



Legislative Assembly of Alberta

The 28th Legislature
First Session

Standing Committee
on
Families and Communities

Bill 204
Irlen Syndrome Testing Act

Monday, May 13, 2013
6:18 p.m.

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First Session**

Standing Committee on Families and Communities

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Cusanelli, Christine, Calgary-Currie (PC)
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Jablonski, Mary Anne, Red Deer-North (PC)
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Leskiw, Genia, Bonnyville-Cold Lake (PC)
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Bill 204 Sponsor

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[Mr. Quest in the chair]

The Chair: All right. Good evening, everybody. We will call the meeting to order and welcome all our members and staff in attendance for the Standing Committee on Families and Communities.

I'll get all the members to introduce themselves and any staff, too, although I see we've just got a few. We'll start with the deputy chair.

Mrs. Forsyth: Heather Forsyth, Calgary-Fish Creek.

Mrs. Leskiw: Genia Leskiw, MLA, Bonnyville-Cold Lake.

Mr. Jeneroux: Matt Jeneroux, MLA, Edmonton-South West.

Ms DeLong: Alana DeLong, Calgary-Bow.

Ms Cusanelli: Christine Cusanelli, Calgary-Currie.

Ms Jansen: Sandra Jansen, Calgary-North West.

Mr. Fraser: Rick Fraser, Calgary-South East.

Mr. Goudreau: Hector Goudreau, Dunvegan-Central Peace-Notley.

Mrs. Jablonski: Mary Anne Jablonski, Red Deer-North.

Mr. Wilson: Jeff Wilson, Calgary-Shaw.

Mr. Pedersen: Blake Pedersen, Medicine Hat.

Mrs. Towle: Kerry Towle, Innisfail-Sylvan Lake.

Mr. Reynolds: Rob Reynolds, Law Clerk.

Ms Sorensen: Rhonda Sorensen, manager of corporate communications and broadcast services.

Ms Leonard: Sarah Leonard, legal research officer.

Dr. Massolin: Good evening. Philip Massolin, manager of research services.

Dr. Brown: Neil Brown, Calgary-Mackay-Nose Hill.

Ms Rempel: Jody Rempel, committee clerk, Legislative Assembly Office.

The Chair: Dave Quest, Strathcona-Sherwood Park and chair of this committee.

I'd also welcome Dr. Swann, who just came in.

Mrs. Fritz: Could I just speak, Mr. Chairman, to say that it's Yvonne Fritz, Calgary-Cross.

The Chair: There you are, Yvonne. I'm sorry.

Mrs. Fritz: Thank you.

The Chair: Welcome, Yvonne, by phone.

Anybody else on the phones? Okay. Great. Thanks very much.

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If everybody has their agenda, could we get a motion to adopt the agenda? Mr. Goudreau. All in favour? Carried.

If we could go to the approval of the previous meeting's minutes. Everybody has got them? Okay. They were from March 12, 2013. Those are the ones you've got. I just need a motion that the minutes for the March 12, 2013, meeting of the Standing Committee on Families and Communities be adopted as circulated.

Mrs. Leskiw: I move that we adopt the minutes from Tuesday, March 12.

The Chair: All right. Very good. All in favour? Okay. Any opposed? Very good. Thank you.

We'll get to the scope of the review that we're going to undertake on Bill 204, Irlen Syndrome Testing Act, Mrs. Jablonski's bill. It was referred to the Standing Committee on Families and Communities by the Assembly on April 22, 2013, pursuant to Standing Order 74.1(1).

I understand that the committee was considering initiating a new review related to mental health – that was actually before I got here – and we can discuss that later if time permits. The standing order clearly requires that any matter referred to us by the Assembly takes precedence over any endeavours, so at this point we'll need to focus our efforts on Bill 204.

This is a process that some committee members have not been through before; some of us, of course, have. To refamiliarize us or familiarize us with how the process is going to work, we'll get Mr. Reynolds to provide a few comments if you're ready.

Mr. Reynolds: Great. Well, thank you very much, Mr. Chair. It's a pleasure to be here this evening with you. As you've just indicated, Bill 204 was referred to this legislative policy committee on April 22, 2013, during debate at second reading, as has just been introduced. Of course, the sponsor is here with us this evening, Mrs. Jablonski.

Now, this was referred under Standing Order 74.1, and you will note that the referral occurred before the bill had received second reading. The difference here is that providing the committee with an opportunity to comment on the bill prior to receiving second reading gives the committee a broader scope with respect to its review. Once a bill receives second reading, it's a statement that the Assembly has agreed with the principle of the bill. So the committee, generally speaking, at that point just suggests amendments to the bill or that the bill not proceed at all. When the report comes back, the bill goes into Committee of the Whole. When you report or when you consider this, you can really comment more broadly because it has not been approved in principle. You can call witnesses, which we'll get into, and your report can be of a more substantive nature, if you will, with recommendations on the issue or more of a discussion of the issue than if it had passed second reading. Then you would just be limited to, as I said, amendments to the bill.

Now, of course, if one were to look at Standing Order 74.2, it says:

74.2(1) When a Bill is referred to a Legislative Policy Committee after first reading, the committee may conduct public hearings on the subject matter of the Bill and report its observations, opinions and recommendations with respect to the Bill to the Assembly.

Now, I just wanted to say that you'll note that it refers to the subject matter of the bill. That means that you can have, as I said, a broader review. After second reading you're limited to the contents of the bill.

6:25

Then if the committee recommends that the bill be proceeded with, the bill is placed on the Order Paper for second reading. Remember that this was referred before the bill had completed second reading, so it has to go back for second reading if the committee recommends it be proceeded with.

There have been other private members' bills that have been referred to a committee before they've received second reading. I do not believe that in either case the committee recommended that they proceed. In 2009 the committee was considering an amendment to the Municipal Government Act dealing with the municipal auditor general, and the committee recommended that that bill not proceed. In 2008, I believe, a committee was considering Bill 204, which dealt with hand-held communications devices, and recommended that that bill not proceed. As of yet we don't have a precedent where a private member's bill has come back with recommendations to proceed, but just because there's no precedent doesn't mean you can't strike out on this new territory.

Of course, the process you're engaged in and how you conduct the public hearing is entirely up to the committee. The options you examine with respect to soliciting opinions or advice are entirely up to the committee, as I said. I don't really have anything else to say on this. I'd be pleased to answer questions.

I think members will recall that at some point since the last election there was probably something on witnesses before a committee and the protections that they enjoy. I think you can find that at page 48 of the Practical Guide to the Committees of the Legislative Assembly of Alberta or in some procedural handout that you received once upon a time as part of your orientation, roughly a year ago.

The other thing I'd like to say is that if you'd like to pursue this about referral of a bill to a legislative policy committee, you can just look at page 20 of your Practical Guide to the Committees of the Legislative Assembly of Alberta.

I'd be pleased to answer any questions, Mr. Chair.

The Chair: Questions?

Ms Notley: I was just wondering if we had additional copies of those handouts from way back when, just where we could get them.

Mr. Reynolds: I would defer this to Dr. Massolin, who I believe is a veritable storehouse of these sorts of materials. He's a clearing house, if you will.

Dr. Massolin: Yes. I think I have half a dozen or a dozen or two dozen copies left in my office, so I can get you one.

Ms Notley: I can work with one. That's good.

The Chair: Okay. Also, just quickly, for the record I want to welcome Mr. Young and Ms Notley to the meeting.

Mr. Young, a question?

Mr. Young: Yeah. I was just wondering: when something is referred to our committee, how prescriptive is that referral? Does it frame the discussion in terms of scope around that specific issue, or do we have the ability to broaden the scope? To sum up, how prescriptive is that referral?

Mr. Reynolds: Well, I would say that I think you're somewhat restricted to the subject matter of the bill because the task of the committee is to report back on the bill. Now, having had it

referred to you prior to receiving second reading, you can look at the subject matter of the bill, which allows you to be a little broader in your review than it would be if it was just on the contents of the bill.

Mr. Young: Where I'm going with this is that, I mean, we're looking at Irlen syndrome, but also part of that is about screening and early testing for a condition. There are many conditions. Is it within the scope – I'm hoping it is – that we look at it as a general approach to early screening or testing for a variety of conditions, that it's not just this one particular condition?

Mr. Reynolds: Well, that would be a decision that would be up to the committee with respect to how broadly the committee interpreted its mandate. All I can say is that, you know, the task is to complete a review of the bill that's been assigned to you based on the subject matter of the bill.

Mr. Young: Okay. Thank you.

Mrs. Forsyth: Well, I just need to get some clarification. You talked about page 20 of the practical guide. What happens when it's just introduced and then not debated between second reading? My understanding is that if it passes second reading, then the scope is limited. We like the premise of the bill; there are just some questions on what we don't like. If it goes before second reading, the scope is broader, but it still has to be about the bill.

I mean, the previous ones from 2009 and 2008. You said you had nowhere to look on passage because both of those bills, the municipal government amendment act and the hand-held communication devices, were defeated in the committee, not recommended to go into the Legislature. My understanding from the training we got in the legislative session when we first got elected was that it had to stay on the premise of the bill but that the scope could be a little broader prior to second reading.

Mr. Reynolds: Yes. Sorry if I didn't communicate that. That's what I was attempting to do. The scope of the discussion is broader prior to the bill receiving second reading.

Mrs. Forsyth: But I think what Mr. Young is questioning is talking about the screening for some of the other disabilities. We have to stay on the Irlen syndrome, which is my understanding from when we went to training for the committee.

The Chair: I think, if I may, there's going to be some opportunity as our discussions move forward about this. Tonight we just kind of want to lay out what the plan is, how we're going to proceed. You know, we're not going to be rigid about discussions that are relevant to the bill as we go forward.

Okay. Item 5, the discussion items. If we can move on to that. We're going to have a consultation with stakeholders and/or the public. We'll have to decide. Now, we've only got an hour tonight, and we're about 20 minutes into it already, so I would suggest that we focus our efforts on the initial step for the review and provide that to support staff so that they can go away with some direction here to begin the review. One of the first things we need to consider is: what kind of consultation process is best suited to this review? I would suggest that we invite the bill's sponsor, Mrs. Jablonski, to make her presentation to the committee at our next meeting. We'll have to allocate some time for that. For example, 10 minutes for a presentation and 10 minutes for Q and A? Or how much time do you think you'll need? I'm sorry that we can't get to it tonight, but that will be kind of our priority at the top of the next meeting.

Mrs. Jablonski: That sounds adequate, 10 and 10. Of course, I can't tell you everything, but I can tell you enough.

What I would like to ask about, Mr. Chair, is that we're trying to decide how we proceed, so we have to have a plan to proceed with, correct? That's what we're here for tonight?

The Chair: Yeah.

Mrs. Jablonski: I think Rob mentioned that under Standing Order 74.2 it talks about public hearings. My question or maybe my proposal to the committee is that I would like to ask the committee if they would find it acceptable to have not only written submissions but to indeed have a public hearing. I have a number of people, three doctors and others, who would like to be here for a public hearing. So that's my request.

The Chair: Okay. If we can just move on with your presentation, and then we'll get to that right away if that's all right. Is the 10 and 10 agreeable to you?

Mrs. Jablonski: Yes.

The Chair: Committee, does that sound fair? We're agreed?

6:35

Dr. Brown: I'm not sure it's fair to have her restricted to 10 minutes. I know that you probably talked about it more when you introduced the bill.

The Chair: Well, that's what we're here talking about. If you think you need more time . . .

Dr. Brown: I would think 15 minutes would be more in line, but that's just me.

Mary Anne, would you like some more time?

Mrs. Jablonski: I would definitely like more time, but I want to be agreeable with our chair.

The Chair: Sure. Okay. Well, with the committee, really. So 15 for presentation and 10 for questions. Do you think that'll be sufficient?

Mrs. Jablonski: I think so.

The Chair: Okay.

Mrs. Jablonski: What about the committee?

Dr. Brown: If you're happy with that.

The Chair: Okay. Yeah. You'll be here all the way along, so we just want to make sure it all works for you.

If everybody is agreed, we'll go for about a 15-minute presentation and about 10 for questions. We'll allow a little bit of flexibility to everyone, all the information we can get.

In addition, of course, to hearing from our sponsor, Mrs. Jablonski, we have to talk about inviting other interested parties. We can have stakeholders, written submissions, oral submissions, a combination of the above. You know, we will definitely get, I think, quite a bit of interest on the written submissions side. We got one already from the Association of Optometrists.

Everybody is okay with written submissions? Agreed?

Dr. Swann: My big question is: why is it here? If, like the hon. member Steve Young said, there are a host of medical conditions that need to be reviewed for their appropriateness in the public health system to be screened and identified and treated if they're

found – I don't remember enough about the fall sitting to know why it would be brought to a parliamentary committee when there are medical committees in the province that identify high-risk conditions or even low-risk conditions that need to have a screening program in place. So before we start talking about consultation and things, I think we need to decide why it's here and whether it should even have . . .

The Chair: And that would be the short answer agreed on. I mean, it was referred to this committee by the Legislature is why it's here.

Dr. Swann: So the main debate, it seems to me, that we need to have is: is this the appropriate place for a recommendation on health screening in Alberta?

The Chair: Good question. Okay.

Mrs. Forsyth: Well, I was one of those lucky people that had the opportunity to spend some time with Mary Anne last summer, and she brought this to my attention. I had no idea what it was. She's very passionate about it because I believe her grandson is affected with it. Through some, you know, jumping through hoops and things, they finally determined what was wrong with the little guy.

What I would like to see before we even move any further on this discussion is some research because I'm just going by memory from what Mary Anne told me last summer when we had an opportunity to talk. Can the committee provide us with some research? That way it gives us a basis to be able to say that, well, we should look at consulting this particular person or these particular individuals. What's being done in other provinces? What's being done in the States? I think that's key to who we should be able to talk to. I'm not sure if I want to go into a public consultation process, but I like the idea of written submissions.

I have no problem if Mary Anne puts together a group of individuals and has them present to the committee. If you start going on a public consultation process, then we're going to have every group in front of us at a public consultation. I've been through those before, and even if you say this is what the discussion is, you're not going to stop someone at the mike that's very passionate about their child that has a disability and that sort of thing.

Mary Anne, you have a host of people that you've been in consultation with. I think if we have them present to the committee, it would be much more fertile. I could be wrong.

The Chair: I'm just going to stop because we will get to that. You know, we've got support here to do some of that for us.

Mrs. Forsyth: Well, we need some research.

The Chair: Yeah. Absolutely.

Mrs. Jablonski: Excuse me, Mr. Chair. I just want to comment briefly on that. That's exactly what we intend to present to you as a committee is the research and the written submissions, et cetera.

The Chair: Sure. Absolutely.

Dr. Swann: With all due respect, the chair and deputy chair of this committee identified three priorities for this committee. They have now been bumped by a condition that has the interest of a few members of the committee, and I understand that. But that is generally the purview of the medical and optometric communities in the province to say: is this appropriate for screening, and if so, how do we work it through the process of the Health department

to identify it as a priority and get the funding and get the screening in place where the evidence shows that it is effective, it is cost-effective, or there is a resource to deal with this condition when it's been identified?

I'm arguing that it shouldn't even be before this committee, so I don't want to get into discussions about whether we do or do not bring in research. I want to talk about whether this committee has a role when we've established our priorities as being primary care, seniors' care, mental health. This is not an issue that I would have thought this committee would be dealing with. I respect the member having brought it forward in the Legislature. We have to make a decision about it, but the larger question has to do with whether this is an appropriate committee to talk about the appropriateness or inappropriateness of a screening test in Alberta.

The Chair: Okay. Understood, and that is on the record.

So we're going to go with written submissions. We will have to establish a due date for those to be in. Any thoughts on what a reasonable time is?

On this topic. Go ahead, Mr. Wilson.

Mr. Wilson: Thank you, Mr. Chair. I tend to take a different view of this than Dr. Swann, although I respect your opinion, sir. I do believe that the work of this committee should be focused as much on legislation as possible. The Legislature has asked us to look at this, so I think it's incumbent upon us to do that, and it should take precedence over some of the other, I guess, issues that we were dealing with in the past. That's just my personal thought on it.

Regarding the written submissions I would suggest that we pick either a 30- or 60-day window for those submissions to come forward. I don't believe we should ask for public consultation until we have seen all of the written submissions. I believe that we should be able to make a judgment call based on what's been submitted as to whether or not we need to go that extra step and have people come here and present to us, and I think the committee should be able to make that decision after we've seen what the written submissions are.

That basically concludes my comments at this time. Thank you.

The Chair: Very good.

Mrs. Jablonski, I'll just give you an opportunity to respond, but if we can just keep it . . .

Mrs. Jablonski: I'll keep it short.

Thanks, Jeff. I would say to you that, yes, the written submissions are extremely important and we need to have those in front of us, but I would say to you that I like Heather's suggestion that if we don't go to the full public hearing point in the beginning, I would certainly like to present to you a number of people who have compelling testimony about how they were helped. One is a doctor. The other is Helen Irlen herself, from California, who is willing to come to talk to the committee.

If you don't want to go that far, I still think you need to see some of the people who have benefited from the results of testing. Written submissions can't impart the passion and the success of being helped by filtered lenses and changing peoples' lives. So even if we only allow a certain number of people to come before the committee before we go to a bigger public hearing, if that's what the committee chooses, I think that it's really important to have that as part of making our decision.

The Chair: Are we agreed, then? Are we going to go with written and oral presentations? Because I'm getting that. Okay.

Ms Notley.

Ms Notley: Yes. Thank you for giving me a chance to speak. I want to start out by saying to Mrs. Jablonski that I am also aware of this condition and have as well in a somewhat personalized context done a great deal of research about it, and I'm sympathetic to your passion about it and your desire to move forward on it. I think we can do that.

Let me just say that I'm very aware of the standing orders, which, frankly, compel us to turn our attention to this issue. We can't not turn our attention to the issue because of the standing orders. But the questions become: what is the scope of that attention, how long does it go on, and how much of this committee's time do we take in dealing with this issue? I think Dr. Swann had a very good point in that there are already committees set up through AHS which look at various different conditions and medical treatments and assess the efficacy of those medical treatments for these conditions and that kind of thing.

6:45

Now, clearly the Assembly has asked us to go beyond that and do a bit of extra research on it, and I think that we are compelled to do that. But I think it's really important to remember the point that Dr. Swann brought up, which is that this committee was engaged before estimates in a very substantial and, I thought for one of the first times since I've been elected, a very meaningful and useful amount of work, beginning the discussion around the state of mental health in this province. That is something that all four parties on this committee had agreed ought to be this committee's priority, and that was something we started doing a lot of good work on.

To suddenly abandon that work, even if it is only temporarily – and I presume it is only temporarily – and then to suddenly have to instead redirect our efforts to just one area I think does a disservice to those people who were impacted by that much larger area that we were turning our attention to. Indeed, as a committee our preliminary information was that in that much larger area, where 1 in 10 Albertans are suffering from it, there are some very serious problems in this province. So in terms of our decisions about where we put our priorities to help the greatest number of people and make the greatest amount of change that impacts the greatest number of people, we need to also take that into account.

Now, I say that in the context of believing that the standing orders compel us to address this syndrome. I am very sympathetic to the merits of Mrs. Jablonski's submissions. I do think we should turn our attention to it, and I'm very inclined to make a positive recommendation. I just don't want to turn it into a great, long, exploratory thing which then diverts us from the extremely important and otherwise encouraging work that we had been able to start before that.

That is why I'd like us to be very much refined in what it is that we turn our attention to with respect to Irlen syndrome. We get the information from the experts, we come up with a recommendation that is within the scope of this committee without us then becoming scientists and researchers and a travelling road show, and then we go from there. Ultimately, we are simply a parliamentary committee; we are not researchers and scientists. We're talking about a screening test, so it's in or it's out. To me, it doesn't have to take a really long time.

The Chair: We're developing a long speakers list, and we're kind of moving away. We're talking about process here, okay? I want some consensus. First of all, it sounds like we're taking written presentations. Agreed? Okay. A reasonable time frame: Mr. Wilson suggested 30 days. Any thoughts on that? Is that enough time? Not enough?

Mrs. Jablonski: I don't think it's enough time because we have to contact the people, and then we have to give them time. If 60 is too long, then at least 45, please.

The Chair: I'm going to go to Ms DeLong. I've moved on to another topic here.

Ms DeLong: Thank you. I think hell must have frozen over because I'm agreeing with the vegetarian – I'm a carnivore – and the NDP. I do believe that, yes, it is on our plate. It is definitely on our plate. There's no way around that. But where we go from here is totally up to us. So I'd say yes. If we can get written submissions, after we've had a look at those written submissions, then we can make a decision as to where to move forward from there.

The Chair: That does sound reasonable to me.

So written submissions, 45 days. Agreed? Okay. Very good. We've got that.

Dr. Swann: No, I don't agree, for the record.

The Chair: Okay.

Mrs. Jablonski: May I make one comment about the timeline? I agree with Rachel that we need to have a refined process, and I would just say that my goal would be that we make a recommendation prior to going back into the House in the fall.

The Chair: Okay. Well, we'll get on to that. We'll see how much work is in front of us here, I think, before we decide.

So written submissions for 45 days, and then we're agreed that we'll consider oral submissions at that point based on written submissions. Does that sound reasonable? Yes? No?

Mr. Goudreau: Just a couple of comments. I'm not sure if it adds to the decisions we've already made, but I really see our role as one of establishing public policy. I think we need to call on the expertise that is out there to try to influence our decisions as public policy-makers. There's no doubt that the Alberta Health Services committees that review these things are probably quite busy. This syndrome is probably not on their radar to check. I think it's up to us, as directed by Legislature, then, to bring it before them and, like I said, call on their testimony or their written submissions to influence the ultimate decision of this particular committee.

The Chair: Okay.

Mrs. Forsyth: I just want to reiterate what the challenge is. We've got Mary Anne, who's very passionate about Irlen syndrome, but we've got committee members, including myself – and I questioned Jody in regard to not losing the momentum on mental health. I think it's imperative for this committee to say: everything will be done and reported by the 1st of September so we can start working on the mental health in the fall and continue from there.

I agree with, I guess, Alana and Dr. Swann and Rachel and a few others that this mental health initiative is – Rachel mentioned 1 in 10; I'm hearing 1 in 6 now. So I think we have to have a defined end date for this, that we're going to make recommendations by the 1st of September. Mary Anne can bring it back in the fall sitting. If we get tied up into all of this process, then we're going to lose the mental health initiative, and that was agreed on from weeks of committee discussion with the previous chair to get to that point.

The Chair: Okay. All right. Well, we need to establish how the process is going to work. Then once we've done that, we'll be able to establish a timeline. We can't establish a timeline until we know what the job ahead of us is.

Okay. So I'm going back to this quickly, then. Written submissions for now, and then we'll invite oral submissions. Is that agreed? Okay?

Mr. Wilson: Yeah. I think if it's necessary to have oral, it should be voted on after seeing the written submissions. That would be my suggestion.

The Chair: Okay. Anybody else? Okay? We'll call that agreed.

Then stakeholders or public at large. I'm sensing stakeholders. I mean, this is a rather complex and somewhat unknown area for most of us.

Mrs. Jablonski: A question for clarification on the written submission: can that include a PowerPoint presentation?

The Chair: I don't see why not. Slides and hard-copy slides, yeah.

Mrs. Jablonski: Okay. Thank you.

The Chair: Okay. Do we invite the public? No? I see a lot of headshaking.

Dr. Brown: I would propose that the invitation to provide submissions would be restricted to those stakeholders which you've identified. There's, I think, one more that I noted that I would have put on. That would be the office of the chief medical officer of health in Alberta. I noticed it wasn't on there.

The Chair: Okay. Sure. We'll pass that on to the right here. We'll talk to research about that.

Now, we've asked them to begin compiling this list. This is a draft for Bill 204, so that gives us a start, Neil. Of course, it can be expanded on. I'll get Dr. Massolin to talk about the list. If there are a couple of questions, that's good, but I do have some other items we need to move through in the next 20 minutes, so if we can keep it relatively brief, that would be appreciated.

Dr. Massolin: Thank you, Mr. Chair. I will keep my overview very brief. We just put together a draft stakeholder list. I emphasize to all committee members that it's a draft. That means that it's the committee's list. It can be added to or subtracted from, and we can go from here.

6:55

Just briefly, the stakeholders list is divided up into the four sections you see in the table of contents there, with educational organizations and the list following: learning disability organizations, medical and professional associations, and then finally, provincial government departments and researchers at the end.

I'm happy to answer any questions, Mr. Chair, and to take any requests to add to the list. Thank you.

The Chair: Mrs. Jablonski.

Mrs. Jablonski: Thank you, Chair. I do have a list of about 11 other people that I would like to add, including doctors, who are very aware of the syndrome, and researchers. Mr. Chair, would you like me to read it into the record, or do you want me to just hand it over to Dr. Massolin?

The Chair: No. It's going to get us to the next point. In the interests of brevity here I think it might be a good idea if the committee authorize me in consultation with the deputy chair to approve the final list of stakeholders to be contacted for the review. Then we can just take them between us from everybody and help Dr. Massolin with his. I would appreciate input from everybody if there's anybody that you think we should be inviting to submit, not necessarily that we'll get submissions from. Actually, if I could get a motion to that effect, that

I in consultation with the deputy chair compile the list as it comes from the committee.

Mr. Wilson: So moved.

The Chair: Mr. Wilson. Okay. All in favour?

Mrs. Jablonski: A question. Does that mean you're going to question the list that's a draft?

The Chair: No, there's no questioning. We'll take your list, and we'll put it on there.

Mrs. Jablonski: Okay. Thank you.

The Chair: Okay.

Dr. Swann: I just want to reiterate that this syndrome may well be on the list of a committee of public health that's being reviewed. They may have done the interviews. They may have done the research. They may have a recommendation based on the best science that's available in Alberta. We are going to be drawing on people that are already busy, already have made presentations, perhaps, to a committee of Alberta Health or the public health branch.

My first question would be: has Irlen syndrome been reviewed by our prevention and screening committee? If it has, what is their recommendation? Then we go from there.

The Chair: Why don't we get them on the list and ask them to submit?

Dr. Swann: All I'm suggesting, Mr. Chair, is that we have a list of maybe 50 or 60 we're inviting . . .

The Chair: I'm not sure what the total is now.

Dr. Swann: . . . who may already have presented to an official committee of Alberta Health that has made a recommendation. It may be in the works that they're going to implement the screening program for Irlen syndrome for all we know.

The Chair: Sure.

Mr. Wilson, what's your motion? What do you think a reasonable time frame would be to get the invitations out to those wishing to submit?

Mr. Wilson: Mr. Chair, I would move that that happen in the next seven days.

The Chair: Does that work, Dr. Phil?

Dr. Massolin: It's fine. If we can get the lists in expeditiously, it's not a problem.

The Chair: If you're not taking off to Maui or something, we're fine.

Does that work for the rest of the group, then?

Mrs. Jablonski: Clarification.

The Chair: Yes.

Mrs. Jablonski: Jeff, are you saying that we get the invitation out within seven days, and then ask them to be able to respond within how many days?

Mr. Wilson: Forty-five.

Mrs. Jablonski: Okay. Thank you.

Mr. Wilson: Does that work?

Mrs. Jablonski: Yes.

The Chair: So seven would be just about right as long as all the members can get their submissions to go onto the list to be invited in seven days.

All in favour?

Mr. Reynolds: Sorry, Mr. Chair.

The Chair: No. Go ahead.

Mr. Reynolds: That would mean the end of this week because next Monday is a holiday.

The Chair: Okay. Mr. Wilson, as an amendment in seven business days.

All right. All in favour? Are we agreed? Opposed? Okay. All right.

Communications. We have an idea of how we want to start this review, so we've got that under way. We'll get Ms Sorensen to talk about some of the communications support her area can supply to the committee.

I'm sorry. Mr. Wilson, do you have a question?

Mr. Wilson: Have we established what research is going to do in support other than just solicit submissions? I'm wondering if we could request Dr. Phil and his team to perhaps do a comparative analysis on other jurisdictions in North America, whether or not they've addressed this through legislation as well.

The Chair: Phil?

Dr. Massolin: Yeah. Of course, Mr. Chair, it's a committee decision to task us with this or other tasks.

The Chair: Sure. Okay. Is the committee agreed?

Ms DeLong: Do we need a motion to say that our researcher will research what's being done in other jurisdictions, then?

Dr. Massolin: Can I just add, Mr. Chair, just to make it somewhat restrictive, that we only do North America? Obviously, our results will be restricted to using our judgment to make sure that we're not looking at every nook and cranny. Is that okay?

The Chair: Does that work for you?

Mrs. Jablonski: Mr. Chair, I think that this syndrome has been researched and moved along in Australia and New Zealand as well, so I have a number of facts that I could help Dr. Phil with. But to restrict it to just North America . . .

The Chair: What were you thinking of, Mr. Wilson? It was your request. Just other jurisdictions?

Mr. Wilson: I'm open to the committee's suggestions. I don't want to put, you know, a box on what can be looked at.

The Chair: What are you comfortable with, Dr. Phil? Similar jurisdictions, so it's not Zimbabwe? How would you like to . . .

Dr. Massolin: Well, just so that we can use our judgment in presenting this information in terms of, you know, what the syndrome is and how it manifests and is dealt with legislatively in other jurisdictions. That's all I'm asking.

The Chair: All right. Just keep in mind, I mean, that requests for research aren't cut off tonight. Okay? You've got time to make requests. Dr. Phil and his folks are here to support us. It doesn't have to be tonight. But that's a good start.

Mr. Wilson, did you have something else?

Mr. Wilson: No. If I could just maybe suggest that they honour the same 45-day commitment to have both your work done and the written submissions completed around the same time frame, that would be great.

The Chair: Okay. Agreed?

Mr. Goudreau: I'd hate for our staff to redo a lot of work. Mary Anne is sort of indicating to us that she's done a tremendous amount of research already and has gone and delved into a lot of materials and, no doubt, used the abilities of our research people to do that in preparation for her. I would suggest that Mary Anne maybe share a lot of that information with our staff so that they don't have to reinvent that part of the wheel.

The Chair: I'm sure all committee members will be more than willing to assist in the research or certainly make requests and have those conversations.

All right. Now we'll go to communications support. Ms Sorensen.

Ms Sorensen: Thank you, Mr. Chair. I can be very brief. In listening to the conversations around the table, it sounds like the committee is leaning towards not hosting public consultation in terms of inviting the public at large to be a part of the process, which is typically where communications would come into play. However, I guess I'd be looking for a little bit of direction from the committee as a whole in terms of whether or not we want to send out news releases and whatnot. If it were going to be broader, then we would come forward with some advertising strategies, but it sounds like we're not quite there yet unless I'm misunderstanding the room.

The Chair: Is that the will of the group, that we're going to go with stakeholders and not beyond? Yes, everybody?

Mrs. Jablonski: Mr. Chair, I agree that we should go through the stakeholders list and those that get added to the draft list. However, if there is somebody that comes forward who is not on the list who would have valid and perhaps critical information, could we accept their submission, written or otherwise?

The Chair: I think that would be up to the committee.

Ms Rempel: Yeah, as long as it's before the deadline. I was just going to note that right now we have the Conflicts of Interest Act Review Committee that's currently active. What they did was that their focus was on stakeholders. They had a similar list put together, so we contacted all of those groups and individuals

directly. They did not do any advertising as far as newspapers and so on, but they did post the information on the website so that any members of the public who were interested did have that available to them. We did end up receiving one submission, you know, through that channel. Everyone else was an identified stakeholder. That was the route that they went. I think they wanted to have a similar kind of focus, primarily on stakeholders who were involved in the issue.

7:05

The Chair: Are news releases okay with everybody so that the public knows what's going on? Okay.

Ms Sorensen: If I may, Mr. Chair, just the process of a news release itself does open it up to the public, so that does give the opportunity. It's just that the committee wouldn't be expending any dollars to try and attract those. We could do that as well as the social media posts, letting people know what's happening.

The Chair: Okay.

Mrs. Forsyth: Just on that, I personally don't care who provides a submission. I don't care if it's experts from Australia or New Zealand. Quite frankly, whoever decides to provide a submission, I'm okay with that. What I'm more concerned about is that they need to know the deadline is X date, that we're not extending that because you start getting, you know, into all of this stuff. We're going to lose the mental health initiative. Various committee members have already expressed their concerns. So I don't want this committee to go on forever, I mean, when I say that by September 1 we'll have our report so that we can move on with the mental health initiative.

The Chair: We may, but we'll have to come back to the timeline.

Just to get back on the communications, if we could have a motion for the Standing Committee on Families and Communities to authorize the chair in consultation with the deputy chair to approve the news releases and any other communications regarding the review of Bill 204.

Ms DeLong: Agreed. Do you need that motion, then?

The Chair: We'll make it Alana's motion, then. All right. All in favour? Agreed. Okay. That's communications.

Now, if there's any other business, we've got about another six minutes, and then we'll move on to the other items. I just want to make a comment on the topic of getting back to the previous business again. If we can just focus on this for now and agree that we'll get this done in a reasonable time frame. Then we'll have to talk about at our next meeting when we'll get a chance to come back to some of these items. This is what we have to focus on now. I know it's a bit of a distraction, but it's very clear that Bill 204 is our priority for the next few weeks.

Mr. Wilson, did I see your hand up?

Mr. Wilson: Yes. I was just wondering if it would be appropriate to put a motion on the floor pursuant to what Mrs. Forsyth suggested that

we set September 1 as a deadline for our committee to report on this matter.

The Chair: I'm not sure we're in a position to put a timeline on it just yet. I'm not disagreeing. There's a motion on the floor. But we don't know how many submissions we're going to get. We don't know if we're going to go on to oral presentations, how long the report is going to take or the conversations around the report. I

mean, it's pretty hard to put a specific timeline when we don't know, like I said, how big the task is.

Certainly, is there any other discussion on the motion?

Mrs. Towle: I would just like to support that. I'm wondering if we could put the timeline on it now. Then if it needs to be re-evaluated once we get to that point, we certainly can adjust the timeline. At least it shows everybody that we will have a decision by a certain date, and then it encourages those who are making the submissions to do so in a timely manner. It encourages us to do the work in a timely manner, but if for some reason there's some unforeseen circumstance, we certainly could come back to this table and extend the timeline. I think that it does provide everybody a set period of time and allows everybody to work within that period of time and do their best to meet that period of time.

The Chair: Yeah. Sure.

Mrs. Jablonski, and then Ms Jansen.

Mrs. Jablonski: Thank you. I think that it's important to remember that we're going into the summer months and that this is a very important committee. I don't know what quorum is for committee to be able to go forward on anything, but I think that with all the events and things that go on during the summer months, it might be difficult to have September 1 as the deadline. However, I do agree that perhaps a deadline would be a good thing to work towards, but I wouldn't make it September 1. I would suggest

September 30.

The Chair: So that's an amendment?

Mrs. Jablonski: That's an amendment.

Ms Jansen: Well, not yet. We have changes.

The Chair: Okay. We have Ms Jansen. Then we'll come back to that.

Ms Jansen: I just want to agree with Mary Anne on the point that – well, actually, I'm not sure a deadline is needed. I think we're all well aware of the fact that we need to move through this and – I agree with Heather – move on to the mental health issue. At the same time I think we're all cognizant of the fact that we need to move through this in a timely fashion, get the information from stakeholders, and work through this. I don't believe, personally, that we need to put a deadline on this. I think we all are well aware of our need to move through this as quickly as we can.

The Chair: Okay. Agreed. It could be somewhat restrictive.

Well, then, we have an amendment on the floor, so we'll vote on the amendment. That was for a September 30 deadline, Mrs. Jablonski's amendment. All in favour? Opposed? I'd call that defeated.

Dr. Brown: Sorry. What was that?

The Chair: Sorry. That was Mary Anne's amendment that the deadline be September 30. Let's do that one more time. All in favour, please, of a September 30 deadline? Opposed to a September 30 deadline? I would say that that's defeated.

Back to Mr. Wilson's motion for a September 1 deadline. All in favour? Opposed? That's defeated.

Mrs. Forsyth: Just so I have clarification here, we defeated September 30?

The Chair: There is no deadline, just for clarification.

Okay. The next meeting will have to be at the call of the chair, when we can have a clearer idea of what is in front of us. I would suspect it'll be in June sometime. In that case, I need a motion to adjourn.

Ms DeLong: I'll adjourn.

The Chair: Ms DeLong. All right. We're adjourned.

Thank you very much.

[The committee adjourned at 7:12 p.m.]

