time as they're billing in the public system would not have saved their child's life. In fact, it would probably mean we would have even less availability from those anaesthesiologists, from the support nurses, and the others that are required so that Albertans can have the simple support of being able to safely give birth to a child. That should be a pretty basic expectation for any Albertan in our health care system, that when they need that crucial care, it will be there. Fewer and fewer Albertans can say that's the case after six years of the UCP.

Their plan, Mr. Speaker, is to make the problem worse, is to make it more likely that more children will be lost. More Albertans will wait longer to get their cancer care and their cancer surgery. You know, I was deeply grateful for the care that my father was able to access when he had prostate cancer. Incredible support, support that he had from a nurse in our home so he was able to be at home with his family until he passed.

Continuing down this path, where we say the radiologist or the oncologist can now just go on and take more private patients, is not going to mean that people get better care, get the care my dad got. It means that a whole lot fewer Albertans will. The fact is that it does not need to be this way, Mr. Speaker. It is a decision, a choice, of this government that continually puts ideology ahead of actually just trying to do the right thing for Albertans because this government has no interest in actually working with the health care workers, with the health care experts. Instead, they're spending millions of dollars on consultants. Consultants don't provide care. They don't know a thing about it.

3:50

This government has spent two years going around in circles trying to figure out what they're doing with the dissolution and rebuilding of the health care system while Albertans are suffering. When I talk to people on the doorstep, Mr. Speaker, they just want a system that works better and delivers care. That's what the Premier promised she'd deliver in 90 days, and two years on we are even further from it.

Bill 11 is not a fix for the system; it is going to make things worse. What would make things better, Mr. Speaker, is, instead of this random improvisation, this grabbing bits and pieces from all over the place, if the government actually focused on real innovation, and that comes with collaboration: treating our front-line health care workers with respect, listening to the actual medical experts on how to provide better care, how to build better systems, simple things like a proper vaccination campaign, take pressure off the system, make it easier for people to access. No. This government only cares about the bottom dollar that's made by their friends and their supporters.

Albertans deserve so much better, Mr. Speaker. That's why I can't support Bill 11. That's why I can't support them bringing this two-tiered, Americanized health care into Alberta. This is going to hurt people. It will take away access, it will make it harder, and it's going to do a lot of damage.

Thank you, Mr. Speaker.

The Acting Speaker: Are there others? The Member for Edmonton-South West.

Mr. Ip: Thank you, Mr. Speaker. Thank you for the opportunity to speak to Bill 11. I speak in strong opposition because at the very heart of this bill is a fundamental question: in Alberta who gets seen

first? Is it the person with the most need or the person with the biggest credit limit or the deepest pockets? That's really what the government has put forward. Make no mistake. This is a pathway to a private, for-profit, American-style health care system.

In my riding of Edmonton-South West I hear the same stories over and over at the doors, in coffee shops, when I talk to my neighbours. It's families who cannot find a family doctor. It's seniors waiting months, sometimes more than a year, for hip and knee surgeries, parents spending nights in emergency departments with their kids wondering if they will even be seen before morning. As usual, this government has lost the plot because they are completely out of touch with everyday Albertans.

Albertans have been very clear about their priorities. I'm going to talk a little bit about the polling that shows that, if they haven't been talking to their neighbours and their constituents. Recent polling from Leger shows that health care is the single most important issue facing this province, ahead of the economy and ahead of housing. An Angus Reid Institute study found that 3 in 5 Albertans, 58 per cent, say that this government is mishandling the health file. Let me make this clear. Albertans are not asking for an American-style experiment. What they want is a family doctor. They want a staffed operating room, a system that treats them based on their needs in a timely way, not based on who has the most money. They want reduced surgery wait times. Very simple asks, Mr. Speaker.

Let's talk about, let's delve into this American-style health care experiment that this government wants to thrust us into. What does the evidence say? What the government is saying is that a dual model will actually work, that it will give better care, shorter waits, lower costs, but the truth is that it doesn't. I think it's very important, Mr. Speaker, that Albertans know the truth of what this UCP government is trying to sell them before we allow any government to experiment on 4.7 million Albertans, which is what this government is doing.

Bill 11, the Health Statutes Amendment Act, 2025 (No. 2), does three things. My colleagues have mentioned it already, but for the purpose of this debate I'll review it again. It allows dual practice for physicians, so it allows some doctors, particularly surgeons and specialists, to work in both the public and the private systems at the same time and to bill either the public plan or patients directly for elective procedures.

Two, there's private payment for diagnostics and services. It enables private pay for MRIs, CT scans, and other services, with the government explicitly positioning itself as the payer of last resort for prescription drugs. What this does, Mr. Speaker, is that it pushes people toward private insurance and out-of-pocket insurance. This is exactly what the American health care system does.

Thirdly, it creates a structural two-tier model, and organizations like Friends of Medicare have warned that this is, quote, an unprecedented model of two-tiered health care access in Canada where physicians can charge patients out of pocket while still drawing on the public system. In plain language what it means is that it sort of creates a fast lane for those who can pay and leaves everyone else in the slower lane. Really, if you think about it, that is the defining feature of American-style health care: the rich get access faster, and the rest of us have to wait.

What happens in countries that go down this path? Let's start with the U.S., and the U.S. is a warning; it's not a model. If two-tier, market-driven health care were a success story, you would expect the United States, the world's leading economy, to have the healthiest people, the shortest waits, and the best value for money. The truth is that the opposite is true. The Commonwealth Fund's international comparisons of 10 to 11 high-income countries show that the United States spends nearly 18 per cent of GDP on health

care, far more than any peer country. It has the lowest life expectancy amongst those countries, and it has the highest rates of avoidable deaths from conditions that should be preventable or treatable with timely care. In other words, the U.S. government actually pays more but gets less, especially for people who are not wealthy.

We see this in the most tragic outcomes. The United States has far higher maternity mortality than any wealthy nation despite spending roughly twice as much per person on health care. Experts describe the U.S. as an outlier on maternal deaths compared to peer countries. Mr. Speaker, if American-style, two-tier health care could really solve the wait times and improve outcomes, this is not what the data would look like.

The second feature of an American-style, two-tier health care is financial barriers. I'm sure you've heard the stories of what happens in the U.S. We know that when you put a price tag on medically necessary care, it fundamentally changes the way that people choose to get care, or not get care in this case. The Commonwealth Fund did a 2022 U.S. health insurance survey, and they found that 46 per cent of U.S. adults skipped or delayed care because of cost, 42 per cent struggled with medical bills or medical debt, and almost half said they could not pay an unexpected \$1,000 medical bill within 30 days, with even higher rates amongst low-income and racialized adults.

4:00

Most recent polling shows that one-third of American adults say they have skipped or postponed needed health care in the past year specifically because of cost. Is that what we want in Alberta, to get us on a pathway towards a health care system that is inaccessible, that will overall, in fact, decrease public health outcomes? And it doesn't stop there. Another 2023 Commonwealth Fund survey found that for people already carrying medical debt, more than one-third said that that debt forced their household to delay or avoid needed care or prescriptions, and many had to cut back on basic necessities like food, heat, or rent.

Mr. Speaker, these examples are not surprises. They're really predictable consequences of a system that normalizes paying at the point of care. This is what Bill 11 essentially does. We're being told by this government that dual practice and private payment are just about choice, but we know from just looking south of the border that it's always the same people that lose that choice. It's lower income families. It's racialized communities. It's people with chronic illness and seniors on fixed incomes. It's those folks that, fundamentally, this so-called choice disadvantages.

Even among older Americans with medicare, the same Commonwealth Fund report found that nearly a quarter spend more than \$2,000 a year out of pocket and that many still skip or delay needed care because of costs. This is not just a likely scenario, Mr. Speaker. This is the world that this government is trying to create with this payer of last resort model under Bill 11.

I'm sure there are folks on the side of the government that will say: you know, if people pay something, they'll only use care when they really need it, and that will free up the system. This is a common sort of argument for private health care, and if you look at the evidence on that piece, it's wrong. It's dangerous.

Rand, a nonprofit research organization, conducted a health insurance experiment, the largest randomized study of cost sharing in health care. It found that when you make people pay more up front, they use less care overall. That might be less of a load on the system, but what happens is they cut back on both necessary and unnecessary care in roughly equal proportions. What that essentially means is that low-income and sicker participants will not gain the care that they need.

A briefing on user fees from Canadian researchers described them as a medical toll booth that blocks access to needed care, particularly for those with low incomes, without solving the underlying cost drivers in the system. Mr. Speaker, my concern is that when Bill 11 invites private payment and dual practice into medically necessary care, we are creating financial barriers that will cause many Albertans to delay or forgo essential diagnostics, visits, and surgeries until they are sicker, their situations are more complex, and it becomes more expensive to treat. In other words, such a system dissuades folks from seeking preventative health care, which will ultimately cost the system more in the long run.

Mr. Speaker, we've seen this movie before. I know that members opposite like to compare what they're proposing to a European model, but the truth is, as my colleague from Edmonton-Decore has referenced, that in those systems they have a robust national pharmacare model. We're not comparing apples to apples here. What this government is proposing is essentially American-style care. Let's make no mistake. I'm sure another claim that this government can make is that, yes, it might be private, it might be dual model, but it will reduce wait times for everyone. Again, there is evidence that the opposite is true.

I just want to talk a little bit about the Canadian research on two-tier models. A 2021 review by Lee and colleagues in health care policy examined proposals to expand private finance and delivery in Canada. They concluded that evidence suggests that access will not improve if a two-tiered system is adopted.

I urge my colleagues to vote against.

The Acting Speaker: Thank you.

I will recognize the Member for Livingstone-Macleod.

Mrs. Petrovic: Thank you, Mr. Speaker. It's an honour to rise today in strong support of Bill 11. Every day Albertans place their trust in a health system that they expect to be responsive, dependable, and focused on delivering high-quality care when and where they need it most. That expectation of Albertans is not unreasonable; it's fundamental. I know the members opposite keep relating it to U.S.-style health care, but it is not. It is European-style health care. When Albertans walk into a hospital or clinic or pharmacy, they deserve confidence that the system will be there for them without delay and without compromise.

Mr. Speaker, Bill 11 represents the next major steps in building a health system that meets those expectations. It will strengthen the ability of health care professionals to deliver and improve accountability and efficiency across the system. You know, I heard the member opposite from Edmonton-City Centre state that nurses will leave the public sector and go to the private sector because it is easier. I take great offence to that. To insinuate that nurses will leave to go to easier work, to insinuate that they are lazy and not hard workers, is shameful, shameful for me as a former nurse, shameful for those that I still represent, my best friends, my family that are still in the system. I needed to correct the record on what that was.

Mr. Speaker, the members opposite have asked us: where are we going to get these health care professionals? I just want to say that since 2020 the number of registered nurses has increased more than 27 per cent in Alberta, licensed practical nurses by 15 per cent, and psychiatric nurses by nearly 10 per cent, the highest in Alberta's history. Moreover, as of September more than 12,700 doctors are practising in Alberta. That's an increase of 643 from the same period in 2024. So to ask: where are we getting these health care workers? They are coming here because they know that our health care model that we are proposing is good. European-style health

care is not a bad thing. It is not U.S.-style health care, and to insinuate as such is just wrong on so many levels.

Bill 11 is going to introduce important enhancements to even the way that physicians can practice in Alberta. For the first time in our province this legislation will establish a modern dual-practice model, allowing surgeons and supporting surgical professions to perform procedures in both public and private sectors. It's not an experiment. It's a proven framework that exists successfully in some of the world's highest performing health systems, including Denmark, the Netherlands, France, Germany, and Spain. These jurisdictions have demonstrated that dual practice can coexist with strong public health care provided that the right safeguards are in place. Under this model physicians will gain greater flexibility to work in both public and private settings while maintaining strict protections to preserve the accessibility and integrity of public-funded health care. Mr. Speaker, these doctors are not jumping ship for easier work like stated from the opposition.

What does this mean for Albertans, though? It means more surgeries and shorter wait times. It means a goal that every member of this Assembly should share. Mr. Speaker, let me be perfectly clear. The public health care guarantee remains fully intact. No Albertan will ever have to pay out of pocket for medically necessary surgeries. Life-threatening and emergency surgeries will remain fully public with no private option. Cancer surgeries will also remain entirely within the public system. The fearmongering from the opposition is just absolutely extraordinary.

If passed, this dual-practice model will include restrictions from the outset and will be closely monitored to protect our health care system. Physicians engaged in dual practice will be required to maintain separate records for public and private services, ensuring that no publicly funded subsidies subsidize private care. Additionally, safeguards may include mandating that surgeons perform a minimum number of procedures in the public system to remain eligible for private practice and restricting certain specialties to public practice if its shortages would ever compromise public care.

4:10

Mr. Speaker, I want to be clear about immediate restrictions. Family physicians will not be permitted to participate in dual practice at this time, and all emergency services, procedures, and cancer treatment will remain exclusively public. These measures reflect our commitment to balanced innovation and responsibility.

Mr. Speaker, accountability is the foundation of trust. Albertans deserve confidence that every health dollar is used responsibly. Bill 11 strengthens billing accountability and transparency by introducing clear penalties for systemic noncompliance. These measures deter improper billing practices and uphold the integrity of our health system. These represent a vision, a vision of a health system that is equipped for today, prepared for tomorrow, and worthy of the trust Albertans place in it. We know the challenges – an aging population, rising costs, an increased demand for services – but we also know the opportunities available through innovation, collaboration, and renewed focus on patient-centred care.

Bill 11 is about seizing those opportunities and ensuring that Alberta's health system remains strong, sustainable, and responsive for generations to come. [interjections] I can hear the opposition with a lot of chatter over there. I'm not sure why they don't want Albertans to have the quality health care they deserve. This bill reflects this side of the House's commitment to implementing a refocused health care system, one that recognizes the province's evolving needs, supports improved health outcomes for patients. It's about building a system that's going to work for Albertans not just today but well into the future.

Mr. Speaker, I'm extraordinarily proud to support this legislation. I believe it represents a balanced, thoughtful approach to modernizing health care in Alberta. I encourage all members of the Assembly to support Bill 11 and join us in building a health care system that delivers on its promise to every single Albertan.

Thank you.

The Acting Speaker: The Member for Edmonton-McClung.

Mr. Dach: Thank you very much, Mr. Speaker. Pleased to rise this afternoon to speak to Bill 11, the Health Statutes Amendment Act, 2025 (No. 2). I want to start by asking this House and, by virtue of the Alberta Assembly's communications, the Albertans who are watching us this afternoon a survey question. Since the government likes survey questions, I'd like to survey all Albertans now and ask them, off the top of their head, to name the four health ministers' new departments by name. I'll tell you what. I don't know if any of the members across the way could name them all by name off the top of their head, those four that replaced the one health ministry that all Albertans came to know, that they could look to for the policies of the government as far as health was concerned.

Right now most Albertans really don't quite get a handle on what the health care ministry or ministries actually look like, never mind a second survey question, Mr. Speaker. Who is the chief medical officer of health in this province right now? There's a good question most Albertans wouldn't be able to answer.

My point is, Mr. Speaker, that most Albertans are pretty confused right now by this government's measures to completely discombobulate the health system in this province, switching it into four different health ministries and coming up with Bill 11, the Health Statutes Amendment Act, to try to organize things in a manner that they say is a modernization.

I don't know if that is a truthful characterization or a correct characterization. I think what we used to call Conservative modernizations to our health care system in previous administrations were creeping privatizations, a drip, drip, drip towards a privatized health care system, which seems to be the ultimate goal of Conservative governments. Now I think we need to change the nomenclature and call it what it really is. It's a galloping privatization. It's not a drip, drip, drip. It's a wild horse galloping on an American plain towards privatization of our health care system.

One of the current four health ministers suggests – when asked if indeed family doctors would be able to straddle both systems and work in the public as well as the private health care system, that minister said, “Not at this time,” indicating, of course, that the door is open for the horse to gallop right through and enable family doctors to actually join the system of private health care and work outside the medicare system and outside the public health care system.

That minister was quoted in the *Edmonton Journal* as saying, “Our priority right now is to make sure that every person in Alberta is attached to a primary care provider, and so at this point in time,” once again, “restricting family doctors not to provide private practice that they would be fully within the public system only makes sense.” Once again “at this time,” that proviso that in the future certainly that may be allowed.

Now, Mr. Speaker, of course, today a doctor may opt out of the medicare system. They are able to freely go ahead and work totally privately. If a doctor wishes to work outside of the public health care system, they're free to do so, but they're not allowed to work in both public and private systems simultaneously. This is something that the government members often forget when they talk about this being so-called European health care versus

American-style health care. They forget that European health care systems do not permit the duality of doctors. They do not permit doctors to work both in public and private systems simultaneously, same as in Quebec.

Now, the government forgets, really, about the timeline. I'm not sure what we want to be able to call the system here. What is the correct label for a government that wants to return to yesteryear? Typically one thinks of conservatives as wanting to protect the status quo. That's traditionally what the definition has been. But today what is the correct label for a government that doesn't want to protect the status quo but wants to return to yesteryear? Would you call it back to the future or perhaps reverse engineering? What about counterclockwise? That'd be a good name for Bill 11. Nope; just basically a UCP failure to meet the public's health care needs of today's Alberta. That failure is something that is going to cost Albertans dearly over the next couple of years if indeed this government lasts that long. We'll see what the costs are as things roll out.

Realistically, Mr. Speaker, what Albertans are trying to get a hold of is: what is available to them for their health care needs right now? What are the conversations that families in Alberta are having, that seniors in Alberta are having? What are their health care choices today? Members opposite in the government have suggested that we were creating fear in Albertans by talking about the system that they're implementing, a four-pillared, American-style health care system, talking as though we're the ones who are creating fear. Well, in fact, it's us who are hearing the fear-filled stories from our constituents when they're faced with choices about: what do they do in today's health care system in Alberta?

If you have a child who's too young for measles vaccinations yet measles is running rampant, well, well, well above the American rate – we've lost our designation as a measles-free country, Mr. Speaker, largely as a result of Alberta's failure to improve its vaccination rate up, to get it up to a rate where, in fact, it will prevent people from passing on the measles, where measles is eradicated. The Premier at some point earlier was quoted as saying that a 75 per cent vaccination rate is required in order for measles to be stymied, in order for the spread to be stopped. That was incorrect. The number is 95 per cent. You need 95 per cent vaccination rate of measles in order for the measles to be stopped. That's something we've known about for decades.

Of course, myself and people of a certain age will know what the measles was like because we had it. It was not fun, and it was something you want to avoid. Yet this day and age here in Alberta it's not something that is a goal that's fully promoted by this government as part of this new so-called health care system that we're accused of creating fear over by the government who's bringing it in. It's the members of this Alberta society, the parents of young children who are very concerned and are raising those fears to us, Mr. Speaker. The immunocompromised people, seniors who want to get a COVID shot but they have to go to a health care clinic to get it. Individuals who aren't on a list of health care compromised individuals have to go and pay for the shot, meaning that people are not getting immunized against a disease that is still pretty prevalent in Alberta today. People are still dying from COVID today in the province. So the fear that is being raised is coming from our constituents towards us.

4:20

You know, when people start being treated as though they are commodities instead of human beings and patients in the health care system, they start to lose faith in it. Maybe that's what this government's goal is, but we don't want to be going back to the future, Mr. Speaker. That future was pretty grim.

I remember hearing stories from my grandmother talking about a period of time when she ended up having to look after a farm in 1944 while her husband was at war. My mom was about four or five years old at the time, and she ended up needing a goitre operation, a thyroid condition. Guess what? She did get the operation, but she owed the doctor for years and she paid that doctor in chickens, Mr. Speaker. Thank goodness the doctor had a credit system. She paid that doctor in chickens. It took her years to pay for the goitre operation in chickens.

Now, Mr. Speaker, do we want to go back to a system where you get what you pay for, you know, where we commoditize health care and you end up having to pay on a monthly payment plan for the surgery that you require, if you want to get it faster to go to a private clinic? I certainly don't ever want to hear that future generations of Albertans had to go ahead and mortgage their house to pay for a surgery so they could get an operation that was otherwise available, perhaps at a longer waiting period, in the public health care system but ended up deciding to go ahead and opt for it because that's the only way they could pay for it and get it in a more timely fashion.

The patients today are involved in a health care system where the health care workers are unrespected; the hospitals are underfunded. They're understaffed. The health care system is not something people boast about anymore in this province. They used to do that on a regular basis. Right across Canada we have a health care system, a medicare system, that we used to be proud of, but now it's fallen below the standard that we have grown accustomed to. The government of today in this province of Alberta is looking to adopt an American-style health care system, to privatize the system in an effort to provide health care and, in their view, solve the problems with the health care system, particularly when it comes to nonelective surgeries.

We believe, of course, that this is going in exactly the opposite direction. You know, in a private commodity-based system like this, Mr. Speaker, as I mentioned before: you get what you pay for, but you get left behind if you can't pay for it or will not pay. Will family doctors be next? Indeed, if the minister gets her way and says, "Not at this time but perhaps at a later date," family doctors will possibly be next in being able to join the dual system that this government is proposing. "Not at this time," says the minister. If not at this time, when? Next session? Next budget? Next week? That's not known yet.

Mr. Speaker, that question in and of itself gives people fear about our health care system. It's certainly not this side of the House that's creating fear. Lord knows there's enough fear to go around outside in everybody's family within the health care system when you're considering what you may need to do in order to find health care in a timely way. People have stories about emergency wards no matter who you talk to. You could be waiting for a bus and talking to somebody next to yourself, never having met them, and they will have story after story about somebody's scary experience with an emergency room visit or the fact that they decided not to even go to the emergency ward because they knew they would be waiting there for 18 hours. This is not the type of system fix that will address that type of fear that people have in our province right now.

The emergency ward that we used to be able to rely upon for services is something that people fear now because they know that it's not a place you can go to get prompt service, even in situations where you have a pretty serious medical condition.

Mr. Speaker, I hesitate to suggest that the government has malintent when they're bringing about the four-tiered health care system that is contemplated under Bill 11. When they try to convince Albertans that the system of duality that is now being considered under Bill 11, where a doctor can practise in both the public and private system, is a solution is something that will end up making things worse rather than fixing it.

If your pockets are full, Mr. Speaker, if your credit card balance is high or you've got a high amount you can borrow on your credit card, you may feel comfortable with Bill 11, but if indeed you can't, you don't, you're going to feel fearful.

The Acting Speaker: The Member for Sherwood Park.

Mr. Kasawski: Thanks, Mr. Speaker. Happy to have an opportunity to close out debate today and just talk about Bill 11, American-style health statutes amendment act. I was surprised by the minister today in question period getting up and saying that it was a 300-page bill. There are only 147, so now I'm terrified. I don't know what's coming next, but it feels like there are 153 pages more of wrecking health care that's on its way into this House, something to be worried about.

I'll tell you, Mr. Speaker, that no one trusts the UCP since the Premier stood up and gave a 90-day promise: health care will be fixed in 90 days. Well, over 1,000 days plus later health care is not fixed, and we've had to endure the Turkish Tylenol procurement, where the sludge was given to the kids and then we found out it doesn't work. Then they had to endure this debacle with privatizing lab services and not privatizing lab services, corrupt sole-source contracts that are under investigation. No one trusts this government to fix health care.

Bringing forward another bill and having the other side not stand up and debate this when we have such pressing issues of health care in Alberta is disappointing. Albertans want more family doctors, shorter wait times in emergency rooms, faster access to surgery, and a stable, ethical, dependable health care system. Albertans want solutions. They want to strengthen public health care. You know, Mr. Speaker, that broken promise set the stage for what has just been announcement after announcement with no research and no preparation and backing it up.

Mr. Speaker, if this government truly wanted to improve access to health care, they wouldn't be pushing Albertans towards American-style, pay-as-you-go health care. They'd be doing what health care experts, front-line workers, and patients have been calling for: team-based primary care, delivering through family health teams, something that Alberta's New Democrats have championed for years, integrating health care workers together, not siloing it into multiple health ministries and breaking it apart so they cannot talk or work together. These are proven health models. These have been proven in pilot projects in Calgary and Lethbridge, in Ontario, in B.C., and around the world, family health teams integrating health care workers together in a primary setting. They work. Where a family doctor does not work in isolation, like the UCP model of isolation.

The Acting Speaker: Hon. members, it is 4:30. The House stands adjourned until Monday at 1:30 p.m.

[The Assembly adjourned at 4:30 p.m.]

Bill Status Report for the 31th Legislature - 2nd Session (2025)

Activity to Thursday, November 27, 2025

The Bill sponsor's name is in brackets following the Bill title. If it is a money Bill, (\$) will appear between the title and the sponsor's name. Numbers following each Reading refer to Hansard pages where the text of debates is found; dates for each Reading are in brackets following the page numbers. Bills numbered 1 to 200 are Government Bills. Bills numbered 201 or higher are Private Members' Public Bills. Bills numbered with a "Pr" prefix are Private Bills.

* An asterisk beside a Bill number indicates an amendment was passed to that Bill; the Committee line shows the precise date of the amendment.

The date a Bill comes into force is indicated in square brackets after the date of Royal Assent. If a Bill comes into force "on proclamation," "with exceptions," or "on various dates," please contact Legislative Counsel, Alberta Justice, for details at 780.427.2217. The chapter number assigned to the Bill is entered immediately following the date the Bill comes into force. SA indicates Statutes of Alberta; this is followed by the year in which it is included in the statutes, and its chapter number. Please note, Private Bills are not assigned chapter number until the conclusion of the Fall Sitzings.

Bill 1 — International Agreements Act (Smith)

First Reading — 6 (*Oct. 23, 2025 aft., passed*)

Second Reading — 77-85 (*Oct. 28, 2025 aft., adjourned*), 109-18 (*Oct. 29, 2025 aft., adjourned*), 133-35 (*Oct. 30, 2025 aft., passed*)

Committee of the Whole — 184-87 (*Nov. 4, 2025 aft., passed*)

Third Reading — 250-52 (*Nov. 6, 2025 aft., passed*)

Royal Assent — (*Nov. 26, 2025 outside of House sitting*) [Comes into force November 26, 2025; SA 2025, cI-3.8]

Bill 2 — Back to School Act (Horner)

First Reading — 26 (*Oct. 27, 2025 aft., passed on division*)

Second Reading — 27-28 (*Oct. 27, 2025 eve., passed on division*), 29-35 (*Oct. 27, 2025 eve., passed on division*)

Committee of the Whole — 35-36 (*Oct. 27, 2025 eve., passed on division*), 37-45 (*Oct. 27, 2025 eve., passed on division*)

Third Reading — 45-46 (*Oct. 27, 2025 eve., passed on division*), 47-54 (*Oct. 27, 2025 eve., passed on division*)

Royal Assent — (*Oct. 28, 2025 outside of House sitting*) [Comes into force on October 28, 2025; SA 2025 cB-0.5]

Bill 3 — Private Vocational Training Amendment Act, 2025 (McDougall)

First Reading — 65 (*Oct. 28, 2025 aft., passed*)

Second Reading — 135-37 (*Oct. 30, 2025 aft., adjourned*), 187-93 (*Nov. 4, 2025 aft., adjourned*), 215-16 (*Nov. 5, 2025 aft., passed*)

Committee of the Whole — 334-37 (*Nov. 18, 2025 aft., passed*)

Third Reading — 371-73 (*Nov. 19, 2025 aft., passed*)

Royal Assent — (*Nov. 26, 2025 outside of House sitting*) [Comes into force on proclamation; SA 2025 c17]

Bill 4 — Public Safety and Emergency Services Statutes Amendment Act, 2025 (No. 2) (Ellis)

First Reading — 121 (*Oct. 30, 2025 , passed*)

Second Reading — 193-201 (*Nov. 4, 2025 aft., adjourned*), 216-24 (*Nov. 5, 2025 aft., adjourned*), 289 (*Nov. 17, 2025 eve., adjourned*), 323-34 (*Nov. 18, 2025 aft., passed on division*)

Committee of the Whole — 408-13 (*Nov. 20, 2025 aft., passed*)

Third Reading — 447-55 (*Nov. 24, 2025 eve., passed on division*)

Royal Assent — (*Nov. 26, 2025 outside of House sitting*) [Comes into force November 26, 2025, with exceptions; SA 2025 c18]

Bill 5 — Miscellaneous Statutes Amendment Act, 2025 (Schow)

First Reading — 271 (*Nov. 17, 2025 aft., passed*)

Second Reading — 322-23 (*Nov. 18, 2025 aft., passed*)

Committee of the Whole — 407-08 (*Nov. 20, 2025 aft., passed*)

Third Reading — 589-90 (*Nov. 27, 2025 aft., passed*)

Bill 6 — Education (Prioritizing Literacy and Numeracy) Amendment Act, 2025 (No. 2) (Nicolaides)

First Reading — 150 (*Nov. 3, 2025 aft., passed*)

Second Reading — 252-60 (*Nov. 6, 2025 aft., adjourned*), 289-98 (*Nov. 17, 2025 eve., adjourned*), 337-39 (*Nov. 18, 2025 aft., adjourned*), 341-51 (*Nov. 18, 2025 eve., adjourned; amendments introduced*), 455-65 (*Nov. 24, 2025 eve., adjourned; amendments introduced*), 504-14 (*Nov. 25, 2025 eve., passed on division*)

Bill 7 — Water Amendment Act, 2025 (Schulz)

First Reading — 121 (*Oct. 30, 2025 aft., passed*)

Second Reading — 224-35 (*Nov. 5, 2025 aft., adjourned*), 298-307 (*Nov. 17, 2025 eve., adjourned*), 351-55 (*Nov. 18, 2025 eve., passed*)

Committee of the Whole — 480-93 (*Nov. 25, 2025 aft., passed*)

Third Reading — 536-43 (*Nov. 26, 2025 aft., adjourned*)

Bill 8 — Utilities Statutes Amendment Act, 2025 (Neudorf)

First Reading — 478 (*Nov. 25, 2025 aft., passed*)

Bill 9 — Protecting Alberta's Children Statutes Amendment Act, 2025 (Amery)

First Reading — 319-20 (*Nov. 18, 2025 aft., passed on division*)

Second Reading — 378-91 (*Nov. 19, 2025 aft., adjourned*), 493-501 (*Nov. 25, 2025 aft., adjourned*), 549-54 (*Nov. 26, 2025 aft., adjourned*)

Bill 10 — Red Tape Reduction Statutes Amendment Act, 2025 (No. 2) (Nally)

First Reading — 271 (*Nov. 17, 2025 aft., passed*)

Second Reading — 374-78 (*Nov. 19, 2025 aft., adjourned*), 514-21 (*Nov. 25, 2025 eve., adjourned*), 543-49 (*Nov. 26, 2025 aft., adjourned*)

Bill 11 — Health Statutes Amendment Act, 2025 (No. 2) (LaGrange)

First Reading — 426 (*Nov. 24, 2025, passed*)

Second Reading — 555-64 (*Nov. 26, 2025 eve., adjourned*), 590-96 (*Nov. 27, 2025 aft., adjourned*)

Bill 12 — Financial Statutes Amendment Act, 2025 (No. 2) (\$) (Horner)

First Reading — 478 (*Nov. 25, 2025 aft., passed*)

Bill 13 — Regulated Professions Neutrality Act (Amery)

First Reading — 404 (*Nov. 20, 2025 aft., passed*)

Second Reading — 564-73 (*Nov. 26, 2025 eve., adjourned*)

Bill 201 — Employment Standards (Protecting Workers' Pay) Amendment Act, 2025 (Ganley)

First Reading — 121 (*Oct. 30, 2025 aft., passed*)

Second Reading — 154-65 (*Nov. 3, 2025 aft., adjourned*), 274-76 (*Nov. 17, 2025 aft., defeated on division*)

Bill 202 — Conflicts of Interest (Ethical Governance) Amendment Act, 2025 (Kasawski)

First Reading — 248 (*Nov. 6, 2025 aft., passed*)

Second Reading — 276-84 (*Nov. 17, 2025 aft., adjourned*), 427-31 (*Nov. 24, 2025 aft., defeated on division*)

Bill 203 — Energy Storage Planning for Investment Act (Al-Guneid)

First Reading — 319 (*Nov. 18, 2025 aft., passed*)

Second Reading — 431-39 (*Nov. 24, 2025 aft., adjourned*)

Bill 204 — Public Interest Disclosure (Publicly Funded Health Entity Whistleblower Protection) Act (Sweet)

First Reading — 534 (*Nov. 26, 2025 aft., passed*)

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