



Province of Alberta

The 31st Legislature  
Second Session

# Alberta Hansard

Monday evening, December 1, 2025

Day 18

The Honourable Ric McIver, Speaker

# Legislative Assembly of Alberta The 31st Legislature

Second Session

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Independent: 2

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## Legislative Assembly of Alberta

7:30 p.m.

Monday, December 1, 2025

[The Deputy Speaker in the chair]

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

### Government Bills and Orders Second Reading

#### Bill 13 Regulated Professions Neutrality Act

[Adjourned debate November 26: Mr. Wright]

**The Deputy Speaker:** Are there members wishing to join the debate? The hon. Member for Banff-Kananaskis. [some applause]

**Dr. Elmeligi:** Thank you. Yeah. I'm here all week. Here we go.

Thank you, Madam Speaker. I rise to speak to Bill 13, the Regulated Professions Neutrality Act. I'm opposed to this bill. Surprise, surprise. I guess my biggest concern is really that the government appears to be overreaching again into a space that does not require government interference or intervention by dictating to regulatory bodies what they can do to ensure all of their members meet their defined codes of conduct in external communications. They're also overreaching by telling these same regulatory bodies what courses they cannot require for professional integrity. In my humble opinion, professional regulatory bodies are the ones who are best suited to determine what is or is not appropriate behaviour for their members.

In thinking about this bill and its implications, I reflected a little on: what is a professional regulatory body? Why do they have them? Why is this a good thing? Why do they matter? According to the Alberta government web page "regulatory bodies set standards of practices and qualifications for a profession, occupation, or trade." They license and certify members of over 170 different organizations in the province, so there will be 170-plus organizations that will be impacted by this bill.

Regulatory bodies in general are held to a series of standards and practices to ensure equity between organizations, fairness, and most importantly, transparency for members belonging to these associations and for the public. This is a good thing, Madam Speaker. These regulatory bodies ensure consistency among practitioners so that all members are representing the profession in a way that is defined by the regulatory body to be professional and accountable.

These bodies ensure transparency for the public and members. There is a very clear set of rules and criteria to belong to these professional organizations that anybody, either members or the public, can see. If you call a lawyer and they're part of a professional lawyer association, you know what you're getting. If you call a lawyer and they're not part of that association, then you may have different questions to ask them if they're going to do work for you, like: why are they practising law?

Regulatory bodies help establish best practices that people can rely on, and these regulatory bodies, Madam Speaker, are designed to hold their members accountable. They are the ones that know how to do this best because they are the professionals in the given sector. The government does not know or should not know or even really need to have an opinion about how to hold professional members accountable if they belong to one of their own professional organizations.

Now, I listened to some of the debate from the other night on this bill. I know that the government will say that this is about free speech and ensuring that people like the Jordan Petersons of the world can say whatever it is that's on their mind in their personal time and not be reprimanded or held accountable, frankly, by their professional association. There is a difference between free speech and professional credibility, and I'll come back to that in a minute.

Right now I will just say that I do find it a little bit rich that this government has created a bill that's about free speech when they have instigated the notwithstanding clause four times this last month. That takes away people's rights. So it is really, really rich that the UCP dare sit there and talk about free speech when by applying the notwithstanding clause they have removed teachers' right to assembly and strike and they have removed the rights of our most vulnerable youth. This bill isn't about free speech, Madam Speaker; it's a volley to their base which is using fear of some kind of woke agenda conspiracy rather than actually taking the time to understand what professional bodies do and who they are.

Jordan Peterson was disciplined by his regulatory body in Ontario. That's the right of the regulatory body, to discipline members for engaging in not professional conduct and misrepresenting the profession even in their spare time. Jordan Peterson appealed this decision in courts and eventually won when he got to the Supreme Court, Madam Speaker. What I want to highlight there is that there is a legal process in existence if people feel that they are being unfairly or unjustly muzzled, so to speak. That legal process already exists. This bill is redundant and unnecessary, frankly, which is also ironic because that tends to be what the members opposite say every time we propose an amendment, that it's redundant. Yet here we are with a whole, entire bill which is kind of redundant, because there's already a legal process for this.

I want to talk a little bit, Madam Speaker, about the Alberta Society of Professional Biologists. That's the one I'm the most familiar with as a biologist. I used to be a member of the ASPB. I am not anymore because I'm not a practising biologist anymore. I'm just an MLA, I guess, now.

**Mr. Eggen:** Just?

**Dr. Elmeligi:** Just an MLA.

The Alberta Society of Professional Biologists has very stringent criteria in order to apply and to receive the designation of being a professional biologist. There's a minimum number of years of service, minimum years of education. You can mix and match; you don't have to have a PhD or a master's, but you do need to be able to demonstrate competence in biology as a profession to be considered a professional biologist. Professional biologists are monitored, and they report to the ASPB. There's an annual general meeting. I was just there last Friday to serve as a keynote speaker, which is kind of fun.

This is really important because if you're a company hiring a biologist to do an assessment as part of your development permits or requirements, you want to know that the person who comes to you is a biologist; not just a person who likes to spend time outside or somebody who's worked on a farm for a long time, but somebody who actually is trained as a biologist. We know that kind of definition and that approval is really important.

This last week in my keynote to the ASPB conference I focused on science and politics and credibility. There's this idea that scientists can't be advocates because it sacrifices their scientific credibility. Science is supposed to be objective. Advocacy inherently implies a position or a statement. What is important here is the professional credibility. When it's tied to the Society of

Professional Biologists, there is an organization that is helping back you up.

Science is objective, the methods used are objective, the analyses are objective, but oftentimes, especially in conservation biology, the recommendations stemming from that work may not be totally neutral. They are advocating for the application of the data and the analysis to land-use and wildlife decision-making. Scientists can still retain credibility by advocating for the application of robust science in decision-making, but the organization, the ASPB, actually protects individuals if they have that credibility.

When individuals say something that questions their own professional credibility, it in turn feeds back on the credibility of the Alberta Society of Professional Biologists and the field of biology as a whole. I'll give you an example, Madam Speaker. I'm a grizzly bear biologist, and grizzly bears are listed as threatened. They have certain habitat requirements that are based on science. There's abundant science showing us what we need to do to recover grizzly bears. If I was in a media interview and I recommended that people should go hug a bear because they're super cute and fluffy, that would go against science. It would definitely go against data.

7:40

There's not really a space for a professional biologist to be a professional biologist and recommend that people go cuddle a bear. Even though, I can tell you, there have been plenty of times when I'm outside that they're just so darn cute and I really wouldn't mind just giving them a little scratchy behind the ear, I have never done that because obviously that would be bad. If I went and publicly said, "I think everybody should hug a bear," my credibility as a biologist would come into question, and then therefore the ASPB would be within their rights to say: "Sarah, what are you doing? Professional biologists should not go running around advocating to hug bears."

**The Deputy Speaker:** Hon. member, I may caution against the use of names in this House, even if it is your own.

**Dr. Elmeligi:** My apologies, Madam Speaker. They would say "Member" because that's what they all call me.

There's a difference here between free speech versus being a responsible biologist or a responsible professional. The ASPB should be the one to discipline this kind of thing, if I ever did that.

While there is a difference between personal time and professional time, I think it is important as professionals that we consider how other people see us. We are all politicians. We are incredibly sensitive to who we stand in photos with, what we say publicly even on our off-time, Madam Speaker. The public is who holds us accountable if we step out of line in that regard, but professional societies are and should be the organizations to hold professionals accountable outside of that space.

I want to spend a little bit of time also talking about diversity, equity, and inclusion, or DEI. This bill limits a regulatory body's ability to promote, affirm, or make policies that incorporate DEI. The Member for Cypress-Medicine Hat last week in his description of DEI demonstrated exactly why this kind of training is important. The government wants to make it sound like DEI is an ideology, when really it's about creating a more empathetic, learned society that operates with more compassion.

In an organization I worked for before I came here, I implemented a DEI program that was meant to engage Black, Indigenous, and people of colour into our organization to become members. I realized that there probably were people of colour who were biologists, but they were not represented in our organization. To me, one of the great things about DEI is that it's trying to create

an organization where people can see themselves reflected so they may want to pursue that career or vocation.

As a woman in STEM, Madam Speaker, at the beginning of my career I was frequently the only woman in the room. I would walk into a room with stakeholders or other scientists, and I would be the only woman in there. I don't want other women to be the only woman in the room anymore. I want them to see other strong women who are representing women, and I want them to be in the room.

Since then I've done multiple unconscious bias and inclusion courses. I can tell you that these courses have not changed my ideology or changed how I think about my political leanings at all, Madam Speaker. The point of these courses is to imagine the world through someone else's eyes and to recognize that everybody has a different lived experience. This isn't some grand conspiracy to make everyone an extreme leftist. The fact that the government creates a bill to address this made-up problem is a waste of resources and makes them appear so afraid of learning new things that even trying to imagine that someone else is living a different life is impossible. I guess that's why they're taking away trans rights. If it doesn't affect them, then it must not matter.

That, Madam Speaker, is a real shame because there are a lot of people who live in Alberta who come from a wide array of backgrounds and lived experiences. The more we learn about the rest of the people or all of the people in our society, the better we're able to govern, the better we're able to be professionals in our chosen fields because all of that information helps us communicate more effectively with people who come from a different background than we do, and that inclusion is really important.

The unconscious bias piece. Madam Speaker, we all have unconscious bias. Learning to recognize it and understand it is a really important part, I think, of growing as a person, growing as an adult, being a better parent, being a better friend, being a better wife sometimes. I mean, it is good to understand where my husband is coming from. We learn and we strive to become better people, better . . . [Dr. Elmeligi's speaking time expired] Yup.

**The Deputy Speaker:** The hon. Member for Edmonton-City Centre.

**Mr. Shepherd:** Thank you, Madam Speaker. I appreciate the opportunity to rise and speak to Bill 13, the Regulated Professions Neutrality Act. Bill 13 is just another page from the Premier's populist playbook, a playbook that's increasingly out of touch with what Albertans want and need. Now, you might ask: what is this playbook about precisely? Well, I think Dr. Jared Wesley said it very well in an article he wrote back in late 2022, an article titled [Premier's Name] Populist Playbook: Make the Dominant Feel Marginalized. Dr. Wesley, starting his initial part of his article, talks about the Premier's comments at her inaugural press conference, where she talked about unvaccinated Albertans and said, quote: they're the most discriminated against group I've ever witnessed in my lifetime. Now, as Dr. Wesley reflected, in his view her comment was "ignorant of . . . deeper injustices faced by many other groups . . . comments . . . made from the premier's podium [that] made [our] province a national and international embarrassment."

Even more than that; in Dr. Wesley's view these comments from the Premier were an attempt "to define a small . . . influential subset of the population," those who chose not to be vaccinated, "as both more common and more aggrieved than [the] evidence [actually] suggests." He said, "It draws from the right-wing populist playbook being used in [many] other parts of the world." He said, "Populists like [the] Premier . . . succeed when they are able to do three things." The first is when they "convince a dominant group they are

[in fact] being marginalized.” Second is when they “convince that group they are [in fact] in ‘the silent majority.’” Thirdly, when they “convince the broader public that the group is both a victim and too dominant to challenge.”

Now, Dr. Wesley said that those “first two moves appear contradictory,” and indeed they do. How can someone who is a dominant group actually be marginalized, and how can they be a dominant group and a silent majority? What he reflected is that the Premier’s comments about the those who chose not to be vaccinated fed into myths about who actually holds power in this government in particular. He notes that folks that hold those kinds of views in fact have seats at the cabinet table. They’ve had an overrepresentation in the Legislature. We’ve seen the government move multiple pieces of legislation and change laws and regulations based on that very small minority of people.

Now, he notes that populists try to get around that contradiction of trying to claim groups that are dominant and actually wield a great deal of power are somehow marginalized and a silent majority “by persuading folks they are less powerful than they [actually] are,” that these folks are actually “being ‘left behind’ by [these] forces [that are] beyond their control . . . victims of ‘the system’ [that is] run by a ‘corrupt elite’” and that is “against the interests of ‘the real people.’”

What Dr. Wesley also observes is that, you know, that populist playbook is a lot less effective when people recognize it for what it is, that being a game; in his words, “a deceptive attempt to elevate the grievances of a small yet dominant community over all others by framing them as the interests of ‘the common people.’” He said that it also fails when voters realize that the prevailing norms they’ve been sold by populists are pretty out of step with public opinion and not really doing much to address the real problems that they’re facing. If the shoe fits, wear it, Madam Speaker. Bill 13 is all about that populist playbook, trying to convince us that this small group of folks are the real aggrieved people, that somehow there is a system of oppression against this handful of just valiant free thinkers.

7:50

Let’s take an example, Madam Speaker. Let’s talk about the Law Society of Alberta. The Law Society of Alberta has a program that they require all lawyers to take, a training course called the path. It covers Indigenous culture, history, and legal issues in Canada. Now, a handful – and when I say a handful, I do mean a handful – of Alberta lawyers decided they didn’t like that course. They disagreed with the content in that course, Madam Speaker, so they got 50 lawyers together to move a motion to eliminate that rule. With the 50 lawyers, they put forward that motion, so it was going to go for a vote of all the members of the Law Society of Alberta. At that time, there were more than 11,000 actively practising lawyers in the province of Alberta, so those 50 lawyers accounted for less than 1 per cent. Less than 1 per cent. On the day that motion was actually put forward for a vote, 3,740 members of the Law Society of Alberta took part in that vote. That’s about 42 per cent of the people who practise law in Alberta. Of them, 2,609 – that is 70 per cent of them – voted to keep the path. That is a majority. Very clearly, this minority of lawyers, less than 1 per cent that moved that motion – only 30 per cent of the active members that showed up at that meeting actually voted against.

This government is moving Bill 13 because they want to support that small minority of a minority. It’s a populist playbook, Madam Speaker: trying to blow up a small group of people, a small amount of grievance, and try to pretend it’s dominant, like the Premier saying that the unvaccinated are the most discriminated against group she had ever seen in her life, discounting things such as the

slave trade, the Holocaust, massive issues in human history. Again, trying to blow up a small minority of people to claim that they are the ones who have a massive grievance.

Again, that is what they are moving in Bill 13. They’re trying to create an issue where there has been no issue on something that does not address any of the significant concerns that Albertans actually have right now with this government’s undermining and destruction of our health care system, with their stripping of Albertans’ rights through four consecutive uses of the notwithstanding clause, this government’s deep underfunding and undermining of our education system. [interjections] These are the things Albertans are concerned about, that Albertans care about, excepting perhaps the minister of transportation, who is instead heckling during debate. What we can say is that Bill 13 does not address the real, actual issues Albertans are concerned about.

The Member for Cypress-Medicine Hat the other day in his debate, you know, said, “A free society depends on the ability to speak, ask questions, and to challenge prevailing ideas without the fear of reprisal.” He told a story about a physician in Quebec and how he felt that his professional body there had stifled his voice when he tried to raise concerns about the government of Quebec’s undermining of the health care system. I’ll tell you that, obviously, the Member for Cypress-Medicine Hat was not paying much attention here during the pandemic when his own government regularly worked to silence the voices of folks on the front lines of our health care system who tried to blow the whistle on how this government was damaging and undermining it with its incredibly poor public health policy. I can tell you that I spoke with multiple doctors, nurses, front-line professionals who were told that they were given significant pressure from their administration, their management, coming down from the government to keep their mouths shut when they raised concerns about what this government was doing in the health care system, yet the government now wants to ride in and claim that they’re the champion of these professionals. They’re here to defend them, Madam Speaker.

I don’t know that we’ve ever had a government in Alberta that’s required so many people to sign so many nondisclosure agreements, a government that’s worked so hard to prevent anyone from being able to speak out. Remember, under this Minister of Justice and others in this government, folks being told that if they were going to talk to the Auditor General about the corrupt care scandal, they should talk to a government lawyer first. We know this government went out of their way to redact documents, have lawyers do line-by-line readings of thousands of documents before they would even let them go out. That’s not a government that’s open to transparency and free speech, Madam Speaker. Bill 13 is a sham.

Now, the Member for Cypress-Medicine Hat also had some thoughts on DEI. You know, his definition was “a rigid, extreme ideology that divides people into oppressors and oppressed, a world view that demands conformity, punishes disagreement, and values identity over merit.” If he didn’t know better, Madam Speaker, I’d say that he was talking about the Alberta separatist movement. Seriously. This is a group which has all but taken over the governing party. Talk about a rigid, extreme ideology. Talk about a group of dividing Canadians into oppressors and oppressed, a world view that demands conformity.

Indeed, Madam Speaker, I remember when the United Conservative Party formed. Heaven forbid you were a red Tory at that convention. They went out of their way to drive anyone out of their midst that did not subscribe to the most extreme opinions, and it’s only worsened since. This is not a government that has any interest in diversity of opinion. Good Lord, no. Punishes disagreement, values identity over merit: absolutely. We saw that in abundance this past weekend at their AGM. The fact is that this

is a government that, in the words of the Member for Cypress-Medicine Act, “replaces dialogue with dogma.” He claims that “under this government you’ll never be compelled to adopt an ideology as a condition of your livelihood.” Talk to anybody working in the public service under this government. Ask them how free they feel to express their opinion.

Indeed, Madam Speaker, I think about the fact that we have these recall petitions that are happening now, and I think about the one in particular for the Member for Airdrie-East. Individual launched it. You know, the Member for Airdrie-East posted an open letter saying:

The fact that this recall effort is being led by an individual who works as a high school principal within our community is extremely disappointing . . . using a taxpayer-funded position of authority to advance a politically motivated campaign.

**An Hon. Member:** You might want to read the room.

**Mr. Shepherd:** Now, Madam Speaker, the minister of transportation questions the neutrality of the chair.

**An Hon. Member:** Kick him out.

**The Deputy Speaker:** Sorry. I’m just going to reset the tone in this Chamber. I’m certain I didn’t hear an accusation of the chair not being impartial, unless I’m incorrect, hon. Member for Edmonton-City Centre.

**Mr. Shepherd:** I did not make any accusation of yourself as such, Madam Speaker.

**The Deputy Speaker:** Okay. Fair enough. Let’s proceed.

**Mr. Shepherd:** Thank you, Madam Speaker. Now, the fact is that that individual in starting that recall petition did not say anything publicly about his occupation. He undertook it as a private citizen. It was the Member for Airdrie-East that chose to bring his occupation into it. Again, this is a government that is fond of politicizing individuals. This is a government that is known for dragging people out. This is a government under which public servants do not feel they have the freedom to speak out and criticize this government for fear of reprisal. So for the government to claim that through Bill 13 they are somehow the champions of this free speech: no, Madam Speaker. They are champions of the free speech they like. Everyone else: well, we get heavy-handed micromanagement, we get this government interfering in every area of public life to try to get the results it prefers, whether it’s a municipality and now, whether it’s a professional body.

8:00

Albertans deserve far better, Madam Speaker. They deserve a government that’s actually focused on the issues that are important to the vast majority of Albertans, not this populist playbook focused on the grievance of a handful of individuals who just happen to be supporters of the government. This is nothing more than a distraction at a time when this government is facing credible accusations of deep scandal, at a time when this government is under deep scrutiny for its malicious and flagrant use of the notwithstanding clause.

Albertans aren’t going to be fooled, Madam Speaker. They have sat up, they have taken notice, they are engaging in a way that they have not in some time, and they will not be distracted by this government’s attempt to foment a culture war.

**The Deputy Speaker:** Are there others? The hon. Member for Edmonton-Meadows.

**Mr. Deol:** Thank you, Madam Speaker, for the opportunity to rise and make some comments, on behalf of my constituents, on Bill 13, the Regulated Professions Neutrality Act. I was looking at the bill and the pattern of behaviour and work of this government for the past two years and particularly this session. It seems very surprising and funny that the Ministry of Justice brought something to discuss in this Assembly called neutrality. He really believes in neutrality.

Neutrality, when comparing to the patterns of these six, seven, eight months . . .

**An Hon. Member:** Six, seven, nine months.

**Mr. Deol:** Nine months or seven to eight weeks.

Two occasions of, you know, using notwithstanding clauses, and the members of the government really believe in neutrality on views. There is no such neutrality. Either you believe in things or you don’t believe in them, and this is very ominous. We know about the UCP’s views on a number of those issues when it comes to the teachers’ fundamental rights, when it comes to health care workers’ rights, and we have seen Bill 9: the LGBTQ2S+ community attacked under this UCP. They knew what they have been doing for the past two years and that the three bills they brought forward are not going to stand in court, and they made it ineligible to be tried in the courts by using the notwithstanding clause.

The other thing I was looking at, the routine conversations I’m hearing from my constituents and the meeting I was in with my stakeholders: when I see that the Justice minister brought something forward into the Assembly, it is not something that my constituents are looking for. It’s not even something that all the constituents of the hon. minister are looking for. I was dealing with a couple in, actually, Calgary, in his riding. You know, they’re struggling with the issue of access to the justice system. They’re an elderly couple. They have been defrauded, and there’s no support. There are no agencies that can provide affordable services or legal aid. They need to come up with, like, thousands and thousands of dollars in order to even, you know, show their interest to seek justice. We don’t even know what’s going to happen after that.

Those are the real issues that I’m hearing about from my constituents, particularly regarding the justice system. I really wanted to enforce this and put this on the record that I hear my constituents and I truly represent their views in seeking and expecting of this government that if they want to do something, they should get into that direction and provide better solutions for all those vulnerable people, people living in poverty, fixed income.

I also remember when this UCP government, not only this UCP but the previous UCP government under Jason Kenney, their own reporting said that the justice system is understaffed. A number of Crown prosecutors are needed, but in the last six years I haven’t seen any efforts to fill those positions to help ordinary Albertans. What this bill is proposing has nothing to do with what ordinary Albertans are looking for from this government. Rather, the implication of this bill is that if this gets passed as it is, it could be very harmful to the largest sections of the society.

I have worked in semiprofessional environments. I know the number of requirements by the Insurance Council, the professional bodies and regulatory bodies, taking continuing education to qualify for the renewal of the licences that is culturally appropriate, that is addressing the current issues, and nobody has complained about it, nobody in I don’t know how many insurance professionals there are in Alberta. There are thousands. I know there are, like, more than 10,000 agents, brokers, adjusters, and many different levels of staff. They never complained about those regulatory requirements. They always appreciate those trainings because every time you go through those classes, those trainings, examinations,

and communications, you learn something new to help make your practices better, to serve your clients, to serve your community.

In this bill the UCP is trying to step over their authority. If this bill passes, then the bodies will not be able to dictate behaviours or discipline their members in the way they have been doing with no single issue, no single issue in the province. There are so many examples. Even in the Law Society they have surveyed and they have feedback from their members around recommendations, specifically, particularly the recommendations that came after the Sinclair commission, after the public inquiry. The vast majority of lawyers, you know, supported those recommendations because many of the recommendations are there for a reason. They are recommended after incidents and evidence or facts where they were required.

**8:10**

In this bill the UCP is also telling regulatory bodies who they cannot instruct, if they even wanted, to take courses, specifically such as Indigenous awareness training for lawyers. We have a long way to go on this issue, and the UCP seems to already be afraid of it. Bill 13 allows professionals to make irresponsible claims and comments free from accountability, with no accountability.

I mentioned that I worked in a semiprofessional environment. Even when you are at home and you are, you know, not at work or in places in the community, whenever you say something, that is deemed as professional advice if you are a member of any professional or semiprofessional body. So that's why you should know that you need to be careful about what you are saying, how you are saying it, and what you are trying to suggest in that manner. That is exactly the practice right now under even the guidance of – what do we call them? Boards of directors? I forget exactly the term we call it – the practices that are covered by the insurance policies.

Even the tort law in liability insurance explains this is based on the concept of, you know: every person has a right to stay free from any kind of harm. That could be violence, physical violence, injury or, you know, that could be harmful comments, judgment based on somebody's gender, colour, race, or ethnicity. That also is based on, you know, when you simplify the example, the judgment is made based on the individual's act in a situation, what the prudent person would or would not do in such a situation.

In this bill, there is not even consultation, there is not even a demand from any section, and the UCP did not really provide any information about who really actually pressed for this specific bill proposal to be discussed and passed in this House. It seems like this is driven by their ideology and ideological beliefs and being so impressed by the one case actually that was from Ontario. The case: I'm trying to see where it is. Jordan who?

**An Hon. Member:** Jordan Peterson.

**Mr. Deol:** Jordan Peterson. Thank you.

So the person in a certain position is, you know, making comments based on his personal biases but that are offensive to someone else's identity, and the UCP is trying to legalize that under the law through this bill.

I was reading exactly section 10 of this bill. Section 10 of this bill establishes correctness as a standard of review for compliance with the bill. Legal analysis shows this is to be a departure from the administrative principles of law, where reasonable is the presumptive standard of review. That's where I was talking about the tort law. It says that the prudent person would or would not do in a reasonable situation. So, the UCP is trying to change it to correctness under the law but not reasonableness.

Thank you.

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

**Member Boparai:** Thank you, Madam Speaker. I rise today to speak in strong opposition to Bill 13, the Regulated Professions Neutrality Act. This legislation is being presented as a defence of free speech, but let us be absolutely clear. It is not about protecting Albertans; it is about dismantling professional standards, awakening accountability, and injecting political ideology into spaces that should remain independent and focused on public safety and trust.

It does show the track record of this UCP government poking their nose everywhere unnecessarily. If this government cared about fairness, they would strengthen professional standards, not tear them down. If they cared about reconciliation, they would support cultural competency training, not ban it. If they cared about public safety, they would listen to regulators, not silence them. But they do not care. They care about ideology, about scoring political points, and about importing a U.S.-style culture war into Alberta.

Madam Speaker, Bill 13 is unnecessary and dangerous. It strips regulatory bodies of their ability to uphold the integrity of their professions. It prevents them from requiring basic training such as Indigenous cultural competency or unconscious bias courses, training that ensures fairness, safety, and respecting professions that serve the public every single day. These are not abstract concepts; they are practical measures that protect patients in hospitals, clients in courtrooms, and families in our communities.

Madam Speaker, Bill 13 is not a minor adjustment. It is a sweeping change that affects over 100 regulated professions in Alberta. It limits regulators' ability to sanction members for off-duty conduct, even when that conduct undermines public trust or brings the profession into disrepute. Under this bill, unless a professional engages in physical violence or damage, their off-duty behaviour, including discriminatory or hateful speech, cannot be disciplined. Hate speech publicly deriding vulnerable groups would go unchecked.

**8:20**

Madam Speaker, it also prohibits mandatory training programs that address systemic bias, cultural competency, and diversity. This means courses like the Law Society's the path, Indigenous cultural competency program, which 75 per cent of Alberta lawyers voted to be mandatory, would no longer be required. The Alberta Teachers' Association has warned repeatedly that removing these requirements is a slap in the face to reconciliation and equity efforts.

Madam Speaker, this bill goes further. It forces regulators into neutrality on principles of equity and inclusion, banning policies that promote fairness or acknowledge systematic barriers. It even prohibits regulators from affirming values like diversity or antiracism in their codes of ethics. The UCP claims this is about freedom of expression, but freedom of expression does not mean freedom from accountability. Professional regulators exist to protect the public, not to shield professionals from consequences when their actions harm trust and safety. Professional regulators exist for one reason: to protect the public. They ensure that doctors, lawyers, teachers, engineers, and other professionals meet ethical standards and maintain public confidence in their work.

Madam Speaker, when standards are weakened, the public pays the price. Consider health care. The University of Calgary study found that two-thirds of Alberta physicians have implicit anti-Indigenous bias. Without unconscious bias training those biases can affect patient care, leading to misdiagnosis, inadequate treatment, and worse health outcomes for Indigenous patients. Removing these requirements does not protect free speech. It puts lives at risk. The Alberta Medical Association has warned that cultural

competency training is critical to reducing harm. When a patient walks into a clinic and is dismissed or misunderstood because of bias, that is not freedom of expression; that is systematic failure.

Madam Speaker, now consider the legal profession. The vast majority of Alberta lawyers voted in favour of mandatory Indigenous cultural competency training because they know it is essential for justice. They understand that without this training systematic barriers persist and reconciliation efforts stall. Bill 13 would make the training optional, undermining fairness in the court and eroding trust in the legal system.

Madam Speaker, social work is another example. Social workers often serve families in crisis, newcomers adjusting to life in Alberta, and children in care. These professionals need tools to navigate cultural differences and systematic iniquities. Removing mandatory training means leaving them unprepared and leaving vulnerable families without the support they deserve. These are not hypothetical scenarios. They are real consequences that affect real people. When professionals lack the tools to understand and respect the communities they serve, those communities suffer. Let us be clear.

Those communities include my riding of Calgary-Falconridge in northeast Calgary, where diversity is not an abstract concept; it is daily life. This is one of the most diverse areas in Alberta, and that diversity is our strength. Families here speak dozens of languages. They come from every corner of the globe, from different cultures, different languages, different traditions. They work hard, they sacrifice, and they pour their hearts into building a better future for themselves and their children. Madam Speaker, many are newcomers adjusting to the life in Alberta. These families trust that the systems around them – health care, education, justice – will treat them fairly, but this government is failing at that.

Imagine a newcomer family seeking medical care for their child. They deserve a doctor who understands cultural differences and communicates with respect. They deserve a system that values inclusion. But under Bill 13 the government is telling professionals that they do not need that training. It is telling families that their needs are optional. This is unacceptable, Madam Speaker. This is not just about health care. It is about every profession that touches our lives. It is about the lawyer who represents a newcomer in court. It is about the social worker who supports a family in crisis. It is about the teacher who helps a child learn English. These professionals need tools to serve diverse communities effectively.

Madam Speaker, these families are facing rising utilities, skyrocketing insurance costs, stagnant wages, and skyrocketing rents, and now this government wants to strip away protections that ensure fairness and respect in the systems they rely on. Bill 13 sends a clear message. Cultural understanding does not matter. Protecting vulnerable communities does not matter. We don't matter. Such a shame.

Madam Speaker, Alberta is not an island. Our reputation matters. When we pass legislation that undermines equity and accountability, it sends a message to the world that Alberta does not value inclusion or fairness. It affects our ability to attract talent, investment, and innovation. Professionals want to work in jurisdictions that uphold high standards, not ones that dismantle them for political gain. Alberta has a proud tradition of professional self-regulation. For decades we have trusted regulatory bodies to set standards and force ethics and protect the public interest. This independence is not accidental. It is fundamental to maintaining confidence in professions that hold immense responsibility. Doctors make life-and-death decisions. Lawyers safeguard justice. These roles require trust, and trust requires responsibility.

[The Speaker in the chair]

Mr. Speaker, Bill 13 undermines that independence. It replaces professional judgment with political interference. It tells regulators that they cannot require training that addresses systematic bias or cultural competency. It tells them that they cannot discipline members for conduct that damages public confidence unless it meets a narrow definition of physical violence or damage. Hate speech, discrimination, publicly disregarding vulnerable groups: under this bill, those actions would go unchecked.

8:30

Mr. Speaker, no other province in Canada has legislation like this. In fact, most jurisdictions are moving in the opposite direction, strengthening standards to ensure equity and inclusion. British Columbia has doubled down on antibias training for health professionals. Globally Alberta risks falling behind. Countries that lead in professional standards such as the U.K. and Australia are embedding diversity and inclusion into regulatory frameworks. Meanwhile this government is importing a U.S.-style culture war into our laws, just like with health care. I see the Premier is intent on copying her Mar-a-Lago friends south of the border in more ways than one.

Mr. Speaker, let us call this what it is: a political stunt. No one was asking for this bill except the UCP's fringe base. The government did not consult with regulators.

Thank you.

**The Speaker:** You're welcome.

The hon. Member for Calgary-Elbow.

**Member Irwin:** Yeah.

**Member Kayande:** Thank you, Mr. Speaker, and thank you for that tremendous vote of confidence from the Member for Edmonton-Highlands-Norwood. Appreciate that. It gets me going.

There are a lot of things to talk about in this House. There are a lot of choices that the government could have in proposing its legislation. We are in the middle of a tremendous cost-of-living crisis. Unemployment is high and getting higher. Youth unemployment, especially in Alberta, ranks poorly. I believe Alberta has the highest youth unemployment in the country. Cost of living: we just had a motion presented by the opposition, a private member's motion that requested a public inquiry into grocery prices. Unfortunately it was voted down by this government, but groceries remain a very challenging affordability item for people in Calgary-Elbow.

I hear about it all the time – all the time – when I'm talking at the doors. I don't even need to be talking on the doorstep, actually. I just need to be talking to anybody because eventually any mealtime conversation, any conversation at a checkout line, any conversation at a bus stop, any conversation at the coffee lineup devolves into: can you believe the price of? And it's usually something that we put in our mouths. But that's not what we're talking about here.

In a way this should be one of the grandest times, one of the most incredibly privileged times to be a legislator in this House because the problems that we're facing here and as a society are so very significant. We are polarized and partisan in this House. We are polarized and partisan as a society. And we need leadership to try and figure out how to get through it all, how to make sure that we get through to the other side as a single society, as the province we love, with the promise of Alberta prosperity renewed and intact.

At this time we are also facing a threat from the United States under President Trump that we have never faced before, where he has threatened to annex the entire country and make us the 51st state. This calls for serious legislation. This calls for serious improvements in how we function as a country. This calls for a time

of coming together, not splitting apart. Yet what we have here, this government's answer, is the Jordan Peterson bill, to create an entire legal construct around what happened to a man who does not live in Alberta. It's a real statement of this government's priorities. This bill does nothing to improve the lives of Albertans.

Sure. Here we are. Let's talk about it. What is a profession? Well, the root of profession, as I learned – oh, gosh; it was so long ago – in my engineering undergrad, at least five or six years ago: when I was an undergraduate engineer they taught me what a profession was, and the root of profession is to profess, to have a calling. It's not just a job; a profession is a calling, and any professional knows this.

It's not about clocking out when, you know, you hit five o'clock. I don't know any doctor that does that. I don't know any nurse who does that. I also don't know any engineer who does that. Engineers were taught in our professional ethics course that we're never off the clock. That's what we were taught. We had a professional responsibility to above all protect the public. Above all. In many professions that's actually a little bit strange, that engineers have that awesome responsibility to protect the public as the first call because lawyers, for example, have to work for their client and protect the public as well, both, and have professional integrity standards around their client. Doctors are required to above all preserve their relationship with the patient and to work for their patient.

Engineers are required to work for all of society, and it means we're never off the clock. These are examples that I remember from ethics classes when I was a young engineer who was trying to pass the ethics exam and as well when I was an undergrad who was trying to learn about the practice of the profession. If I'm sitting on my front porch and my neighbour asks me, "Hey, do you think my garage is shored up okay? Do you think there are enough beams on my garage?" and, well, if that engineer, off the clock, not on that job, says, "Yeah, sure," or "No, I don't think so," either thing, offers any opinion at all, it is committing a professional crime. I'll repeat that. It is committing a crime. We have an obligation to protect the public. When we're called for an opinion, engineers are ambassadors of the profession, and somebody asking an engineer for an opinion is not just simply making idle conversation. It's actually something that they're going to take to heart; something that they believe is true; something that they will act on.

Another case that I do remember a little bit more vaguely: this obligation to protect the public never goes away. When a particular engineer who has expertise was walking past an improperly shored-up trench, which is exceedingly dangerous to the lives of people working in that environment – I don't know; maybe they were out walking their dog – they talked to the superintendent, the foreman of the site, and said, "Hey, I don't think..." and the guy said, "Well, that's your opinion, and we're going to do it the way that we're doing it because that's what my drawing says." He complained to the engineering regulator because he has a responsibility to protect the public and protect the lives of people who are working on that site even though he had no contractual relationship. That's what it means to be a professional. It's a calling. It doesn't turn off and on.

Yet in this bill we are talking about that professional responsibility that the professional association has decided makes sense for the members of that profession through the elected board members of that professional organization that decided to represent them, and the government is just knocking it all down, just knocking off all the dominoes, taking a look at the losing chess board and just wiping it all off. Why? Well, as we have heard from the members opposite, they're doing this because of DEI.

8:40

What is diversity, equity, and inclusion? Oh, my goodness. Businesses have diversity, equity, inclusion programs, not because they're woke. They have these programs because they want to protect themselves. Two reasons. One is that they want to protect themselves from bad things happening in their organization. The specter of multimillion-dollar liability claims for people behaving badly is very real. Secondly, it's because it produces a better workforce. DEI is not about giving opportunities to people who don't deserve them. That is not what it is. That's not what anybody is asking for. All anybody is asking for is a fair shot. We all deserve a fair shot. We all deserve to be treated on our merits. We all deserve to be treated with respect as human beings. Sometimes when we're not treated as human beings, or we don't treat people as human beings, there are multimillion-dollar settlements that happen, you know, some of which have created an immense amount of taxpayer liability, some of which create massive liability for people in positions of power in large organizations.

Oh boy. I mean, I came from oil and gas. I've got some stories, my goodness, but I will reserve them for the lounge, Mr. Speaker. There are many, many examples where it has turned out that actually treating people correctly, you know, on their merits, interacting with them as though they are human beings with a particular talent without any of the baggage that we as a society bring in these interactions, unconscious bias: funny thing, it actually exists and it's unconscious. We're not aware of it.

One example is orchestras. They found that, yeah, they were interviewing women for lots of positions in orchestras to be musicians, and none of them were making it through until someone said, "What if we put up a screen so everyone plays and no one can see what they look like?" Suddenly, boom. Women made the cut. Isn't that funny? We're not talking about getting orchestras that are worse. We're not talking about getting musicians that are worse. We're talking about how to get musicians who are better.

Another example? The United States knows this very well. They have the best, strongest, most lethal military in the world, that is committed to making sure that anybody of any race, any creed, any sexual orientation, if they're willing to die for their country, can fight for the U.S. military. That was before Trump. And Elon Musk and his type, the Jordan Peterson types, the types who all of this nonsense is about, who they look to as a military is the hypermasculine Russian military, which for a time was believed to be the second most powerful military in the world, and now it turns out it's not even the second most powerful military in Ukraine. You get better fighters when you let people fight.

So instead of talking about cost of living, instead of talking about unemployment, instead of talking about how to deal with the threat of Donald Trump making us the 51st state, what we're talking about is Jordan Peterson. I mean, the government drives the agenda. The government has every right to decide what they're going to talk about, and what they've decided to talk about is something that has absolutely no bearing – absolutely no bearing – for any Albertan who lives here, except if Jordan Peterson might have moved here someday.

This is a bill that oppresses regulatory authorities. It purports to talk about freedom of speech. Freedom of speech means that the government can't tell you what to say; it doesn't mean that there are not professional consequences for the things that you do say. You know, many people have been fired for saying things that, if I had said them, I would have been fired for, too. And I assure you that my employers were not woke socialists. They were people who understood that they lived in a context where to say something that

makes it very, very difficult for the business to continue doing business, it's up to them to decide whether I'm an asset or a liability.

**The Speaker:** The next speaker is the hon. Member for Edmonton-Decore.

**Mr. Haji:** Thank you, Mr. Speaker. Well, we're discussing Bill 13. The minister presented Bill 13 as a simple protection of free expression, but it undermines the integrity of regulated professions, it weakens the public safety and strips away essential tools that help ensure equitable and culturally safe care for the very diverse people we serve in this province. A professional could, under this bill, publicly demean patients. A professional could endorse hateful ideologies, could participate in discriminatory campaigns, and regulators would be powerless to respond unless the behaviour includes the limited categories outlined in Bill 13.

Government members will argue that this protects free speech, speech that is merely unpopular or undesirable. The fact is, Mr. Speaker, that there is no profound difference between unpopular speech and hate speech, and it's only those people who are the recipients of hate speech that can explain and realize what it means. The Charter does not protect expression that incites violence or that crosses into hate. Hate speech is not just a difference in opinion, especially when directed towards the very people a professional is expected to serve with dignity, compassion, and respect.

The bill will protect the speech that actively harms communities that already face barriers within health, education, public service systems. Mr. Speaker, when hate or discrimination is expressed publicly by professionals, it erodes trust in those systems, it discourages people from seeking help, it threatens the psychological safety of clients, of patients, of students, and it ultimately undermines the integrity of the profession itself. That's why regulatory bodies try to work with their professionals in terms of improving cultural sensitivity and addressing issues that are coming in unconsciously or out of not understanding cultural backgrounds.

8:50

Bill 13 is a dramatic shift in how regulators work. Historically, regulatory bodies have been empowered to discipline off-duty conduct when it affects the public interest or damages the reputation of the profession. Many professions already include training in ethics, professional responsibilities, and appropriate conduct. They understand that their duty to uphold the public trust does not end at the workplace door. Bill 13 strips regulators of this ability. It substitutes political direction for professional judgment and represents a troubling act of government overreach into the standards and the independence of self-regulating professions.

Bill 13 goes further, Mr. Speaker. It restricts professions from requiring equity, diversity, and inclusion. It restricts professionals from requiring antiracism, antibias, or cultural sensitivity training as conditions for maintaining certification even in professions where those competencies are essential for safe and effective services. This restriction is not just misguided; it is dangerous. Many regulated sectors – health care, education, social services, justice professionals – work directly with diverse populations, and as a province we continue becoming more and more diverse every year.

These very sectors require cultural sensitivity training when the regulating bodies see the need for it. They require the ability to serve the people respectfully. They require the ability for those who are in the profession to provide respectful and equitable support and services. Regardless of their race, gender, sexuality, disability,

religion, or cultural background, all Albertans ought to receive services in the most equitable manner that those professions can provide.

Removing the tools and the resources that prepare those professions, or equip them, to provide those services in the most dignified way is problematic, Mr. Speaker, and Bill 13 does just that. It simply removes the tools that help to address wherever there is a gap in those professions. It will disproportionately affect compassion-based professions where the lack of bias training can have an immediate and harmful impact. It will affect outcomes on well-being. It will affect patients' experiences. It will affect safety in classrooms, and it will affect how our most vulnerable communities interact with the public system.

Mr. Speaker, the bill also includes a vague clause prohibiting professions from mandating training related to any other matter determined in the regulations. That's an empty box that this government can fill with anything it chooses in the future. The public cannot know now what else may be restricted. That uncertainty alone should concern every member in this Assembly.

Now, consider the broader implications. Bill 13 will force regulatory bodies to amend their policies, their competency frameworks, their ethical codes, their standards of practice. Any requirement that addresses inherent bias, privilege, systemic barriers, or antiracism frameworks may be rendered noncompliant. This deeply undermines decades of progress in building equitable and accountable professional systems in various professional regulatory bodies.

Mr. Speaker, section 10 of the bill is equally troubling. It establishes correctness as the standard of review of any compliance issue. Legal experts have already noted that this is a departure from established administrative law where reasonableness is presumptive standard. This shift opens the door to increased litigation, decreased regulatory independence, and unpredictably judicial interventions.

No other Canadian jurisdiction has anything resembling what Bill 13 has. It is out of step with national standards. It isolates our province at a time when consistency across Canada matters for licensing, accreditation, and labour mobilities, something that IPTs have been working on for a very, very long time.

Instead, this bill draws its inspiration from a wave of U.S. anti-DEI legislation. Mr. Speaker, is this really the direction we want to take? Do we want to replicate the most divisive elements of American politics in our own professional sectors? Do we want to weaken our public health, our education, our justice, our social systems by removing the very tools that will ensure fairness, empathy, and cultural awareness? We should be strengthening equity, not legislating it out of existence. We should be reinforcing cultural sensitivity, not preventing people from learning it. We should be supporting regulators, not stripping them of the ability to uphold the integrity of their professions in a society that is as diverse as our province. And we should be protecting vulnerable communities, not silencing the mechanisms that keep them safe.

Our province is diverse. Our communities include people of every background, people whose experiences, identities, histories and cultures enrich our society. For professionals who serve the public, understanding this very diversity is not optional. It is essential. It is something that we need to invest in. It's what ensures that every patient feels respected in the hospital, that every student feels safe in the classroom, that every client is treated fairly in the workplace in any institution. Bill 13 undermines those essential foundations. It weakens the very principle that ensures dignity, the very principle that ensures inclusion, and the very principle that ensures safety. And it does so under the misleading banner of,

quote, unquote, free expression, while ignoring the harms caused by speech that degrades, dehumanizes, or spreads hate.

9:00

Mr. Speaker, we can and must do better. We must uphold free expression while also upholding responsibility. We must trust professional regulators to maintain high standards, and we must ensure that equity and cultural sensitivity remain core components of professional practices. Bill 13 does not do that. For these reasons and in defence of those values of fairness, inclusion, and public safety I ask every single member of this Assembly to vote against Bill 13.

Thank you, Mr. Speaker.

**The Speaker:** Okay. I don't see any speakers on second reading of Bill 13, the Regulated Professions Neutrality Act.

Does the minister want to close?

**Mr. Amery:** Waive.

**The Speaker:** Waived. Okay.

[Motion carried; Bill 13 read a second time]

### Bill 11

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

[Debate adjourned November 27: Mr. Kasawski speaking]

**The Speaker:** Hon. member, would you care to speak to it?

**Member Irwin:** How much time is left?

**The Speaker:** Twelve minutes.

**Mr. Kasawski:** Oh, very good. Thank you, Mr. Speaker. Rising with another opportunity to address Bill 11, American-style Health Statutes Amendment Act. Flipping through the pages, it was really great to get to page 43, charges and fees. Charges and fees: that's what this bill is about. Do you pay, or do we pay together? With the UCP you always pay. That's what you can count on. That's a UCP guarantee.

What do Albertans want? What does Bill 11 fail to deliver? Albertans want simple things: more family doctors, shorter waits in emergency rooms, faster access to surgery, a stable, ethical, dependable health care system. Albertans want solutions that strengthen public health, yet Bill 11 takes us in the opposite direction in this multistage effort of cutting, fragmenting, siloing, and shifting public resources into the pockets of the friends and family of UCP cabinet members.

The government dismantled AHS. They are opening the door to private corporations to run hospitals and charge patient fees. Now Bill 11 advances the next step: letting doctors bill privately, letting people pay privately for diagnostics, and allowing for out-of-pocket payments for medically necessary care. This is not strengthening health care, Mr. Speaker; this is undermining it.

The Premier has a series of broken promises, Mr. Speaker. In October '22 the Premier famously told Albertans that she would fix Alberta health care in 90 days. Now, I guess, the count is at over 1,100 days later, Mr. Speaker: not fixed. Every day since that famous promise Alberta's ratio of doctors to patients has gone up; the number of Albertans waiting to find a family doctor has gone up while the ratio of doctors to patients has gone down.

And then during the 2023 election, Mr. Speaker – you might recall it; the people might recall it – the Premier promised that under no circumstances will any Albertan ever pay out of pocket for the

medical treatment they need. Bill 11 breaks that promise directly, completely, undeniably. Albertans will pay out of pocket for diagnostics. Albertans will pay out of pocket for surgeries. Albertans will rely more on private insurance. The promise is broken. Do you know what costs more than a broken promise by the Premier? American-style health care.

Let me make this concrete. Here's what health care costs in the U.S. These are real numbers; they are lived reality for many people in the United States. A complicated leg break: you slip on icy steps or perhaps you're in a car accident and you break a leg in Alberta. Maybe it's a serious car accident. It's a complicated leg break. Maybe the femur is broken in multiple locations. In the U.S. without insurance that injury can cost: for an ambulance \$500 to \$3,500; the ER visit, \$1,000 to \$2,000; surgery, \$19,000 to \$41,000; follow-up appointments, \$150 to \$300 each; physical therapy, \$100 to \$250 per session; medical equipment for stabilizing the break, \$1,500. A total of \$30,000 to \$100,000 for a broken leg. Imagine recovering from the trauma while staring down a six-figure bill.

A sudden heart attack. A heart attack in Alberta is treated immediately without question, but not in the United States. The ambulance, \$500 to \$3,500. Mr. Speaker, I've learned sometimes they charge mileage, maybe a base fee of \$1,000 plus mileage for your ambulance ride. Emergency care, \$18,000 to \$21,000. Then diagnostic imaging, hundreds to thousands of dollars. Angioplasty or stents, tens of thousands more. In a medical emergency it also becomes a financial catastrophe.

Breast cancer is one of the most common cancers among Canadian women. In the U.S. without insurance: lumpectomy, \$10,000 to \$20,000; mastectomy, \$15,000 to \$55,000; chemotherapy per visit, \$1,000 to \$12,000; radiation, \$10,000 to \$50,000. The first year for stage 1 would be \$60,000. For stage 4 cancer it would be \$134,000. Twenty thousand to \$200,000 for something that we treat in Alberta without question but with difficulty in our current environment that is being created by the UCP, who have been working on dismantling the system and making it worse for over six years.

No one fighting for their life should have to fight with these kinds of bills as well. If we get into things like childhood leukemia, one of the most common childhood cancers, in the United States treatment will cost hundreds of thousands of dollars over several years. Families go bankrupt. Parents start GoFundMe campaigns. People lose their homes trying to save their children. That's the reality of American-style health care, and Bill 11 brings Alberta closer to that reality.

Mr. Speaker, beyond philosophy, beyond emotion, the bill itself is deeply troubling. The most dangerous change is the introduction of dual practice. Physicians will now be allowed to choose, patient by patient, whether to bill the public system or bill privately. In other provinces this is not allowed. You choose one route, go private or stay public. The idea of allowing doctors to then choose that some patients get public billing and some get private billing is going to cause big trouble for Albertans with people that are waiting for the health care that they deserve. They already have a doctor shortage. We already have long wait times for medical care, and Bill 11 will make things worse. It creates a two-tier system in Alberta.

We have many two tiers coming into this province. We're getting Bill 12, bringing in two-tier funding and financing for disabled Albertans. Now we're getting two-tier access to diagnosis. This bill will allow Albertans to pay privately for MRIs, CT scans, and blood work, even without a doctor's referral. That means those with money get faster diagnoses; those without money will wait longer. Earlier diagnoses lead to faster treatment for some, delayed treatment for others. That's not choice. It's not equality; it's

inequality. When diagnosis becomes two tiered, treatment becomes two tiered. I suppose we're also going to have doctors that are going to have to charge extra for all of the people that feel they can afford their own diagnosis because they feel they deserve to be scanned, but the doctors are going to have to look through all of these files where there's nothing to be found.

9:10

What we stand for, Mr. Speaker: we stand for a health system that's universal, public, accessible, based on need, not on your ability to pay. We stand for investing in primary health care, reducing ER wait times, expanding surgical capacity inside the public system, supporting health care workers, modernizing digital records responsibility, strengthening public hospitals and not draining them. We stand with the majority of Albertans, more than 60 per cent, who say that the government is taking health care in the wrong direction in our province.

Mr. Speaker, I might go down a little bit of a tangent here. There's been a lot of talk in this Assembly about hospital bed towers. Every time we bring up the American-style health care that's being brought in, they talk about all of the hospital bed towers that are going to be brought in. Up until this session, I've never heard the term "hospital bed tower." Then, when you look into it a little bit further, you really get confirmation that American-style health care is being brought into Alberta, because if we go back to the Speech from the Throne, the government committed they will not spend any more money on hospitals in this province, but they are promising a lot of hospital bed towers to be built. So the question is left: who will pay for these hospital bed towers, and what is a hospital bed tower for that matter? It sounds a lot like a hospital when you look into it.

We recently had an announcement about the site being picked for the Stollery hospital, which – let's just back up a little bit with this exceptional news, two years ago, that the Stollery will be built in 2040. Let's just let that sink in to everyone. By 2040 we can build another hospital in this province. We're really doing a moon shot there, Mr. Speaker, really pulling out all our stops. Now I'm left to wonder: who will actually own the Stollery if in the Speech from the Throne we commit to not using public funds to pay for a hospital? I wonder who will own that. Who is going to own this hospital bed tower that is to be built?

Mr. Speaker, I ask this Assembly one question: who is Bill 11 for? It's not for seniors waiting for surgery. It's not for the family searching for a doctor. It's not for the parent sitting in the ER with their sick child, wondering when they are going to be seen by a health professional. It's not for the nurse working a double shift. It's not for the surgeon that is overwhelmed by the backlog of patients needing their skills. This bill is for private operators, for profit-driven clinics, for those who believe that health care is a market and not a public good.

Health care is not a commodity; it is a lifeline. My family knows that from our own experiences with the use of the health care in this province. Millions of Albertan families know that, Mr. Speaker. We cannot let this government take us down this path that'll end with Albertans facing the same crushing medical bills that Americans fear every day. This bill is wrong for Albertans. It undermines public health care, it increases inequality, it breaks promises, and it puts patients at risk. We will find out in more debate what a bed tower is, perhaps. Maybe the minister will stand up and give us an explanation of who will own the Stollery. If the province of Alberta is not paying for it, it'll be fascinating, who's going to be building all of these bed towers in our marketplace.

I urge every member of this Assembly to stand with Albertans, to stand with public health care, to stand with the values that define the province, and to vote against Bill 11. Thank you, Mr. Speaker.

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

**Dr. Metz:** Thank you very much, Mr. Speaker. I'm really pleased to be able to speak to this egregious bill, which I really do think should be named the Americanization of health care in Alberta. I have to follow up on my colleague from Sherwood Park, who has really summarized many of the issues. We know that Albertans want to see a family doctor. They want access to a physician. We know that there aren't enough physicians around. We know that wait times are too long. We know that people are not getting the surgery that they need, and we know that when people go to emergency departments, they're so backed up that many people even with serious problems leave because of that.

Why is that? This is because this government has been doing more and more to damage our health care system. We have fewer doctors per person. Yes, we do have more doctors here, but the number of doctors per population is what really counts for getting service to people. When you have an Alberta Is Calling campaign and are bringing more and more people here, you have to also bring more services here. Yet we've seen a nosedive since the UCP took over in the proportion of services that are available to patients. We do not have enough doctors.

We're seeing that physicians are leaving in droves. We may be able to recruit a few, but we're seeing massive numbers leaving. How about the practice in Vancouver Island that is boasting that they have 17 new doctors, 14 from Alberta? This is what is happening because of this government. It really started as soon as the Kenney government got in with a number of rules. It got worse with Shandro, and it's continued to get worse than any of us ever would have believed.

Physicians are overworked, overburdened, and burned out. Nurses are burned out. What we're seeing are health care workers that are already working many, many, many extra hours, and now they have a government that says: oh, we don't have to worry because the doctors and nurses that are there will just work more because they're driven by this profit idea.

I'm wondering if the members on the opposite side even know what the hours of work are in an academic ARP. The base is 50 hours per week plus on call. On call can be 20 to 40 hours a week, and that isn't just waiting for a phone call; that's often in the hospital seeing patients. Yes, you're going to work a lot more extra hours on top of that. Wow. I don't want to be the patient getting the care from that doctor, and I don't want to be the patient getting my surgery from a surgeon that's already worked 60 to 80 hours that week. This extra hours on evenings and weekends is – I won't use that word. It's not good to use it in this Chamber.

In any case, that is one of the fallacies that we're hearing and one of the reasons why it is just such a myth that people are going to do more work. We've already heard that we don't have more health care providers to go around, so if you start moving some into the private system, what's that going to do? It's going to take from the public system. There's no other way to do it. We're already seeing this when we look at the high proportion of nursing services that are paid to contract nurses. Why is that? Well, they can make a lot more money, and it costs us many times that because we've got the agencies that are billing hugely on top of it.

Our system is going to cost us a great deal more to get the basic services in the public system. We've already seen that wait times are going up in the public system for the things that need to be done there, such as our cancer surgeries. We're seeing hardly a dent in

the wait times in some of the orthopaedic surgeries that huge dollars are going into. We're also seeing that the public dollars funding those are sometimes 2 to 3 times what it would cost if we do it in the public system.

It's also untrue that we don't have rooms or operating rooms in our public system. There are operating rooms that are just unopened on any given day, and there is the potential to open many operating rooms that have never been fully outfitted. There are 10 ORs at the South Health Campus in Calgary that have never been, let's say, furnished. They've never been used. They're there, yet we are paying public dollars towards these private surgical facilities, and we are paying for that infrastructure.

9:20

Why are we going down this route? Purely for ideology. We know that when health care services are delivered in facilities where there is a profit motive, outcomes drop and costs go up. It's been proven again and again. We've seen that by doing this, wait times for people within the public system go up. Yes, you can pay to have your knee replacement through the private system, and you will wait less, but when you need to come in and have your heart surgery, you will wait longer than you should, and that's a lot more critical surgery. When your daughter needs an urgent Caesarean section to deliver her baby, finding the anaesthesiologist is not always going to happen, and things are going to get delayed. We're all going to be paying the price, including those of us who are fortunate enough that we could pay in the private system, but it degrades the public system dramatically.

When we get into investor-owned delivery, whether it be a group of, let's say, physicians that are starting a business or, more commonly, there is private equity that comes into this, we know that profit is the motive. It becomes the driver. We've seen that time and again in a variety of other health care industries. In dentistry, for example, a huge proportion of Alberta dental clinics are now owned by private-equity firms. It's not an accident that you see a name brand across a bunch of clinics.

What happens there is that they offer to buy out the practice. They make some deals with the dentist that owns the practice. Perhaps they say: "Well, yes, your staff have been here 20 years, and I know that you want to keep them. We'll keep them." But suddenly they're working the evening and weekend shifts, and they leave their job. They're replaced by people at very low wages with less expertise, and now the dentist working there doesn't have staff that they can count on to give them all the reliable information that they need to make decisions around the care of patients. You get these practices that want to save money, so they buy cheaper versions of amalgam, and you're going to have more problems with your teeth in the long term.

You have situations where the dentist that works there has quotas. Just like many of those pharmacists in a Shoppers Drug Mart have a quota of how many drug reviews they have to do, you've got dentists that have quotas where they have to bill a certain amount of dollars. What that means is that thing that the dentist says, "well, you know, maybe we can just follow it and wait," forget that. They need the procedure. Now you need it done, so you're going to have things done that you didn't necessarily need. How does that translate into your health? Are you going to start having procedures that you don't need or tests you don't need because they have to meet certain quotas because they're being run by a private-equity firm that's bought out the practice?

We also have dentists that then feel pressured to do procedures that they might not normally do, something that's uncommon and they might be normally channelling to a colleague or a specialist because they're not that comfortable doing that procedure. But they

have a quota now, so there are going to be people that are doing things that are less – and these are facts. This is what's happening right now.

If you are wondering if your dentist is working for a private-equity firm, how can you answer that? You ask them if they own the chart. "Do you own the chart? Or if you leave here, do I stay here with the practice?" Then you know that your dentist doesn't really work for you; they work for a company. We've seen this in optometry, and we're seeing more and more of it in medicine already.

The biggest areas in medicine that we're seeing this problem are in the issues with virtual care. You can set up virtual care clinics, and you don't even have to live in the province to provide virtual care. One of the things that that's doing is – yes, it's convenient. We have to have more virtual care, but we have to do it properly, not by these private equity companies that aren't providing good care. They don't have access to your chart. They don't give a note to your doctor. They usually can't see you if the problem is something that needs an examination, and the patient gets the feeling often that something wasn't complete here, and then they go see their family doctor again to confirm what was done. So we've got two services when one might have done.

We have doctors that are suggesting things that aren't even possible. A retired physician contacted me because he had bad lungs and he contracted COVID. Through 811 he got put in contact with one of these virtual-care doctors, who wanted him to go on Paxlovid, a treatment for COVID, only to find out that he had to then go to see his family doctor to get the prescription because this doctor didn't have prescribing rights in the province and then to find out that it actually wasn't covered here. So they can't necessarily follow through on care.

By bringing in more of this private, for-profit delivery, we are really going to be hurting the care in Alberta. It's an absolute myth that we're going to reduce wait-lists for anyone other than the people that have the extra insurance or can pay for those extra services. Everyone else is going to wait longer.

We know that in Australia out-of-pocket payments are becoming a huge concern for Australians. They have a dual system which they brought in, and what is the consequence of that? The public system is highly subsidizing the private system because they're kind of stuck with them, and in order to provide hospital care in some communities where they only have the private system, now they're subsidizing these private companies.

We've seen in many centres in both Europe and in the United States where the private companies eventually provide care over a region, and then they stop providing the aspects of it that don't make them money, so people lose more and more services because it doesn't pay. When you're driven by the things that make money, then you aren't going to offer them.

I have friends that went to practise in the United States. They end up marrying someone there, and they're stuck there. The stories of how it works in primary care in American medicine, which is what we're moving towards, are horrible. The practices more and more are bought out by companies. They work for bosses much like I've talked about in dentistry, but they soon learn that these companies really make their profits from surgery because that's what pays well. Really, what they want is to only have family docs there so they have a base of clients, not patients, and so that they have someone that can refer people for all those surgeries that they want.

We know that when you're in a for-profit system . . .

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

**Member Tejada:** Thank you, Mr. Speaker. [interjections] Wow. Get me all excited. Thanks. I've got the hype club over here.

9:30

All right. Thank you, Mr. Speaker. I'm honoured to rise in response to Bill 11, the Health Statutes Amendment Act, 2025 (No. 2). Given the sweeping changes and the threat of even further privatization that this bill proposes in our public health care system, I stand in opposition to this bill. As a New Democrat this really shouldn't surprise anyone. We know that we will always support the priorities of Albertans and their well-founded desire to want access to family doctors, shorter wait times in emergency, and relief on the long wait times that they're experiencing right now for surgeries. This is a quality-of-life issue. It's about the promise of Canada when it comes to universal public health care. It's about an investment in doctors, health care providers, and hospitals to ensure that Albertans have the health care that they need and deserve.

When I'm out in community, when I go door to door, the conversations that I'm having more frequently have been concerns around health care and the direction that this government is taking when it comes to our health care. Those conversations are frequent. They're pained, sometimes desperate, sometimes full of grief, frankly, and certainly not where we should be as a province in a country that has been an example to other nations when it comes to public health care. We now find ourselves in a time of crisis with folks waiting months for surgeries.

[Mr. van Dijken in the chair]

I think immediately of two very dear constituents that are in the same household, one who waited months for hip surgery, gritting her teeth through chronic pain and just trying to live life, trying to function every day through gripping pain. Two years later her spouse is now going to be doing that same waiting game for the same sort of surgery. What really strikes me about these two constituents is that, despite the wait, despite the pain that they're both in, they're both dedicated public-sector workers. Despite that disruption to their lives, to their desire to live out that Canadian dream and to enjoy their golden years as a couple, they've resisted running to the private health care system, and more than ever they want a strong public system with shorter wait times that serves the people of Alberta.

I think about the fact that we have a million folks without access to a family doctor. I think back to the constituent who I met who spent hours, days, weeks trying to get a family doctor. I remember that at one of the points at which we'd spoken, he called over 50 offices and couldn't get one. I think about the many families that I've met who have loved ones in long-term care and how much of the heavy lifting they have to do individually to ensure that their loved ones are cared for, not for lack of trying by staff who are dedicated workers who care but because this government has systematically been poking holes in the systems that support their families. They've removed minimum care requirements for seniors who have built this province, and that's a real shame and not what they deserve.

You don't have to take my word for it. I have been talking to constituents constantly. The subject of health care is one that constantly comes through our inboxes, and with permission of my constituent I'll read one of theirs.

Dear Premier,

she says,

I am writing as an Albertan who is deeply concerned about the legislation your government has introduced to allow physicians to work simultaneously in both public and private systems. No province in Canada has ever taken this step and for

good reason. It poses a direct threat to the universal health care system that all of us rely on. Dual practice inevitably creates fast lanes for those who can pay while slowing down access for everyone else. When doctors divide their time between public hospitals and higher paying private clinics, staff and resources are drawn away from the public system. This leads to longer wait times, increased inequality, and higher costs for families. Two-tier health care has failed everywhere it has been tried.

She continues:

Equally concerning is the growing trend of policies that make it harder for ordinary Albertans to access basic services. For example, requiring health card renewals, something that has never been standard practice across Canada, creates unnecessary barriers for families and seniors. Universal health care only works when people can use it without obstacles, fees, or administrative hurdles. Our public system depends on a single, fully funded, fully protected model where everyone has equal access, not a fragmented system where those with money move to the front while others wait. The legislation enabling dual practice undermines this principle and puts all Albertans at risk.

I am asking you directly: withdraw this legislation that opens the door to private fast lanes, commit publicly to strengthening and investing in the universal public system we depend on, protect access for all Albertans by removing policies that create new administrative barriers such as unnecessary health card renewals. Public health care is one of the most important foundations of our province. Please choose to protect it.

Sincerely, Amy Siply.\*

I got another e-mail from a constituent by the name of Tahir Merali.\* With his permission I'm sharing it in the House.

Dear Premier,

I am writing to express my deeply held opposition to two-tier health care. Please reject any moves towards dual practice, and support public investment that strengthens access, staffing, and primary care as part of Alberta's single universal health care system. Here's why I oppose this plan. Universal public health care is one of the most respected parts of our Canadian identity. It's fair. It's efficient. It protects families from financial shocks. Albertans expect leaders to strengthen it, not dismantle it.

I lived in Quebec for two years, and I missed the Alberta advantage. They didn't have urgent care clinics. Their walk-in clinics were limited to the 15 people in the line at 7:30 a.m.

He goes on to say:

A nondigital records-keeping system to boot, making tracking between health care providers very challenging. It was as if I had walked into the 1980s. I do not want that for my Alberta.

I have travelled and worked world-wide, and the two places I've ever had to pay to see a doctor were in Germany and Quebec. I still cannot believe that as a citizen of Canada I had to pay for health care within our borders. So what was the result? I refused to go see a doctor unless my kid was in need or I had a serious issue.

He goes on to say:

Early detection of anything was but a pipe dream in that system. This is the case for many, many others. I was shocked to see that my hard-earned tax dollars that already went to a provincial government to sustain and improve health care were not sufficient to support it such that a two-tiered approach was used. This isn't the solution to the problem; it's avoiding and masking the problem.

Number three, abandon your Quebec playbook. I do not want this for Alberta – absolutely not – but that is what you and your government continually seek to institute. Your Quebec playbook is failing horribly on many fronts and will not achieve the Alberta advantage you think it will build. I know; I've lived it. I've seen what this has turned into over the past decades as a result. Stop pushing your agenda that no one else in this province wants. Those 30,000 people rallying outside the Legislature this

\*These spellings could not be verified at the time of publication.

fall offered you a reality check. You serve the people, not the other way around, so I strongly suggest you turn back around now while you have the opportunity to save what is left of what was once a prosperous Alberta for my children.

That was a pretty powerful e-mail by just two constituents.

Now, as a lifelong Albertan I think back to all the times that our public health care system was the safety net for my family. I think about the fact that they overcame adversity in a quest to live here, that even in the '70s, through language and cultural barriers, my parents knew that the health care system was there for them, that they wouldn't have to go into debt to survive a health crisis, that they could count on a public health care system that took care of us from birth until death: prenatal care; postpartum care; well-baby visits; vaccinations, which should not be a controversial issue; the harried nights with feverish babies; the little questions; the big questions; later hip dysplasia.

9:40

The intensive care required for an infant some 40 years later is now a public health nurse serving communities facing barriers to access. She now advocates for them, for fellow health care providers, and for a strong public health care system as it sits under siege from the constant needling, cuts, and undermining from this government.

This is a government that has long sought to undermine the system, undermine access, poke holes in it, weaken supports, siphon out resources, and now adds insult to injury by having the gall to point to its challenges and blame the system, the system they broke, blame health care providers, vilify them, swoop in with manufactured solutions that will leave Alberta vulnerable to the unethical whims of those who wish to Americanize our system.

When I talk about American health care, I think about my contacts in the U.S. and the challenges they face at having to pay to have health care, going into debt for health care, and the wait times aren't any better. Their outcomes aren't any better. Two-tier health care will lead to longer wait times and poorer health outcomes. They've already gone down the road of privatization. It's not working. What they're actually trying to usher in now is something that will favour a private system and weaken our public one, the one that the majority of Albertans rely on, and they need to remember that, as my constituent said. They need to remember who they're serving. This is unacceptable.

The pattern that I've seen from this government is telling us that what they're doing is going to work for us, that they'll fix health care in 100 days, boasting that we have more doctors than ever but leaving out key details, like my colleague from Edmonton-Whitemud mentioned earlier, about the ratio of doctors to patients. You know, all I hear from the members opposite is "We have the most homes ever; we have the most doctors ever," and then they leave out critical parts of the equation like the fact that we've lost 14 doctors per 100,000 people each year, that every other province has recruited a higher percentage of physicians in their provinces.

The Premier broke the UCP promise that under no circumstances will any Albertan ever have to pay out of pocket to see their family doctor or to get the medical treatment they need. There's the rub. They may not be obligated to pay, but a two-tier health care system will create two tiers of Albertans: those who pay and those who don't, those who come first and those who come later, those who come last. Increasingly, Albertans are wondering which of those two categories of Albertan this UCP government will slot them into.

This government, through its scandals, privatization boondoggles like DynaLife, motel medicine, sole-source contracts that benefit their friends: they've lost the trust of Albertans who already had no appetite for further privatization. That's not the Alberta that the

New Democrats would lead. We would end the creep towards American-style private health care, diagnostic screenings, surgeries. We should be at the top of our class without privatization. Albertans want and deserve first-class health care, health care that is publicly funded and delivered. They deserve that. They deserve a government that will fix what the UCP has pulled apart, and that is what they will get from Alberta's New Democrats.

**The Acting Speaker:** The Member for Edmonton-North West.

**Mr. Eggen:** Well, thank you, Mr. Speaker. I appreciate the opportunity to speak to Bill 11. What I'm starting to hear and, I think, what all of us know here in this room and indeed across the province is that what we need to do is to build capacity in our health system so that we have more doctors, so that we have more nurses, so that we have more clinics, so that we have more community health, dentistry, pharmacy, everything that we need to access in order to improve our health.

Using that as a lens we need to be very practical in how we can build capacity. The first thing that comes to my mind, because, of course, I'm the shadow minister for Advanced Education, is that we need to build capacity to train health care professionals in our postsecondary institutions, and we haven't done that. We've created an artificial shortage that's led us to a very high doctor-patient ratio – right? – one of the worst in Canada. Of course, we have a few more doctors in place, but then we have a whole lot more people in the province of Alberta. So building capacity is an absolute necessity, and Bill 11 does nothing to address that basic fact.

It's not like you can create more doctors and nurses by simply changing the formula and having some private clinics working at the same time as a public clinic or a public hospital. Those are the same health care professionals that you're counting on to deliver that. It's like the loaves and fishes thing. You know, you can't just somehow miraculously create new capacity without actually training more doctors and nurses and health care professionals to do so. They're not going to work in the private system and the public system and be able to produce magically, miraculously more time and hours in an operating room or in a delivery room or in a clinic or family doctors. It's just not logical or possible.

We have private health care as an option in this province right now. There is the capacity for a doctor to choose just to run a private practice. Mr. Speaker, we have 14 doctors who have taken up that offer here in the province – right? – of 4.7 million. Obviously, it cannot exist unto itself and create its own capacity unto itself unless it is attached and using the public system as a foundation to actually deliver that to private clinic care. Who pays for that, and who gets an advantage from that? We all pay for the basic services of a hospital and our diagnostic capacity, our pharmacy, and so forth. But then somehow you're going to attach this appendage of a private clinic that will be living off of that basic public system that you built in the first place. Parasitical, I would say. That's what it is. Simply to say, "Oh, well, we'll build more capacity because we'll have new clinics," that is completely dishonest and misleading and just a way to bring in this private health care.

Who has asked for this? Who has asked for private health care here in the province of Alberta? No one. What people are asking for is to make sure that they have a family doctor when they need it for themselves and their families, that they can have timely access to a surgery if that's necessary, to be able to have access to diagnostic capacity and pharmacy that is reasonable, that is there when you need it, and that is universal. That's what people are asking for. This idea that we just throw in the towel because there are so many challenges and stresses on our health care system is simply not

doing the job that we're meant to do as the government of Alberta, who is charged to deliver health care in a timely manner for all of the people that live here in this province. If we choose to just simply throw in the towel, we are leaving a vast majority of people out in the cold.

When we look at private, two-tiered health care, wherever it resides on this fine planet that we live on – right? – the big unheard thing that we haven't been talking about is insurance. That's how people manage to pay for largely private health care, and only some people get it. If private enterprise or any business thinks that private health care is going to solve their problems, they haven't been thinking rationally about the burden of responsibility to have health insurance, private health insurance. It's very expensive. Think about dentistry. That's just a small version of an example of what happens if you're trying to build an insurance industry for all of your health needs. We can look at many countries around the world where two-tier private health care simply leaves people – the vast majority of people – on the wrong side of the door of a hospital or a clinic or a family doctor's office that they need for themselves or for their family.

9:50

I have a friend that is a medical doctor and did his first few years of practice in San Francisco, California, and he just toughed it out. I mean, it's great to live in San Francisco and, you know, it was very interesting and so forth, but slowly but surely, the way by which the hospital operated was just too much for him. When people walk into the hospital or they are taken in by emergency, the very first thing they do – you know, they maybe patch them up a little bit – is they check their health insurance to see if they belong in that hospital and to see what kind of service they can get. Not based on the diagnosis of the doctor, but based on what their insurance says they are covered for. It went against his basic sense of what's right or wrong, his oath, his Hippocratic oath to serve and to look after people, and he left. He came to Edmonton, and he serves as a doctor here.

We hear stories like that all the time. Do people waltz down to the United States or go on a European holiday without health insurance? Heck no. If something happens it's a big, big problem. You could lose your house, right? You could go into unaffordable debt. The amount of people in the United States that have to declare personal bankruptcy every year is in the hundreds of thousands based on medical debt.

This whole idea that somehow we create something out of nothing, increase health care capacity just by simply a stroke of a pen or writing a bill like Bill 11 – which is very poorly written by the way, I must say. It's just full of holes, and it's unbelievably bad legislation. The audacity of calling it Bill 11, too. I mean, people of a certain age here in Alberta know that we fought a concerted effort against a Bill 11 that was brought in by a Conservative government, and we beat them. We defeated them because people did not want private health care that compromises . . .

**Member Irwin:** When was that?

**Mr. Eggen:** It was 2000, so it was 25 years ago.

Yeah, there are lots of people out there that cut their political chops on fighting that Bill 11 and, you know, it was a warmer time of year and thousands of people gathered day by day outside this Legislature while they were debating that bill, and it never came to be. Right? They wrote it down, they even made it into law, but they could not enact it because they knew it was the wrong thing to do, and it was political suicide as well.

You know, they started to build the infrastructure for that other Bill 11 twenty-five years ago, and it's just very similar to the sounds

that I'm hearing from one of the many health ministers over there right now, who said, "We'll build towers, we will build special clinics, we will have dedicated orthopaedic surgeries," and so forth. They started to build those 25 years ago, too, and they were going to be private, right? When you talk about those towers, they were going to put private clinics and surgeries inside of those towers paid for by public money. There was one just across the street from the Royal Alex, right by the emergency there, that was meant to be a private orthopaedic surgery knee and hip replacement thing. Now it's part of the public system. It's awkward. It's not very well designed. It was designed to be, like, a conveyor, a private entity, but they're still using the building.

I'm asking what these towers are.

**An Hon. Member:** I'm asking, too.

**An Hon. Member:** What are these towers?

**Mr. Eggen:** What are the towers? If you're building a structure that is including private health care and public health care at the same time, those private clinics need the support of that full-service hospital like the Royal Alex in case something goes wrong. Right? That's another aspect of private-public fallacy – fantasy – that this UCP government doesn't talk about.

What happens if you go to, you know, the private clinic to get your knee or hip replacement and suddenly there are complications associated with that? You need that public system there to clean up the act, to pick up the pieces, and we've only been underfunding our public system. As many other people have pointed out, by building this private appendage onto that public system their services will only get worse. It's an unsustainable notion, Mr. Speaker.

I don't know what is the logic behind choosing to bring out Bill 11 at this juncture in history or in this juncture in the history of this UCP government that we see here. But, you know, as I said before, we have other examples of governments trying to bring forward these private schemes. They are not successful, and very shortly after that government is not successful either and they lose.

**An Hon. Member:** Interjection.

**Mr. Eggen:** Oh, sorry. Is that an interjection?

**Member Irwin:** Can I interrupt you? I'll wait for the Speaker.

**The Acting Speaker:** Go ahead.

**Member Irwin:** Thank you to the wonderful Member for Edmonton-North West for allowing me to intervene. One of the things that I was thinking about in his storied career is his role with Friends of Medicare and his past role being very much at the forefront of protecting public health care. I would just be curious, because you do have that rich history, if it's very much feeling like a repeat of what you saw many years ago when you led that organization?

**Mr. Eggen:** Well, thanks for that. Yes. It is a bit of a repeat, but it's even more insidious than I said the previous Bill 11 was. Or the third way, that was another one. I mean, these things come up. They wash up on the shore here every few years. You know, people take another shot at trying to compromise the integrity of our public system, and it's insidious.

This is perhaps the worst one because it was just before, for many years, that we've seen the public system being systematically dismantled, not training new doctors, making it impossible to get nurses – I mean, you have to have a 95 per cent average to get into

nursing school now – not funding the clinics and the pharmacies and so forth that we need. This one, although it's much more poorly written than even that last Bill 11, has sort of tried to soften up the target so to speak – right? – by an unparalleled attack on the public system over these last five years. [interjection]

Yeah. Our public health system needs a lot of work, and there are ways that we can do that immediately. We can invest and train the doctors and nurses and health care professionals that we need here in the province of Alberta and pay them a decent wage. We can invest in the public community health system – right? – to make sure that people don't just have to go to a hospital to get the help that they need, but to be able to get it in a clinic with a family doctor and have someone following their condition and the progress of their family's health in a reasonable and timely way.

We can make sure that we have universal pharmacare here in the province of Alberta, something that is always guaranteed to lead to better health outcomes. People choose to not get the pharmacy that they need because they can't afford it. Their insurance doesn't pay for it. We can make sure that we're looking after our seniors as well.

Sorry, are you . . .

**Member Irwin:** Yeah. I have another intervention. You know, one of the things you were just talking about is the impact on low-income folks, and this is something I worry about greatly as someone who represents one of the poorest ridings in Alberta, in fact. My colleague from Edmonton-North West has been a fierce advocate for fighting for marginalized Albertans, and I would just love if he could talk a little bit more about how this is just going to further the wealth divide, and it's going to further harm those constituents in his riding and mine that struggle every day to make ends meet and how that's very much not an equitable approach to something that we value so much as Canadians and as Albertans; and that's public health care.

**Mr. Eggen:** Absolutely. Unfortunately, I think my time is . . .

**An Hon. Member:** No, you're going to have a little bit more time.

**Mr. Eggen:** Oh, I have a little bit more time. Absolutely.

10:00

You know, again, it goes back to my very first comment, Mr. Speaker, which is that we need to make sure we're building capacity, and that capacity has to reach into the population in a meaningful way. You know what it's like. I mean, we're not doctors or nurses here mostly, but if you have something that's wrong and you don't look after it, it only gets worse, right? We have literally hundreds of thousands of people that are living on the edge. Their life is becoming less affordable here in this province. If you take something and pull out the public health care and prevail looking for people in private health care to provide that service, a whole lot of Albertans simply can't afford it. They have something wrong, and it's only going to get worse.

We can do a lot better. We have the moral imperative to do so. We have the means to do so. I know if there's anybody sick in my family and you have private health care, we'd sell the house to try to deal with it. Of course we would. But is that making a better Alberta? Does that help with the security and the safety of people that have to deal with their health care and have to access private health care even if they can't afford it? I would say no, Mr. Speaker. There is a better way to deal with this, and certainly there's a government in waiting here that would be happy to do so when the next election comes.

Thank you.

**The Acting Speaker:** Are there others? The Member for Edmonton-Riverview.

**Ms Sigurdson:** Well, thank you very much, Mr. Speaker. It's my pleasure to join the debate on Bill 11, the Health Statutes Amendment Act, 2025 (No. 2). It's quite a large tome here. How many pages is it? A hundred and forty-seven. So it's a pretty big bill.

I must say, as my colleagues have all articulated so well, that sadly, in Alberta currently we have a health system that is in chaos and has scandal after scandal, so there's also significant corruption. I hear daily from my constituents regarding long wait times for many procedures, knee surgery among them, and I have my own personal story of waiting six months just to attend an information session to learn about the knee surgery procedure and be assessed by allied professionals whether this was a good choice for me. It took six months just to sort of assess me. Fortunately, in my case we determined to not go ahead.

I mean, I have difficulties. I have some mobility limitations, but just from the further information I received in that, it didn't make sense for me to go ahead with the procedure. You know, sometimes it's not like an exact science, knee surgery. Some of the other surgeries, like hip surgery, I understand the vast majority of people are pleased with the outcomes, but with knee surgery you're not as confident with that. Just from the assessment that I had with the allied professionals, the information that I received, I felt like I could manage without surgery and do other things with physio. I'm seeing a personal trainer now, too, to help me with those issues.

Many Albertans don't have enough ability perhaps with their knees right now that I do, so they have to wait even longer in pain and with reduced mobility. Maybe they can't even function enough to take care of sort of the daily activities of managing yourself or managing your household. Of course, timely access to surgery like knee surgery is very important. It's paramount, really, to our quality of life, but the UCP have created so much chaos in our health system that timely care is severely lacking in our province.

I guess this is kind of the UCP's solution, you know, this Bill 11, this omnibus bill that looks at several pieces of legislation: the Alberta Health Care Insurance Act, the Public Health Act, the Health Insurance Premiums Act, and the Health Information Act. You know, whenever a bill changes things in more than one piece of legislation, we call them an omnibus bill. They've crammed a bunch of legislative changes into several different areas. Really, just for a shortcut for everyone: Bill 11 really Americanizes health care in Alberta. It creates a two-tiered health system. It undermines access. It pulls resources out of our public system, undermines our public system, and privileges those who have the money to pay for private care.

Like so many things that this UCP government does, they're kind of copycats. They follow what their conservative friends south of the border, the Americans, do. Actually they've kind of gone back quite a few years – I mean, not that it's not still existing in the U.S. today – back to the '60s. Maybe some people know, if they're sort of students of politics, that there was something that was called starve the beast. That was a political strategy associated with American conservatives. The strategy aims to defund public systems so they don't function well, and then we throw up our hands and say: "See? The public system doesn't work. Let's privatize, and that will fix it all." And guess what? Their friends make millions and millions of dollars, but we all end up with defunded public programs, much more expensive private systems that hurt us all, and nobody is better off except a few conservative friends.

The private system won't do it well, and it won't do it well in this bill either. It's the wrong way to go. But, again, this is kind of part of the conservative playbook which the UCP is following.

Let's look at the record of the UCP and how they're starving the beast here in Alberta, because we've got some really great examples of that. After being elected in 2019, they unilaterally tore up the contract with the docs. Why should we talk to the doctors about that? Why should we care about professionals? Why should we respect professionals? Let's just do whatever the heck we want. Guess what? That's what they did. And then they think, "Well, why are doctors leaving Alberta? Why don't they want to practice here? Why are over 60 per cent," I think it is, "considering leaving Alberta?" Because they're not respected in this province. As I said, a contract that was a legal contract was torn up by this government. Undermining sort of good faith in an negotiated agreement that they had: this is a way to weaken the public system, absolutely.

They've underfunded health care. Despite all the things they say, they have underfunded health care when you look at population growth and inflation. Yes, we've had a significant growth in our population, and inflation has been very high. So making sure that annual funding for health care keeps up at least with those two measures is paramount. Otherwise you're going to be cutting services. Did the UCP do that over the years that they've been in government, these past six years? No. That's underfunding health care, another way they're starving the beast.

Guess what else the UCP has done. They've tripled funding for private surgical clinics, and the cost of those surgeries in private facilities has increased by 80 per cent. So, you know, their friends and the private industry are already making some good coin. They're already making some money. How come their prices went up 80 per cent? And the UCP is happily taking care of their friends.

These kind of ways of starving the beast are creating increasing wait times for many procedures, a shortage of health care workers. We know that closed and overwhelmed emergency rooms province-wide are just the order of the day now, just everywhere. That's how it is. Certainly we know that oftentimes in rural Alberta, people have to drive hundreds of kilometres for obstetric care, to deliver babies in communities. And why is this happening? The UCP is starving the beast.

#### 10:10

We know that about a million Albertans do not have a family doctor. I mean, I opened my remarks with talking about, you know, the cavalier way the UCP dealt with the docs and just tore up their contract. No wonder many Albertans don't have doctors. Doctors are closing practices, leaving the province, perhaps retiring early. In 2024 61 per cent of family physicians reported considering leaving the province. This isn't a record to be proud of. This isn't a record to say: oh, the public system doesn't work, so we need to bring in a private system. This is a way the UCP has done policy change after policy change and been disrespectful to the professionals working in the system, and this has created chaos and corruption in our public system.

Yes, there are things that aren't going well in our public system, but why is that? It's because the UCP is starving the beast. They don't care about public health care. They say they care about public health care, but, really, they don't. Policy change, decision after decision, is hurting the public system. And then guess what? We'll bring out the bright, shiny new private surgical clinics, for example. They're going to make it all better.

Lorian Hardcastle is a U of C health law professor. She said this fall – I guess we're in December now. Can we call it winter yet? Perhaps. She said this fall that the UCP has created a perfect storm. She talks about three things that have created a perfect storm in

Alberta's public health care system. Hospitals are over capacity. That's number one. Like, they're often over 100 per cent full, and that's creating much chaos in our system.

They are dismantling AHS. We all know that there are these four separate areas now that are health care, and there's very little connection between those systems. Many of the staff within them don't know what's going on. Albertans, patients themselves, don't know how to navigate. I mean, they've just thrown everything up in the air, and it's coming crashing down. So the dismantling of Alberta health care.

And the third element of the perfect storm according to Professor Lorian Hardcastle is the low immunization rate. Of course, the UCP's unwillingness to promote immunization, vaccination, creating barriers to access, charging for the COVID-19 vaccination: this is creating a lot of stress in the health system. People are ending up in hospital with serious conditions because they didn't take the preventative measures. Certainly, you know, the science is clear on this. For a healthy society, public health measures, immunization being one of them, are a key component. Besides COVID we had a measles outbreak, and tragically one child died in Alberta due to that, again because of low vaccination rates.

You know, measles was considered eliminated from Alberta, and COVID certainly was being managed much better when people were being vaccinated. But now the UCP, because they're catering to sort of this more extreme right antisience, antivax base, they can't promote and support a fundamental public health measure, evidence based, proven by science. And guess what? It creates chaos in our system, and that is exactly what is happening right now.

Besides all of this, we're learning more and more about the corrupt care scandal. This privatization thing – indeed, this starving of the beast – is creating millions of dollars for friends of the UCP. Sam Mraiche is among them. When the previous CEO of AHS was investigating this, guess what? She lost her job. She got fired by the UCP because she was concerned about bloated contracts to private surgical facilities. She was about to meet with the Auditor General to discuss, you know, concerns about this and how the procurement processes went, which was a completely appropriate step for her to take being a good steward of the public purse. But guess what? For her due diligence she was fired. She had also spoken to the board of AHS about this and let them know about her concerns, and guess what? They were responsible Albertans. They, too, were concerned about it, and they wanted her to go ahead and do this. They were in support of her, and the whole board was also fired.

You know, it is so clear to me – and I think it's very clear to Albertans also – just how much the UCP is following the U.S. conservative playbook. This starving the beast, supporting their friends in the private sector to make millions of dollars, not caring . . .

**The Acting Speaker:** The Member for Lethbridge-West.

**Member Miyashiro:** Thank you, Mr. Speaker. I'm not going to repeat everything that everyone said about Bill 11 already, but I'm going to say a couple of new things. You know what was said about the Alberta NDP government during their time? Alberta's health system has enjoyed one of its most uninterrupted periods of stability under the NDP's reign, and the Alberta NDP calmed down the system, made significant improvements, and provided stability for health planners, professionals, and workers. Hmm. Imagine that.

And now – and now – well, the UCP's war on doctors left Albertans struggling to access primary care. The Alberta surgical initiative led to longer wait times in corrupt care. Wait times have largely gotten worse, not better. Private surgeries cost more. The

shortage of crucial health care workers, anaesthesiologists and OR nurses, in the public system has gotten worse. Wait times for cancer care have exploded. Health care workers' morale is at an all-time low after years of attacks and bullying by the UCP. Paramedics are overworked and exhausted and the EMS system is hanging by a thread, and rural Albertans have less access to care than ever before: closed ERs all over the place, no ob-gyn coverage; women can't give birth in their communities. We have such a shortage in Lethbridge, in southern Alberta, that people are going out of region for ob-gyn care. People are not able to give birth to babies in their communities.

Mr. Speaker, I spoke this afternoon about the difficulty in accessing prostate cancer surgeries in Alberta, particularly in the south region. People are waiting up to a year for cancer surgery, people seeking private care in other jurisdictions that they can't afford. But you know what you can get if you have lots of money? You can actually go somewhere else and get really good health care services.

If this American-type health care is what we're looking at here, let me give you two examples of why it works if you have money or a really good health care plan and why it doesn't. When I was running the seniors organization Lethbridge, we had a services fair every year. From the time we started, one of our most committed customers to have a booth in our trade fair was the Kalispell regional health centre. Why? Because they were able to talk to a whole bunch of seniors in two days, probably 2,000 seniors in two days, that wanted to chat with them about knee surgeries and hip surgeries and shoulder surgeries. Every year from our show alone they got between six and 12 patients at Kalispell regional health centre.

**10:20**

In fact, they got so many from us that one year they brought up their computer guided laser surgical assistant and did a demonstration for orthopaedists from around southern Alberta. This piece of equipment is so expensive that – the company that provides it is from Colorado – they had two staff truck it up to Lethbridge for two days in order to do demonstrations, show people how it worked. But if you had money, \$15,000 to \$20,000 depending on what kind of surgery you wanted, you were able to afford it. It didn't take anything out of our wait-list in southern Alberta, really. Those people were paying for their care, and it took so long for our wait time, anyway, it was barely a dent.

The other thing that I've seen personally if you have enough money or the right kind of health care plan – we were on vacation in southern Utah a number of years ago, and a friend of mine got very ill. He had diverticulitis, so we took him to the emergency room in Kanab, Utah. Once they phoned the insurance company in Winnipeg and were able to determine that they'd be covered, he had more tests and assessments done on him in probably two hours than he'd ever had in Lethbridge just because this hospital knew someone was going to pay for it and pay for it now.

Let's talk about something else right now. This government wants to do for-profit diagnostic screening because they think it's going to take people out of the queue, but this is just another case – and we've seen this before with other legislation put forward this sitting – of unintended consequences are going to happen because of the inclusion of for-profit diagnostic screening in Bill 11. What do I mean by this? Well, just a couple of weeks ago there was a long article in the *Calgary Herald*. A doctor that had done research into private for-profit clinics and diagnostic screening: they talked to him at length about what his findings were, and what he said was that blindly increasing access to medical tests will lead to wasted resources, higher anxiety among patients, and in some instances the

creation of a two-tiered system in which many in critical need of examination will be left off. That's Dr. Braden Manns from the U of C.

They studied the consequences of allowing private players to provide cardiac imaging in Alberta in the late '90s. He's concerned that private players will attract existing staff at hospitals. You know what the argument is, right? You have private care, all these people are going to pay to do it, they're going to take them out of the queue, and then everybody else has a chance to go in, but we know it doesn't work that way. The private players will attract the existing staff in hospitals and other settings, which are already suffering a hemorrhage of health care workers. Data gathered by the Canadian Institute for Health Information showed that Alberta staff levels for certain health care workers, including nurse practitioners, were well below the national average. With some doctors the frequency of tests was even lower.

I'm going to say this a couple times because I want you to wrap your head around this. Low-risk individuals referred to some doctors who are also paid to interpret those cardiac tests and often are the owners of such private for-profit cardiac testing clinics were five to 30 times more likely to be tested than those referred to specialists who weren't paid to interpret these cardiac tests. Let me just say that again because I want this to sink in. Low-risk – low-risk – individuals referred to some doctors who are also paid to interpret these cardiac tests and often are the owners of such private for-profit cardiac testing clinics were five to 30 times more likely to be tested than those referred to specialists who weren't paid to interpret those cardiac tests.

**Dr. Metz:** Will you accept an intervention?

**Member Miyashiro:** Certainly. Go ahead.

**Dr. Metz:** Yes. One of the other consequences . . . [A timer sounded]

**The Acting Speaker:** The member can proceed with the intervention. It's just a malfunction.

**Dr. Metz:** One of the other consequences of just deciding when you want to get testing done is that a lot of people with back pain will think that they need an MRI scan. Oftentimes almost everyone's MRI on their spine is going to show abnormalities because there's just so much there. It's well known in the U.S. that if you want to get credit for getting a patient better with back pain, you'd better operate within six weeks because we know that 9 out of 10 people are going to get better within nine to 12 weeks anyway. So, quick, do the test and do the surgery because then you get credit rather than the natural history of the disease, which is to get better.

**Member Miyashiro:** Right. Wow. Well, thank you very much for that, Dr. Metz.

Having more people tested might seem like it's a really good idea, but the reality is a lot more complex. The number of cardiac surgeries did not increase much in that time period, and although the facilities were run by private companies, the services were paid for by the government. That meant more tests of those who weren't considered a risk consumed hundreds of millions of taxpayers' dollars. We paid about \$700 million more than we would have if we hadn't offered these tests in the for-profit system; \$700 million more because we had more tests done that weren't necessary.

The tests also sometimes show false positives, potentially causing concern among patients. These examinations are sometimes invasive and result in other side effects, which need more treatment. This study is so relevant to the announcement of Bill 11, and if the test revealed any significant or critical condition,

his fee will be reimbursed to the patient although the criteria for those haven't been met as well, Mr. Speaker.

This government thinks that it's going to create this flood of investment in health professionals into Alberta. This government thinks that the wait times – in fact, the Premier said this – will have less to do with staff shortage and more because of the number of procedures that the province paid for. I don't know, actually, what that means, but I would think that if you don't have enough people to do the assessments, it doesn't matter who's paying for them because they're not getting done anyway.

You know, the other thing that they talked about was having a bunch of new nurse practitioners do work and have a bunch of other health care professionals, but here's an example that was used in this article. We only have a limited number of nurse practitioners in Alberta, so if they are working with the radiology clinic, let's say, explaining results to patients, they're not working in primary care. This doctor would argue that we have a much greater need for nurse practitioners to work in primary care than we do for them to work in radiology clinics. We also have found this to be the case in other departments while studying the impact of privately run cardiac imaging.

Sometimes it's hard to get specialists to staff the coronary care units when you have a heart attack, and why is that? Because many of them are already working in the testing facilities. This goes to the point that you can't stretch people farther than they can work, right? It's an easier job working in the testing facility than it is doing the coronary care. It's an easier job, and they get paid a lot more, and it's Monday to Friday.

Dr. Manns and two other doctors also did an op-ed recently. They cite two examples of the importance of having one system. In the first example they give, a 35-year-old woman with heavy, irregular bleeding and no family doctor pays for tests that reveal a uterine mass. Meanwhile another woman with the same symptoms but without the money waits months for her public ultrasound and MRI,

but unfortunately she had cancer, and by the time she's finally scanned, it has spread. She dies waiting for a system that promised fairness.

**10:30**

We don't need a two-tiered system, Mr. Speaker. We need a system where people are given dignified care and not deprived of it. We can't afford for us to have a two-tiered, American-style system. Actually, not even a two-tiered, American-style system; an American-style system. Period. We can't afford to have people not be tested because they can't afford it. We can't afford for people to jump the queue because they can't afford it. This is not something that we need to do. This is not something that we actually want to do.

But you know what happens, right? You have some heartburn and you're scanning something online and you're watching TV and then something pops up and says: hey, get a cardiac CT scan for 600 bucks. So you're thinking: "Well, that's going to make me feel better. I'm going to go and pay for that test." But, inevitably, it doesn't actually reduce your anxiety because the problem doesn't go away, or the test actually shows you something that doesn't change what we do. Maybe there's something in your blood system, or maybe it's actually increasing your anxiety.

You know, Mr. Speaker, I could go on and on and on. However, I move to adjourn debate.

[Motion to adjourn debate carried]

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

**Mr. Amery:** Thank you very much, Mr. Speaker. I motion that we adjourn the Assembly until 1:30 p.m. on December 2, 2025.

[Motion carried; the Assembly adjourned at 10:32 p.m.]









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