



Legislative Assembly of Alberta

The 30th Legislature  
Second Session

Select Special  
Public Health Act  
Review Committee

Wednesday, September 30, 2020  
12 p.m.

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The 30th Legislature  
Second Session**

**Select Special Public Health Act Review Committee**

Milliken, Nicholas, Calgary-Currie (UCP), Chair  
Rosin, Miranda D., Banff-Kananaskis (UCP), Deputy Chair  
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Ganley, Kathleen T., Calgary-Mountain View (NDP)  
Gray, Christina, Edmonton-Mill Woods (NDP)  
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Long, Martin M., West Yellowhead (UCP)  
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Neudorf, Nathan T., Lethbridge-East (UCP)  
Reid, Roger W., Livingstone-Macleod (UCP)  
Rowswell, Garth, Vermilion-Lloydminster-Wainwright (UCP)  
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## **Standing Committee on Public Health Act Review**

### **Participants**

Ministry of Health

Dean Blue, Senior Policy Adviser

Trish Merrithew-Mercredi, Assistant Deputy Minister, Public Health and Compliance



**12 p.m. Wednesday, September 30, 2020**

[Mr. Milliken in the chair]

**The Chair:** Good afternoon, everyone. I'd like to call this meeting to order. Welcome to members and staff in attendance for this meeting of the Select Special Public Health Act Review Committee.

My name is Nicholas Milliken. I'm the MLA for Calgary-Currie and the chair of this committee. I'm going to ask that members and those joining the committee at the table please introduce themselves for the record. For that, I will start on my right.

**Ms Rosin:** Miranda Rosin, MLA for Banff-Kananaskis and deputy chair.

**Mr. Rowswell:** Garth Rowswell, Vermilion-Lloydminster-Wainwright.

**Mr. Turton:** Good afternoon, everyone. Searle Turton, MLA for Spruce Grove-Stony Plain.

**Ms Lovely:** Jackie Lovely, Camrose constituency.

**Mr. Reid:** Roger Reid, Livingstone-Macleod.

**Mr. Neudorf:** Nathan Neudorf, Lethbridge-East.

**Mr. Long:** Martin Long, West Yellowhead.

**Mr. Blue:** Good afternoon. I'm Dean Blue, senior public health adviser to the chief medical officer of health, with Alberta Health.

**Ms Merrithew-Mercredi:** Good afternoon. My name is Trish Merrithew-Mercredi, and I'm the assistant deputy minister, public health and compliance.

**Ms Hoffman:** Sarah Hoffman, Edmonton-Glenora.

**Mr. Shepherd:** David Shepherd, Edmonton-City Centre.

**Mr. Dang:** Thomas Dang, Edmonton-South.

**Ms Ganley:** Kathleen Ganley, Calgary-Mountain View.

**Ms Govindarajan:** Vani Govindarajan from the office of Parliamentary Counsel.

**Ms Robert:** Good afternoon. Nancy Robert, research officer with the Legislative Assembly Office.

**Dr. Massolin:** Good afternoon. Philip Massolin, clerk of committees and research services.

**Ms Rempel:** Good afternoon. Jody Rempel, committee clerk.

**The Chair:** Thank you very much.

It's my understanding that we don't have anybody on the line, and I should just make mention that Mr. Dang is substituting for Ms Gray.

Pursuant to the August 24, 2020, memo by the hon. Speaker Cooper I would remind everyone that outside of those who have an exemption, those observing the proceedings of the Assembly or its committees are required to wear face coverings. Based on the recommendations from the chief medical officer of health regarding physical distancing, attendees at today's meeting are reminded to leave the appropriate distance between themselves and other meeting participants.

Please note that microphones are of course operated by *Hansard*, so there's no need to manually deal with them, whether it's by turning them on and off or anything like that. It'll be taken care of for you. Of course, committee proceedings are being live streamed on the Internet and broadcast on Alberta Assembly TV. If you would – and I will do the same – please ensure that your cellphones and any devices that you may have with you are placed on silent for the duration of the meeting.

Moving on to our agenda, the first item of business is approval of the agenda. Does anyone have any changes that they would like to make?

If not, would a member please move a motion to approve the agenda? I see Member Rowswell has moved that the agenda for the September 30, 2020, meeting of the Select Special Public Health Act Review Committee be adopted as distributed.

Moving on to deliberations and recommendations, item 3, today, as we move, of course, on to our second day of deliberations on the Public Health Act, I would like to remind members again that we are considering the recommendations for inclusion in our report to the Assembly. We still have several motions on notice in this regard, so I would ask everyone to remain focused and, of course, work together, as we did previously, yesterday, to ensure we can have an afternoon of respectful and meaningful discussions.

With that, we will return to the motion that was on the floor when we adjourned yesterday. I believe that prior to adjournment it was Mr. Shepherd who was speaking at the time and was speaking on Motion 40, that was moved by Ms Ganley.

Mr. Shepherd, of course, you'll remember that yesterday I hesitated to interrupt you because of the time – we were approaching 6 o'clock – so what I will do is that I will offer you the floor first should you choose to take it.

**Mr. Shepherd:** Thank you, Mr. Chair. To be honest, at this time I don't believe I have any further comments on the motion.

**The Chair:** Okay. Yeah. Absolutely.

Are there any other members wishing to – I see Member Ganley.

**Ms Ganley:** Thank you very much, Mr. Chair. I'll try to keep my comments brief as I think we've canvassed this in depth, but I think it's worth sort of bringing it back up again today. I would, if you'll indulge me for a moment, just like to take a moment to acknowledge that today is Orange Shirt Day and that that is meaningful to a number of us. I see a number of different orange shirts around the table, and I think it's worth acknowledging that legacy of residential school survivors. Thank you very much.

Thank you for the opportunity to speak to this one more time. I've reflected on the debate yesterday, and I think I just have a few additional comments. I think it's worth noting that on Monday the world celebrated International Safe Abortion Day, so that makes this quite timely. For emphasis, I think it's worth repeating that access to safe abortion services is a fundamental right, and access to this fundamental right improves health outcomes, which is, I think, the point of this act. We know that this is a critical issue for population health. It's true here in Alberta, Canada, and around the globe.

During the pandemic access to safe abortion services was deemed so essential to overall population health outcomes that the World Health Organization issued a global alert to all governments to make it a priority. As Dr. Jeanne Conry, president of the International Federation of Gynecology and Obstetrics, put it, and I quote: abortion access is critical; women need access, or we will see more maternal mortality. That is the professional and scientific view of saying that more women will die. Let me repeat this. I think it's a critical issue.

There were a couple of things, I think, that came up yesterday about whether this was the correct place for this to be, so I think it's worth saying that the science and the evidence on whether this improves overall health outcomes are pretty conclusive. I don't think it's up for debate. The Constitution, which governs the laws of this land, assigns provision of medical services to the province, so it is squarely within the domain of Alberta to legislate on this matter. I think that we've seen a number of people come forward in their testimony here and ask us to broaden this act. I know that certainly some have commented on why this isn't a broader motion, and I think I would refer us back to the motion that was brought forward yesterday, which was a broader motion, which was a motion to ensure that the act recognizes access to universal public health care as a determinant of health. That motion was voted down.

One of the other arguments that was put forward was that we didn't hear from experts at this committee that entrenching this right was a priority. Again I think it's worth pointing out that this argument is a bit disingenuous. It's disingenuous in the sense that several motions were made to invite additional stakeholders, and they were all voted down by government members using their majority, so I think that to vote against hearing from additional stakeholders and then vote against motions on the basis that we didn't hear evidence because we blocked the evidence from being heard, yeah, does seem a little bit absurd.

I think, in concluding, it's worth saying that this is clearly a public health issue. It is one of a number of public health issues. I don't think that we can abdicate responsibility in this area. It is clearly an area of provincial jurisdiction, it is clearly an area on which we need to continue to make progress, and it is clearly an area of fundamental rights, fundamental rights which are currently under attack in areas of Canada and the United States.

You know, yesterday we heard that this was considered a partisan motion. I guess what I wonder is: if the members consider it partisan, if this is an issue on which they feel there is a fundamental disagreement between the two sides, is it the access to abortion services that they consider the fundamental disagreement, or is it the science, that demonstrates by empirical findings that this serves population health outcomes? I don't think this is a partisan motion. I think this is a motion on which we all ought to agree, and I think it is important to include this in the act. I think it would have been better had we also included universal public health generally, but since that is a matter which has been decided already, I will not relitigate it.

At the end of the day, I continue to believe that despite objections raised, this is something that is important to Albertans, and it is important to our province. Thank you very much, Mr. Chair.

12:10

**The Chair:** Thank you, Member Ganley.

Are there any other members wishing to join debate on Motion 40? I see Member Hoffman.

**Ms Hoffman:** Thank you very much, Mr. Chair and to members and to Member Ganley for acknowledging Orange Shirt Day and the history of residential schools and the impact on so many Albertans and on all Albertans, to be honest. It's part of our history and part of truth and reconciliation, so I'm grateful that you mentioned that.

I want to take a moment to say that – and I totally understand how busy *Hansard* is and how it's not possible to have yesterday's transcript for today – I was hoping to have some further clarity from my colleagues because, as I recall, there were two members of the UCP caucus who spoke to this. One said that she didn't believe it belonged in this piece of legislation, and the other implied if not

stated, which is what I was hoping for clarity on, that she and her constituents are opposed to abortion, which in today's day and age I find shocking. I know that there are many people who are, but I regularly reflect on the fact that this is a necessary procedure.

As the courts have determined, this is something that is legal in Canada, and this is something that is, as my colleague argued, such a foundation of population/public health in making sure that women's maternal health and all reproductive health are something that is universally accessible. That is a big part that determines, has direct connections between being able to access reproductive health services and many other socioeconomic factors as well as social factors in general. Making sure that we are moving forward on providing good public health – and I know that has been mentioned by stakeholders, including Alberta Health Services, around the scope of this committee being far greater than that of simply COVID. This seemed like a perfect time for us to take a stand as electors and to say to government in preparing this that we wanted to be sure that there was no ambiguity, that women's health is public health, and that population/public health measures are directly related to women being able to access safe reproductive health services.

That being said, I sincerely hope that we get some further clarity, if members are planning on voting against this, as to why, because at this point it certainly seems, as Member Ganley had pointed out, there were arguments made that this was partisan and therefore would imply that anyone who would vote against this would do so because they believe it to be a political issue, that there's a divide between the values of the party that proposed this or the party that the member who proposed this is a part of and the other governing party. Seeking some of that clarity before we make a final vote on this would certainly be useful, I think, to all Albertans to understand exactly where members are coming from on this matter.

I think my colleagues and I in the NDP have made our position very clear, and this is something that I stand by firmly. Having been a woman in this province, having lived in rural Alberta, and now representing an urban riding, I know how access to this service, that is absolutely legal and necessary, is not available proportionally throughout our province. I think that making a firm commitment that we stand by the laws as they are today and that we stand by women's rights to be able to access this service safely is something that I believe in very strongly, and I hope that my colleagues will take the opportunity to affirm their commitment to this as well.

Thank you very much, Mr. Chair.

**The Chair:** Thank you, Member Hoffman.

Are there any other members wishing to join debate on Motion 40?

Seeing none, prior to asking the question, I will, for the benefit of all, as it has not been read into the record for today's meeting, read it into the record. Member Ganley moves that

the Select Special Public Health Act Review Committee recommend that the Public Health Act be amended to

- (a) expressly set out an individual's right to access and be provided abortion services, and
- (b) expressly include abortion services as a service that
  - (i) a regional health authority must provide under section 10 of the act, and
  - (ii) the minister may provide under section 12 of the act.

All those in favour of the motion, please say aye. All those opposed, please say no.

That is defeated.

I believe that there has been a request for a recorded vote. Although we've gone through the instructions on that in previous

meetings, I'll just quickly recap. What we'll do is that we will have members, upon their decision on this, raise their hand and then, of course, introduce their name and the fashion in which they would like to vote.

First, what I will do is that I will start with all those who are in favour of the motion. I will start with Member Ganley.

**Ms Ganley:** Kathleen Ganley, Calgary-Mountain View. Yes.

**Mr. Dang:** Thomas Dang, Edmonton-South. Yes.

**Mr. Shepherd:** David Shepherd, Edmonton-City Centre. Yes.

**Ms Hoffman:** Sarah Hoffman, Edmonton-Glenora. Yes.

**The Chair:** All those opposed to the motion, please raise your hands. I will start with Member Long.

**Mr. Long:** Martin Long, West Yellowhead. No.

**Mr. Neudorf:** Nathan Neudorf, Lethbridge-East. No.

**Mr. Reid:** Roger Reid, Livingstone-Macleod. No.

**Ms Lovely:** Jackie Lovely, Camrose constituency. No.

**Mr. Turton:** Searle Turton, Spruce Grove-Stony Plain. No.

**Mr. Rowswell:** Garth Rowswell, Vermilion-Lloydminster-Wainwright. No.

**Ms Rosin:** Miranda Rosin, Banff-Kananaskis. No.

**The Chair:**

That is defeated four to seven.

Moving on. Pursuant to the list that we had decided upon in the previous meeting, we are on Motion 54, so I will give the floor to Member Rowswell.

**Mr. Rowswell:** Thank you. I move that the Select Special Public Health Act Review Committee recommend that the Public Health Act be amended in relation to the qualification requirements of specific positions referred to under the act as follows:

- (a) establish the qualifications of the chief medical officer of health, as referred to under the act, comparable to that of other provincial and territorial public health legislation;
- (b) empower the minister to prescribe the qualifications required for any position referred to in the act; and
- (c) empower the minister to authorize individuals with specified qualifications or credentials to provide specific types of services on behalf of the minister or ministry, for example, the provision of contact tracing.

**The Chair:** Thank you, Member Rowswell. Should you wish to . . .

**Mr. Rowswell:** Yeah. I'll just give a little blurb.

**The Chair:** Absolutely.

**Mr. Rowswell:** Yeah. Apparently, Alberta is the only place that doesn't do this. We had a request from our chief medical officer of health to come up to speed on that, and we do have descriptions of what happens in other provinces. I think it's good to leave that up to the ministry or the minister to try to come up with those qualifications and then to allow people in certain other roles to be authorized to do something different than they'd normally do or something that they're specialized in when required.

**The Chair:** Thank you, Member Rowswell.

Are there any members wishing to – I see Member Shepherd.

**Mr. Shepherd:** Thank you, Mr. Chair. I appreciate the opportunity to respond to this motion from Mr. Rowswell. In general I would say, you know, that this is a fine recommendation. It is in line with what was brought forward by the chief medical officer of health, but it is very broad. It lacks detail. It does not have specificity. In part I think this is because the committee has not had the opportunity to do the work that perhaps we should have been doing, to suggest what we believe some of those qualifications might be.

Now, we could have had that opportunity to delve into this in greater depth. We could have spoken further with the chief medical officer of health, Dr. Hinshaw. She herself had committed to come back. We had a motion in front of this committee to invite her back. Government members chose to vote that down. They decided they did not want to hear further from Dr. Hinshaw on any matter. We could have heard from the Minister of Health, the Deputy Minister of Health, to whom the chief medical officer reports. We could have had the opportunity to ask some of these very important questions, to gain some much better understanding of what these qualifications might be to enable us to make some perhaps stronger and more specific recommendations. But, unfortunately, government members of the committee seemed to feel that the very brief window of time that they were willing to allot us to hear from expertise was sufficient and that they did not want to do that further work with the committee.

My concern with this is that we are sending this recommendation up to the minister and his staff to determine what these qualifications would be, to define what should be in this role, and, Mr. Chair, I do not have confidence in this minister to do so in the best interests of Albertans. We have clearly seen many attempts by this government and by this minister through legislation and through other means to look for further opportunities to gain influence over many aspects of our health care system, to push through their own ideological agenda.

**12:20**

Indeed, we saw that when this minister has had the opportunity to appoint people such as, say, our Health Advocate or mental health advocate, he chose to go with the former executive director of the United Conservative Party and place her in both roles though she has no medical background or expertise. Frankly, Mr. Chair, I would have appreciated the opportunity for this committee to have provided Albertans with much more insight of what the actual experts on this issue thought should be contained in those qualifications rather than handing a blank cheque, a carte blanche, to a minister who has already demonstrated that, in my view, he is not capable of doing this well.

In general the recommendation is fair. I would rather see the recommendation than not, but I did want to take the opportunity to register my concerns on the record.

Thank you, Mr. Chair.

**The Chair:** Thank you, Member Shepherd.

Are there any other members looking to join deliberation on Motion 54?

Seeing none, on Motion 54 as proposed by Member Rowswell, all those in favour of the motion, please say aye. Any opposed, please say no.

That is carried.

The next motion up for deliberation is Motion 39. I would cede the floor to Member Hoffman.

**Ms Hoffman:** Thank you very much, Mr. Chair, and to all members of the committee for this opportunity for us to discuss Motion 39, which I'll read into the record and then begin my opening remarks. I move that

- the Select Special Public Health Act Review Committee recommend that the Public Health Act be amended to
- (a) expressly set out an individual's right to access and be provided medical assistance in dying services, and
  - (b) expressly include medical assistance in dying services as a service that
    - (i) a regional health authority must provide under section 10 of the act, and
    - (ii) the minister may provide under section 12 of the act.

I'll just begin by saying that our committee was delegated with the authority to review and provide recommendations regarding the Public Health Act in its entirety. We were encouraged by the Minister of Health's representatives as well as Alberta Health Services, through their submissions and testimony, to consider the act more broadly. Of course, we know that public health and population public health have a very special role to play in responding to pandemics, influenza, infections, viruses, but it is so much more than that as is evident from the key role that public health is playing globally in response to the pandemic that we're all facing as a society.

Today I think we have a historic opportunity to say something that, in line with our mandate, is considered still to be relatively new in Canada. It's only been within the last five years that medical assistance in dying has been deemed legal at a federal level and has been available in our province following that decision. So the question before this committee is about the values we have and what we will recommend on behalf of those that we serve. One of the things that I thought was important for us to make very clear through this committee is that individuals have the right to access this service, consistent with federal law, of course, and that it be available through the regional health authority. Again, in Alberta we only have one health authority right now. That's Alberta Health Services.

I would like to see that, of course, much more broadly available. I know that in other committees we've heard from members representing rural communities about the very difficult challenges that constituents have had in accessing their legal right. While I think we're working through some of those kinks and working to make this available more broadly, dying is the one thing that all of us have in common healthwise, every single person we represent. We will all die at some point. Making sure that our wishes are respected and our rights reflected through the provision of the public health service, that honours our ability to make choices when often choice seems so limited in those final days that one has, I think, is something that we can all enthusiastically support here.

I think this is a matter of important public interest not just to the constituents that I represent but to all Albertans. When we talk about the right care in the right place at the right time by the right provider, certainly, ensuring that all Albertans have access to this important service if they so choose and if they meet the criteria set out by the federal government in courts, I think, is not just right; I think it's also just.

I think it reflects the fact that this has been a debate that's been ongoing in our nation for quite some time. My whole life I remember hearing about Dying with Dignity and other organizations fighting for the rights of people to be honoured when it comes to their choices around how they die and end-of-life care, and I think that we have an opportunity today to be on the record after more than 40 years of debate on this topic in the country.

I would say that the federal government and the courts have made their position on this very clear, and I think it's important for us to signal that as a province – provinces, of course, have the responsibility of delivering health care services – we respect and honour the fact that people may choose this service and that we will fight through population and public health to ensure that it is available throughout our province. I think that this is a simple, clear motion that aligns with the values that we hold as representatives for the public and that we have an opportunity today to affirm through a recommendation in the rewrite of the Public Health Act that this be available and enshrined through the Public Health Act for everyone that we serve.

Again, we would have loved to have been able to call folks to be able to testify to this and to be able to give detailed accounts of where the courts are at, how this fits within the Public Health Act, and how this fits within our society. Government brought forward a motion at not yesterday's meeting but the meeting before that, a middle-of-the-month meeting, to end all further testimony. Government members said that they had more than enough information to make decisions about how to move forward. With that in mind, I feel very confident that this does fit within this act, that this does reflect the values of the folks we represent, and that if we would have been allowed to have folks come and speak to this, I believe that folks on both sides would agree. I think that this is a prime example of something that we can do to move this act forward and to make it relevant to the times and the needs of the folks we all represent.

Again, I can't help but think about people who live in rural communities who are trying to access this service. It's not an easy decision, but once you've made that decision – it's a legal decision – I think it should be upheld and respected, and the government should work to make sure that your legal health right to access this service is made available. That's one of the reasons why I think we should enthusiastically support this here today.

I'm happy to address any questions that colleagues might have and to hear other points as the debate proceeds, Mr. Chair.

**The Chair:** Thank you, Member Hoffman.

Are there any members? I believe that next on the list I have Member Neudorf.

**Mr. Neudorf:** Thank you, Mr. Chair. I do recognize that this is an incredibly important and sensitive topic. Having had the opportunity to debate parts of it in previous committee work, I want to recognize that in June 2016 the federal government passed a law amending the Criminal Code to allow medical assistance in dying and that this is the law that governs medical assistance across Canada.

I don't believe that it would fit appropriately in the Public Health Act. I think it is a significant issue that needs full and robust debate. I think it is very important to have this conversation, and I think the counterpoint conversation that includes the protection of conscience rights is something that should be on its own and stand alone. I think to place it under the Public Health Act could potentially minimize the importance of this discussion and this debate. That's why I feel strongly that it doesn't fit here. I think it's too important a topic to be part of many, many other topics.

From my understanding of the chief medical officer of health and her recommendation to expand the scope of the Public Health Act, it included things like population health assessment, health promotion, and the prevention of injury and chronic conditions. Other than possibly the argument that death is a chronic condition that we will all face, I don't feel like that is the intent of the Public Health Act. Again, as stated, I think this is a very important topic to



be fully debated on its own merits and on its own, not necessarily in a private member's bill but either in a government bill or an opposition bill.

**12:30**

That is why, though I compassionately and firmly believe this is a major topic for debate, I don't believe that it fits in the Public Health Act review at this time.

Thank you very much, Mr. Chair.

**The Chair:** Thank you, Member Neudorf.

Are there – I see Member Ganley.

**Ms Ganley:** Thank you very much, Mr. Chair. I'm happy to address this issue. I have a few comments I want to make. I also would like to address the comments that Mr. Neudorf just made. I think my concern is – I've been in this world of politics, I guess, for over five years now, and I've noticed a few things about how people say things. One of the things I noticed in the previous speaker was that he talked about how it was an important debate and an important topic but not an important right. I think that's a pretty big concern for me because it is a right. It's a right that was recognized by the Supreme Court, which he certainly recognized but then he never followed it up by acknowledging its status as a right, and I think this is more than just an important conversation.

I'd also hasten to point out that we're not asking to enshrine in legislation how this is carried out or the precise mechanism, because the member is correct; that is an incredibly complicated and nuanced topic. What we're asking to put into the legislation is the fact that it is a right, and I think that that is and has a huge impact on public health because we're not just dealing with or we shouldn't just be dealing with a question of the quantity of life but also a question of quality. I think that a number of the experts who indicated that going forward we should be considering not just communicable disease but things like chronic disease were talking about broadening the scope of the act. They were kind of angling in some ways at the length of life but also in some ways at the quality of life because chronic disease doesn't just impact quantity; it also impacts quality. I think that that's something that we need to increasingly be taking into consideration.

One of the things that I would use to support this and use to support why it is that we should acknowledge this right as a right in the act and why it is that that will spur additional conversations that I think are ultimately incredibly relevant to public health is the way doctors advise patients versus the way that a lawyer would advise a client. I had the opportunity – I think it was several years ago now. I was watching a documentary. I recognize that not a lot of great policy conversations start that way, but, anyway, it was very fascinating to me because there was a doctor speaking on this documentary, and he did a very specific type of surgery that dealt with a very specific type of cancer, and he'd been specializing in that surgery for most of his career. Interestingly, he got the type of cancer in question, and he declined the surgery, the surgery that he had been performing on other people his entire career, because it decreased quality of life even though it increased the length of life. I thought that was really interesting that the same thing that he had been advising patients – and, of course, I don't know how this individual advised his patients, but the same thing he would decline was something that almost every patient he'd ever had had decided to go with, to extend their life at the cost of a certain amount of quality of that life.

I thought it was interesting because I happened at the time to be thinking a lot about the way lawyers advise our clients. People always think that once lawyers get involved, you're sort of headed

for litigation definitely, but actually most lawyers spend an enormous amount of time advising people not to litigate things because the court process can be long and arduous. People think that it is a solution, shall we say, to almost every problem that they have, but, honestly, in many cases, unless you're really, really committed to the point you're pursuing, it often creates more problems than it solves. This is true in a number of different areas.

I did labour and employment, and I frequently encountered individuals who wanted to pursue the sort of just outcome in the issue. They felt they had been done wrong, and they wanted an answer. They wanted an apology, a number of other things. I spent an enormous amount of time sort of advising people: look, you're going to spend a lot of money, and ultimately all that the court can give you is additional money, and they're offering probably as much money as you're going to get anyway.

I just found it interesting that because of the way we look at this situation and because of the way we analyze it and because the conversation about medical assistance in dying is new – it was a right that was recognized very recently by the Supreme Court – it kind of impacts all of our health decisions that we make throughout our life, and it impacts the conversations we have about health decisions before they arise. We all know that at some point we're all going to die. It is the thing that unifies us probably more than anything else, but very few of us have had conversations about what we want that to look like. I think enshrining this as a right, recognizing it as something that is fundamental and incredibly important to public health is an important step. I think it's an important step because when we recognize that right, it will hopefully spur some of those conversations.

I know that this is a new right. It's been recognized very recently, and it's definitely still evolving. It's fairly narrow in scope right now. I think a lot of people would argue that the scope ought to be broadened to include other things. Many people would argue against as well, recognizing that, but I think it's an important conversation to have, and I think the more we have those conversations before the issue is pressing, the better the quality of analysis that we can potentially engage in.

I think it's important to recognize this. I think it's relevant to the act, and I hope that all members will vote in favour of this motion.

**The Chair:** Thank you, Member Ganley.

Next on the list I have Member Turton.

**Mr. Turton:** Yes. Thank you, Mr. Chair. First of all, I just would like to thank all the committee members for continuing the strong sense of decorum that we were going through yesterday, and I look forward to continuing to experience that high level of respect in today's discussions.

I guess just a couple of points on this note. First of all, I just would like to thank Member Hoffman for putting forth this motion. Obviously, it's something that is very near and dear to her heart, and I would like to thank her for that. I guess my comments – you know, listening to the presentation by Dr. Deena Hinshaw about updating this act for the future to prepare Albertans for the future pandemics, the future crises to come, I think the discussion around this table is long overdue in that regard.

When I look at the motion that Member Hoffman put forth on this very important issue, I mean, this could obviously very clearly be discussed in the Legislature, and I know throughout the years it has been. But when it was talked about by Member Ganley about the essence of this being a right – and in 2016 the federal government passed a law amending the Criminal Code to allow medical assistance in dying. Regardless of what is discussed around this table today, that right will not go away. That is, obviously, a

discussion at the federal level, and I know it is supported by many Canadians and Albertans.

However, when we look at trying to update this act to prepare for future pandemics or future crises and allow the flexibility of our chief medical officer to deal with the issues of tomorrow, I think it was really important – and the common theme that came out in the discussions was to not be overly prescriptive, to allow flexibility in the discussions about when you are in the heat of making those key decisions that, you know, could mean life and death for Albertans, and that is why, for example, one of the recommendations was to remove specific instances such as influenza from the discussion because it could perhaps be too limiting if something else came about.

**12:40**

You know, when we hear about a number of the discussions that we talked about, each item in itself is clearly addressed in different pieces of legislation, and they're all important. With each one of those, be it, you know, like, opioids, which was mentioned, for example, there's a crisis going on. There are other issues such as cancer that are plaguing our society right now. Each one of these issues is extremely important, and there are lives that are dependent upon the decisions that government makes. But when we look at the flexibility required under the Public Health Act to deal with the new circumstances, I believe some of the discussions and rationale are that we're trying to keep it all encompassing because we don't know what will be plaguing the province in future years. My fear is that if we start talking about a specific procedure or issue or an individual crisis, we could then be limiting our flexibility to be able to react to future pandemics or future issues that we don't even or can't even realize at this point.

In the same spirit that, you know, other more so prescriptive items were voted down by this committee from being added to the act, I just have a hard time, as important as I think that this act is – and it's already clearly enshrined at the federal level. I just believe that we remain consistent with our approach with making sure that the maximum flexibility is in this act so that the chief medical officer can make decisions that act in the best interests of Albertans. Unfortunately, I just don't believe that the correct place is for this motion to be included in this act.

Thank you very much.

**The Chair:** Next on the list I have Member Shepherd.

**Mr. Shepherd:** Thank you, Mr. Chair. I appreciate the opportunity to speak to this motion brought forward by my colleague Member Hoffman. You know, I've been listening to the remarks from various people at the table, and I appreciate the thoughts that have been shared. I just wanted to comment on a couple of things I've heard. First of all, in terms of referring to the fact that this was a federal court decision and encompassed in federal law as a reason not to take further action on this on the provincial side, that rings a bit hollow for me when we have a government, this UCP government, that's, frankly, been quite clear that they are not shy whatsoever in treading on areas that generally fall under federal law when it suits their purpose, particularly politically. Whether that be on gun rights, whether that be on pension plans, police services, et cetera, they're more than happy to try to take more provincial control over things that have traditionally fallen under the federal government. So that to me does not strike me as a particularly convincing argument.

Ultimately, the provision of this service, which indeed, as has been acknowledged by members opposite, has been decided federally in the courts of Canada to be a right for all Canadians, the

delivery of that service falls to the province of Alberta and our health care system. Indeed, again, it falls under our area of responsibility.

Now, there have been discussions around that this was not the intent of what the chief medical officer of health, Dr. Hinshaw, had when she appeared before this committee and spoke of the need to expand the Public Health Act in areas of population health. Now, again, Mr. Chair, I would iterate that would have been a very good reason to have Dr. Hinshaw come back to this committee to speak to us again. In the one single limited appearance in which she came and appeared before us and brought forward what she considered to be an important recommendation, which has gone completely unaddressed by government members, not a single recommendation following through, not a single motion from these members following through on that recommendation from Dr. Hinshaw – understandably, this is a significant area. I would have many questions to try to delve into to find out more about what she intended or what the purpose was or what she felt should be included as part of that expansion that went entirely unaddressed by the committee and will be left by the wayside because government members decided that they wanted to limit and curtail the amount of time we spent listening to expertise and delving into that vast area of the act that we had in fact decided was part of our mandate.

That said, a bit more specifically to the topic at hand, speaking about medical assistance in dying, I think it is an important consideration. I recognize Mr. Turton's comments and his feelings that we should not be delving into specific issues, that we should be looking at more general operations. I respect his view on that, but I do want to take this opportunity while we have this before the committee to recognize, as my colleagues did, that this is still a challenge that needs to be addressed in the province of Alberta. There still are issues of access, particularly in some rural parts of the province, and there are reasons to be concerned about whether this government would have any intent on following through on that given that, as members opposite noted, we had Bill 207, that was brought forward by the MLA for Peace River, Mr. Williams, which in fact would have had serious impact, potentially, if it had moved forward. Indeed, we had representatives from Dying with Dignity Canada who described it as a grave threat to end-of-life rights in Alberta and something that must be stopped. Thankfully, Mr. Chair, it did not proceed, and we did not see that impact.

But what we do see is that this government has appointed Mr. Williams as their lead on palliative care, and indeed what we do know of this government and many of its stripe is that it will try to do indirectly what it feels it cannot do directly. We have seen that with its approach on, say, harm reduction and other aspects of public health which fall under this act.

I think it's important that we have this opportunity to have this discussion and recognize that this is an important right for Albertans and that, as my colleague Member Ganley noted, it follows through on many of the aspects, indeed, of chronic health and other health issues that do follow through on this.

Let me be clear, Mr. Chair. I do support palliative care, absolutely. That is an important part of the process. Indeed, my own father benefited greatly from that and had wonderful support that allowed him to stay at home up until the day he died and for all of us to be there with him, and that was a wonderful thing. That was a choice that was available to him.

But we want to ensure that all Albertans have all choices directly available, particularly when we have a government that is impacting and undermining access to rural care. Indeed, I heard even from palliative care physicians back in April, many in the southern zone of the province, who were deeply concerned with how the vast and sweeping changes forced through by the Health

minister on April 1, after he tore up the master agreement with physicians in the province, would impact their ability to continue to provide that end-of-life care to people across that zone.

That said, we have the motion in front of us. I think it's important to highlight this. I recognize the arguments that government members have brought forward as to why they feel that this is not appropriate, but I, for my part, will be supporting this motion.

Thank you, Mr. Chair.

**The Chair:** Thank you, Mr. Shepherd.

Are there any other members looking to join deliberation on Motion 39? I see Member Hoffman.

**Ms Hoffman:** Yeah. Thanks, Mr. Chair. I guess I'll take the opportunity. It looks like this is probably going to be the closure of debate on this, and I'd like to have a moment to reinforce a few points and respond to a few comments made by others.

This is still a relatively new right that Canadians have, as was mentioned by more than one speaker, but the provision of the health care service that relates to that right is a provincial responsibility, so I have no doubt that this is one hundred per cent the responsibility of provincial MLAs, and we are them. We are here making recommendations about the Public Health Act and things that should be considered for inclusion to our colleagues. I think that this is something that is foundational, being able to make that choice. Again, not everyone will choose to access medical assistance – that's for sure – but this is a right that needs to be coupled with provincial support in terms of the delivery of that right, because a right without access is no right at all.

Again, we proposed that we visit a number of communities around the province and hold hearings in relation to this committee. I would have loved to have spent time in High River and Medicine Hat and in Grande Prairie to gather regional perspectives on this matter. That was voted down by the majority of the committee members, all of whom are members of the UCP. I believe that this is something that more of our constituents are wanting to ensure is available to them than we probably realize sitting in this building, around this table, which is one of the reasons why we proposed going out into the community.

We also proposed calling additional witnesses to be able to come and share their perspectives on this act as it relates to their areas of expertise. That was abruptly shut down after we were told by members of this committee that the four who were going to come were certainly only the beginning, that it didn't mean it was an exhaustive list, that more would be able to come and we could call them at a future date. Then the committee members, again, the majority members, all of whom are part of the UCP, changed their mind and voted against it. So when I hear in this committee folks say, "This is important; there are other places to debate this; we think it's valid," I can't help but wonder: will they change their minds again? Rather than changing their minds later, I hope that there is a change of heart and a reflection of the values that have been professed in this committee in a few moments, when we have the opportunity to actually debate on this matter in this committee.

**12:50**

This is, again, something that is – the links between public health have been very clearly identified by speakers on this, and it is something that clearly aligns with the public interest in terms of the access to medically provided health services that are already determined legal. Again, it is something that folks in Edmonton and Calgary, who the members of our party who are at this table all represent, probably have more access to than most folks who live outside of Edmonton and Calgary, who the majority of the folks on

the other side of the table represent. So we're here trying to make sure that all Albertans have access to something that's been determined legal if they so choose.

While I, too, have had a number of experiences supporting people I love through the palliative care process – and I'm forever grateful for Dr. Burton and others who helped to make that possible – I think many of those people would have liked to have been able to make the choice. Many of them could have very well chosen to stay with the path they were on, but some may have chosen to couple their care with their right to access medical assistance.

This is a responsibility of provincial MLAs, to make decisions about the provision of health services. We are at this table right now examining the Public Health Act. I believe we've made a clear argument as to why this is an important addition in this piece of legislation, and I think that this is the opportunity for folks to change their mind and to say that, yes, absolutely, we believe that rights need to be coupled with access to ensure that they are indeed rights. That's what we're asking for in this motion.

Thank you very much, Mr. Chair.

**The Chair:** Thank you, Member Hoffman.

Are there any other members wishing to join deliberation on Motion 39?

Seeing none, on Motion 39, as proposed by Member Hoffman, all those in favour of the motion, please say aye. Any opposed, please say no. That is defeated.

As anticipated, I believe that we are going to have a recorded vote. All those in favour, please raise your hands and indicate into the mics your views on your votes. I will start with Member Ganley.

**Ms Ganley:** Kathleen Ganley, Calgary-Mountain View. Yes.

**Mr. Dang:** Thomas Dang, Edmonton-South. Yes.

**Mr. Shepherd:** David Shepherd, Edmonton-City Centre. Yes.

**Ms Hoffman:** Sarah Hoffman, Edmonton-Glenora. Yes.

**The Chair:** All those opposed, please raise your hands. I will start with Member Long.

**Mr. Long:** Martin Long, MLA, West Yellowhead. No.

**Mr. Neudorf:** Nathan Neudorf, Lethbridge-East. No.

**Mr. Reid:** Roger Reid, Livingstone-Macleod. No.

**Ms Lovely:** Jackie Lovely, Camrose constituency. No.

**Mr. Turton:** Searle Turton, Spruce Grove-Stony Plain. No.

**Mr. Rowswell:** Garth Rowswell, Vermilion-Lloydminster-Wainwright. No.

**Ms Rosin:** Miranda Rosin, Banff-Kananaskis. No.

**The Chair:**

That is defeated seven to four.

Moving on to the next motion on the list, I believe we have Motion 55. I will hand the floor over to Member Neudorf.

**Mr. Neudorf:** Thank you, Mr. Chair. I would like to propose a motion that

the Select Special Public Health Act Review Committee recommend that the Public Health Act be amended in relation to the act's interpretation, specifically the act's terminology and definitions by establishing criteria or definitions for the following or similar phrases as they may be used in the act, including "in

the public interest,” “extraordinary circumstances,” and “significant threat.”

**The Chair:** Thank you for reading that into the record, Member Neudorf. Should you so choose, you can have the floor now.

**Mr. Neudorf:** Thank you very much, Mr. Chair. Just a few comments. I think this is fairly self-explanatory. I believe that though these phrases are common vernacular and used in everyday language, society has changed, and society’s understanding of some of these expressions will have also changed. I think it’s important for clarification, in plain language, as we’ve identified before as a committee, that providing some of the definitions or meanings of these phrases would be significant and important. I believe that would just be helpful in clarifying the intent of the act. I hope that the debate is helpful around this, but I think it’s a very simple housekeeping-type amendment.

Those are my comments. Thank you very much, Mr. Chair.

**The Chair:** Thank you, Member Neudorf.

Are there any members wishing to join – I see Member Ganley.

**Ms Ganley:** Thank you very much, Mr. Chair. I think the first thing that I would note is that I wouldn’t consider this housekeeping in any way. The concept of public interest is pretty amorphous currently, but it’s often not defined in acts – and it’s not defined currently in this act – precisely because it does change, potentially, over time. Interestingly, this is one of the few areas in which, I believe, when interpreting a term, it is the interpretation of the legislative branch, not the judicial branch, that is most relevant, because I believe that the elected government, those who are elected to represent the people, are ultimately those who ought to be in a position to be determining what the public interest is, because the public interest is something that shifts over time.

I don’t object to the idea of putting some sort of criteria around that. I think what really concerns me is that – we’ve heard a lot about this. We’ve heard a lot in terms of testimony. We’ve had a large number of submissions on this, and really what a lot of the testimony is doing is that it’s suggesting that we reverse what the government – and by government I mean cabinet in this case; well, I suppose the members voted in favour of it, so the whole government – did, what was done in Bill 10.

Essentially, what Bill 10 did or could be argued to have done is that it moved that determination of what was the public interest away from the Legislature and gave it to the Minister of Health, and I think that that was the source of a lot of the concern. So I think that this, recommending simply that it go back to the Minister of Health and to cabinet to determine what criteria they think ought to be relevant, kind of undermines the entire point of this committee, which was to deal with an issue that there was significant public outcry on because the government significantly overstepped in a way that most of the public did not view as being in the public interest. I’m a little concerned that what we’re seeing here is a motion that says that the government, the cabinet, should determine what the definitions of those terms are when the reason we find ourselves here in the first place is concerns that the public had over the government making those sorts of determinations absent the Legislature.

Again, the difference isn’t in the people. I understand that cabinet is elected members as well. The difference is in where the debate occurs. When the debate occurs in the Legislature, it’s public. It’s on the public record. The public has a chance to have opinions. Media have a chance to see the debate, to write stories, to have opinions, to spur public opinion. A whole sort of debate occurs in

which the public has an opportunity to weigh in on what they believe is in their interest.

Meanwhile, when the debate is shifted to cabinet, it occurs necessarily in camera, and I’m not saying that that’s never appropriate – in fact, it’s appropriate in a number of circumstances – but what I am saying is that when you’re talking about something this big and this major and when you’re talking about the public interest, the public ought to have the opportunity to weigh in on what they think that interest is.

I’m a little concerned to see this sort of going back to cabinet, because these definitions about public interest and extraordinary circumstances and significant threat are specifically the definitions that enable the government to use the powers that the public had concern about in Bill 10. These are the definitions on the basis of which ministers can use their power to legislate by way of ministerial order. To say, “Yes, we should have rules around when ministers can use their power to override the Legislature, and we think those same ministers ought to determine what those circumstances are,” I think, really kind of undercuts the point of the committee in its entirety. Obviously, having voted in favour of that motion, I think that the appropriate step would have been to relieve them of those powers in the first place.

*1:00*

Really, all we’re doing here is that we’re attempting to say: oh, well, we’re going to limit the circumstances in which ministers can override the Legislature because the public was really concerned that Bill 10 brought in the powers of ministers to override the Legislature or expanded the powers of ministers to override the Legislature, but we’re going to let those very same ministers, that the public was concerned about writing legislation by way of order, determine the criteria that they will need to consider in order to exercise those powers. So I feel like this actually creates sort of a feedback loop, in a way, in terms of: it doesn’t solve the problem. It doesn’t solve the problem at all. In fact, it gives, I suppose, the appearance of attempting to solve the problem, but it doesn’t. It still allows these issues to entirely bypass the Legislature.

Again, the fact that it’s bypassing the Legislature isn’t about us as members of that Legislature; it’s about the people we represent. It’s about their ability to hear, whether by way of direct listening or whether by way of the media, what is going on and have an opinion about it. I think that that is the concern. I mean, the original concern that created this committee was that the government came in, brought in this bill. Concerns were raised. They kind of laughed at them, pushed it through because it’s a pandemic, and then the public subsequently raised huge, huge concerns, but they had to raise them subsequent to the passing of the legislation because the legislation went through the House at such speed.

You know, here we have a motion again to say that we’ll rein in those powers by way of letting the very people who we were concerned were exercising unilateral powers determine how they should exercise those unilateral powers. I guess my point is that I don’t support this because I don’t think it solves the problem. I think it tries to put a coat of paint on the problem, but it doesn’t solve it. That is my position. That is the reason I think this is extremely problematic.

Thank you.

**The Chair:** Thank you, Member Ganley.

I believe next on the list I have Member Neudorf.

**Mr. Neudorf:** Thank you, Mr. Chair. I’d just like to address a few of those things. I think there would be likely disagreement on how we came to be a committee here. The opposition has maintained

that it's about Bill 10 or Bill 24. I completely disagree. I think it's about confusion about the Public Health Act. Therefore, in order to clarify the Public Health Act, this committee was struck to look into that entire act, which we spent many hours doing.

I think it's the fact that it's the first time in Alberta's history, if I understand correctly, that a public health emergency has been called and therefore very likely the first time in history anyone has really paid attention to the wording of what's in here. That is what we're here to review. I think this allows for clarity on some of these terms, and defining these terms defines the limitations and criteria for enacting a public health emergency again in the future. Whether or not the ministry has an appropriate part to play in defining those terms, it will still have to go before the Legislature for that public debate, for everyone in Alberta to take part in what happens with that debate in the defining of these and whether they accept it or not by majority vote of the Legislature.

This committee does not presuppose the outcome of that, nor does this committee supersede the authority of the Legislature. This is strictly a recommendation that there is more clarity needed, and that's why it was put forward in the interest of having the common man or common woman of Alberta understand what it means to be under the Public Health Act during a public health emergency. So I think it's entirely appropriate to make these recommendations, allowing the fact that there is still more work to be done and that it will go, in fact, in front of the publicly elected democracy of Alberta through the legislative process. I appreciate that.

Thank you, Mr. Chair.

**The Chair:** Thank you, Member Neudorf.  
Next I have Member Shepherd.

**Mr. Shepherd:** Well, thank you, Mr. Chair. I appreciate the opportunity to speak to the motion brought forward by Mr. Neudorf, just to respond briefly to a couple of comments he just brought forward. Absolutely, it appears we fundamentally disagree about why this committee is here and why we're conducting a review of this act. To be clear, as myself and my colleagues have noted, I think a large number of Albertans and indeed, judging by a motion that's going to be coming forward at the UCP AGM, a number of their own members firmly believe that we are here because this review of the act is this government's chosen way, their attempt to deflect the rightful anger from Albertans against the sweeping powers that they chose to award themselves through bills 10 and 24. The Premier stood and said: "Yeah, you know what? You're probably right." He said this at a press conference: "You're right. Yeah, there probably are some things that we need to fix in this. We should go back in the Legislature and do that." Bill 24 came. There was no decision to actually make that amendment on the floor of the Legislature.

Instead, the Premier chose to strike this committee. That is why we're here, Mr. Chair. Indeed, these recommendations, once they go forward and are rendered into some form of legislation by the minister and his staff or the support staff in the department, the ministry, will come before the Legislature. I would note that certainly when Bill 10 appeared before the Legislature, we attempted to raise concerns. We attempted to make many of the amendments that are now coming forward from this committee. Every single government member that was present for those votes chose to ignore that and to vote through those bills with those serious flaws embedded in them. Unfortunately, I do not have faith at this point – not presupposing what any decision of the Legislature would be, I think there's reason for Albertans to be concerned and ask whether those members that were willing to allow bills 10 and 24 to go through the Legislature unamended are now going to step

up and do their due diligence at whichever point we receive legislation from this minister.

That said, I think I've made it pretty clear throughout our debate, on all the aspects of what we're bringing forward here, that I am deeply concerned about the approach this government, this UCP government, has taken when it comes to the awesome and unconstitutional powers, frankly, that they chose to assign themselves during this pandemic. I've been clear that I consider it to be an affront to democracy and to the rule of law. To clarify, Bill 10 did two very important things, two things. First, it gave the minister the ability to write any new law by ministerial fiat, at the stroke of a pen, just because he wished to, without ever setting foot on the floor of the Legislature. Secondly, it changed the legal standard that the minister, in fact, had to meet in order to create and implement any new law. I think my colleague Member Ganley put this quite clearly and explained this at great length.

To be clear again, the UCP government changed the definition of public interest to now be that the law of the land would be that public interest is simply whatever the UCP minister said it is, and I've been quite clear of my opinion of this minister's judgment on what is and is not in the public interest, particularly in the realm of health care in this province. Looking at this recommendation from Member Neudorf – just take a look at it carefully – he's asking us at the committee to recommend that the government establish criteria for what constitutes the public interest. It's difficult to overstate how weak and unspecific a recommendation that is and how much faith that is putting in a minister, frankly, that I have been clear I do not believe deserves it.

**Ms Lovely:** Point of order.

**The Chair:** Thank you.

A point of order has been called.

**Ms Lovely:** I'm having difficulty finding the relevance. There seems to be a lot of repetition – a lot of repetition – so I would just like to call that point of order, please.

**The Chair:** Under standing order . . .

**Ms Lovely:** Under standing order – sorry. Which one is that?

**The Chair:** It would be 29 . . .

**Ms Lovely:** Twenty-nine . . .

**The Chair:** Okay. I think we're all in agreement that we're going forward with the point of order.

Is there a member on the opposite side who is – I see Member Ganley.

**1:10**

**Ms Ganley:** I'm assuming we're talking about relevance under section 23(b). I mean, I think generally members are given fairly large latitude in terms of relevance, but this is literally a recommendation that we will send back to cabinet, who will draft legislation that they bring back to the House, that cabinet determine what the public interest is.

The genesis of this committee or what I understood to be the genesis of the committee: certainly, the position of the members opposite – when we said, "Let's talk about the response to the pandemic," they said: "Oh, no. It's not about the pandemic. It's about Bill 10." They now seem to be switching their position to say: "Oh, no. We can't deal with the mistakes made in Bill 10. It's not about that. It's about the pandemic."

But that aside, it's clearly relevant to this motion whether or not it ought to be the purview of the Legislature to determine what's in the public interest or whether it ought to be the purview of cabinet alone, in quiet backroom deliberations, to determine what the public interest is. I think the member's comments were clearly relevant, especially in light of bringing back up the reason that this committee was, to our understanding, called. I think the comments of the members previously – they've obviously reversed their positions now – and particularly the comments of the Premier previously are relevant to what it is that we're meant to be doing here, and they're certainly relevant to this motion.

**The Chair:** Thank you, Member Ganley.

First let me say that I misspoke previously when I said that there was general agreement that there was a point of order. It should have been stated that there was general agreement that a point of order had been called, not decided upon.

Further to that, I would actually say that though I appreciate everyone's submissions, I believe it's actually much, much simpler than that. It is my view that one member on government caucus brought up the issue of the genesis of this committee, and in my view Member Shepherd throughout his deliberation was debating that exact point. So I think that there is no point of order in this and that it was relevant because of the fact that the issue was brought up.

If Member Shepherd could please continue.

**Mr. Shepherd:** Thank you, Mr. Chair. I appreciate the opportunity to continue from where I had actually begun to speak directly to Member Neudorf's motion and indeed his specific reference to the definition of the public interest, and I'm happy to continue with that.

Now, as I was saying, literally just months ago, when we had this legislation in front of the Assembly, the government changed the definition of the public interest to be whatever the UCP minister says it is. That was a conscious decision. That was intentional. Bill 10 literally amended the Public Health Act to make that definitional change. Now, admittedly, they felt they already had that power and so were amending legislation to say what they believed it already said, which, again, as I've noted, has been a habit of this government when they have things they want to do that are probably not going to be much liked by many of the people whom it affects. But that said, it was not a mistake. As I said clearly, we tried to amend this in the Legislature, to go back to that traditional definition – my colleague Member Ganley explained quite well how that operates – and every single member of the UCP government caucus that was there in that Legislature voted in favour of making this specific change to define the public interest in this manner, as being whatever the minister says it is.

Again, that, I think, is a slap in the face to our constitutional democracy. I think it's a slap in the face because this recommendation doesn't actually recommend what the public interest standard should be but, instead, places it back in the hands of that same minister to define. It doesn't admit that the UCP government made a mistake. It doesn't say that Bill 10 was wrong, or it doesn't admit that this bill, in fact, in itself is an insult to the Constitution and the way that the flow of powers is supposed to occur in the creation of law and legislation. And it doesn't reinstate the public interest standard that the courts have been very clear in holding up universally until now; that is, the public interest standard is what the Legislature says it is and not what a single minister determines he or she believes it is.

So it's hard for us as the opposition, frankly, to really comprehend just how out of touch members of the UCP government have

been with respect to Bill 10, and it's not just our word here. I mean, there are all the legal scholars that came before this committee and were absolutely crystal clear on what bills 10 and 24 did and precisely what happened and what that effect was. You can read the legal action that's currently in place against the . . .

**Ms Rosin:** Point of order.

**The Chair:** A point of order has been noted.

**Ms Rosin:** We're here to discuss the motion on the floor, not Bill 10. Specifically, what I believe the member is referencing in Bill 10 is section 52.1 of the act, which is completely different from what we're discussing, which are the simple definitions as laid out in the literal definitions section of this act. We're not talking about 52.1 or any powers awarded under Bill 10; we're just talking about definitions under the act. So relevance again, 23(b).

**The Chair:** Member Ganley.

**Ms Ganley:** Thank you. I think I would say again that it is relevant. I think it is relevant because it was the very sort of changing of the determinant of what is in the public interest to ministers as opposed to the Legislature which was at issue, whether the purpose of this committee or not, in terms of Bill 10. That was what Bill 10 did. We're now dealing with a motion to talk about exactly that. Public interest, extraordinary circumstances, significant threat: these are the definitions of the circumstances under which ministers are permitted to exercise the powers granted them in Bill 10. I mean, it's difficult to see what could possibly be more relevant than that particular history. I think it's clear that it's relevant in this instance.

**The Chair:** Thank you, hon. member.

As we all know, there is often with regard to relevance a wide breadth of allowance on that specific issue. I would say that I have obviously heard the member mention public interest. However, it does seem that in the last five or so minutes it started to veer perhaps farther away from the motion specific. If the hon. member could, if anything, try to focus his deliberations towards the motion itself which is on the floor, I think that that may go a long way in order to ensure that perhaps further points of order are not called.

If the hon. member could continue.

**Mr. Shepherd:** Thank you, Mr. Chair. I appreciate that caution and that guidance.

I would note that we are speaking here about recommendations regarding the act's terminology and the definition of public interest, which then flows through to affect all portions of the act where we talk about decisions that are made in the public interest, including those sections which were amended by Bill 10, which awarded these sweeping powers to the minister in which public interest is an absolute determinant.

This motion we have from Mr. Neudorf flows directly into and affects and impacts everything about which I have been speaking so far. That is the context in which I am making remarks. I will continue to refer to the fact that we are talking about this definition of public interest as it is put forward by Mr. Neudorf in this motion, as he is suggesting that we should make the recommendation that this be sent back to be better defined by the minister himself in the context of him having made that determination previously, supported by all members of this government, that that definition, which we are now debating in the motion from Mr. Neudorf, was actually to be amended by that legislation to be whatever the minister said it should be.

Indeed, as I noted, legal scholars disagree with that having been an appropriate action on behalf of the government. Indeed, the party's own members have a motion coming before their AGM indicating that they feel that Bill 10 should entirely be repealed, and indeed that was the motion that we brought forward. Members, instead, are putting forward this motion, or at least Mr. Neudorf is – we will see if he has the support of his colleagues – suggesting that what these legal scholars have asked for and what their own party members are asking for and will be debating at their upcoming AGM should instead be set aside to simply allow the same individual who brought forward the original legislation changing this definition or defining it in a way which we now are coming back to – he is suggesting it needs to be corrected and that he should be the one to make that correction.

I'm not sure that there are a lot of Albertans that would have good faith, that would feel that that is a terribly good move or that this motion coming forward from Mr. Neudorf truly addresses the clear concerns they have about this definition of public interest as it was determined under Bill 10 and that it, as Mr. Neudorf now wants to suggest through this motion, should be going back to the same minister and government and that it will be ratified by the same members who originally said that Bill 10 was just fine and dandy.

1:20

That is my concern here, Mr. Chair. That is what I've been hearing from Albertans. That is what I've been hearing from people across the spectrum who feel profoundly betrayed by Bill 10. Indeed, I'd say that in my five years as an MLA few topics generated the amount of feedback and information and concern that I heard from Albertans on this.

In my view, Mr. Chair, this recommendation is weak. It does not address what it should be addressing. It does not reflect the due diligence of this committee to actually get to the root of the problem as was identified by many of the stakeholders that appeared in front of us and by hundreds if not thousands of Albertans who have engaged on this issue.

For that reason, Mr. Chair, I will not be supporting this motion.

**The Chair:** Thank you, Member Shepherd.

Are there any other members looking to join debate on Motion 55? I see Member Hoffman.

**Ms Hoffman:** Thanks, Mr. Chair. The piece that I want to add: I'll just read two brief clauses, one from a media report and one from a public statement. They speak to part of why we were sent here. Very briefly, to summarize, the article says:

The UCP government pushed through Bill 10, the Public Health Emergency Measures Act, on April 2, after only two days of debate in response to the ongoing COVID-19 crisis.

The NDP tried . . . to add sunset clauses and transparency requirements. Kenney subsequently acknowledged concerns about the bill.

"Given the public concerns, which I think are reasonable or understandable, I have asked our lawyers to go back to the drawing board and we are looking at possibly bringing forward amendments to the public health act to narrow, circumscribe or limit what we brought forward in Bill 10," Kenney said.

Then, of course, our committee was struck very shortly thereafter.

I think it's very clear to draw a connection between some of the issues that arose that became part of the Public Health Act as amendments through Bill 10. I don't believe that the amendment as written will achieve the very clear direction that the Premier set out in his statement about wanting to narrow and clarify. I think that it leaves far too much ambiguity, which is the exact reason why this committee needed to be struck. Some people say to clarify, some

people say to properly communicate, but I would say that it's because of the far-overreaching vagueness and the Henry VIII powers that were included, including making it possible for an individual member of Executive Council to determine each of these words that are repeated here in today's motion. I don't think we will be achieving what was set out as important work for this committee if we simply approve the motion as proposed and on the screen today.

The other piece I just want to clarify, again, is through a public statement. It was said by the deputy director of the UCP caucus that "the committee mandate is to review the Public Health Act – not the government's response to COVID." In reviewing that act, these are clauses that the Premier and senior staff within the UCP said that it was fair for people to have deep concerns about, for people to request that they be honed back in, reined back in. Extraordinary circumstances, significant threat, public interest: these are things that we as a committee, I think, owe it to do far more work on than to simply redelegate back to Executive Council, who brought forward the flawed legislation in the first place, their ability to go further and bring about further definitions.

There is a significant trust issue between the public and Executive Council and the Assembly, in turn, because of things like this going forward in the bill through its amendments in the spring, in the fashion it went through as well as in the wording that it went through with, and I think that we would only be furthering that reason for the public to have broken trust with the government if we approved this motion as worded today.

That doesn't mean that I think the intention was bad. I just think we can do so much better, and I think that this only digs the hole deeper, so I won't be supporting it for those reasons.

**The Chair:** Thank you, Member Hoffman.

Are there any other members wishing to join debate on Motion 55?

Seeing none, on Motion 55, as proposed by Member Neudorf, all those in favour, please say aye. Any opposed, please say no.

That is carried.

**Ms Hoffman:** A recorded vote, please.

**The Chair:** A recorded vote has been requested. All those members in favour of the motion as proposed by Member Neudorf, please raise your hands. I will begin with Member Long.

**Mr. Long:** Martin Long, MLA, West Yellowhead. Yes.

**Mr. Neudorf:** Nathan Neudorf, Lethbridge-East. Yes.

**Mr. Reid:** Roger Reid, Livingstone-Macleod. Yes.

**Ms Lovely:** Jackie Lovely, Camrose constituency. Yes.

**Mr. Turton:** Searle Turton, Spruce Grove-Stony Plain. Yes.

**Mr. Rowsell:** Garth Rowsell, Vermilion-Lloydminster-Wainwright. Yes.

**Ms Rosin:** Miranda Rosin, Banff-Kananaskis. Yes.

**The Chair:** All those opposed to the motion, please raise your hands. I will start with Member Ganley.

**Ms Ganley:** Kathleen Ganley, Calgary-Mountain View. No.

**Mr. Dang:** Thomas Dang, Edmonton-South. No.

**Mr. Shepherd:** David Shepherd, Edmonton-City Centre. No.

**Ms Hoffman:** Sarah Hoffman, Edmonton-Glenora. No.

**The Chair:** Thank you, hon. members.

That is carried seven to four.

Moving on, then, to the next motion, Motion 46, I will be offering the floor up to Member Shepherd.

**Mr. Shepherd:** Thank you, Mr. Chair. Motion 46. To read that into the record, I move that

the Select Special Public Health Act Review Committee recommend that the Public Health Act be amended to

- (a) establish an office of the Legislature to be known as the office of the chief medical officer of health, and
- (b) establish the chief medical officer of health as an officer of the Legislature and holder of that office.

To be clear, Mr. Chair, we do not make this recommendation lightly. We have given this a good deal of thought based on the testimony that we have heard and the issues that have been brought forward in front of us. We have heard from Dr. Hinshaw, the chief medical officer of health, that she currently operates in the loyal executive model. We appreciate the information that was brought forward by the ministry and that was compiled by the LAO staff that helped us understand the wide context and different variations of how these roles are administered across Canada in different jurisdictions.

Again, what we have here in Alberta and that Dr. Hinshaw herself is operating under is the loyal executive model. That means her public health advice, her recommendations are hers, but they aren't made directly public. So when Dr. Hinshaw makes a recommendation, when she provides that advice, it is provided to the ministers and the Premier. It is then the decision of those ministers and the Premier as to whether those recommendations are enacted or whether a portion of them is enacted or to what extent they are enacted.

Now, I think we have seen throughout this pandemic and at various points Albertans raise concerns about a lack of transparency. Now, that is, of course, not on Dr. Hinshaw herself. When she goes out publicly, she is doing her due diligence as the chief medical officer of health, as she is in providing her advice and her recommendations to the Premier and the ministers. However, we do not know, when she comes out publicly, whether she is repeating the health advice that she gave internally, the recommendations that she personally came up with, or whether she is instead reflecting the decisions that were made by the minister and the Premier; that is, delivering the message that was approved by those politicians.

As we heard in testimony from Dr. Hinshaw, ultimately the only option for her, if she wishes to protest any decision that is made by a minister or by the Premier, would be for her to utterly abandon her career, to resign from the position she holds. There is no other option available to her should she wish to reflect disagreement with a decision that is made based on the advice that she has brought forward.

**1:30**

Now, we've learned a lot during this pandemic, and one of the things we learned, I think, is that the public is demanding unfettered access. They want to hear the real advice of our health professionals. They want that opportunity to understand to what extent government is making decisions based on the advice and the recommendations that have been provided.

We're proposing the opportunity for the role of the chief medical officer of health to be an independent officer of the Legislature so that their advice would be public because it would go to the Legislature. Now, I recognize that in recent days we've seen a reversal of that flow of independence; for example, the Health

Quality Council of Alberta being moved from a body which reported to the Legislature to report directly to the Minister of Health. We have seen that it's been a habit of this government to provide less transparency and accountability to Albertans on health care matters. However, in this case we are suggesting that perhaps it should go the other way, that the advice of the chief medical officer of health as an independent officer of the Legislature would be public and go to the Legislature.

Of course, the government and the Ministry of Health would need to set up internally some alternative decision-making processes and operational processes to accommodate those shifts. We recognize that that would require some restructuring, of course, in the government. As indicated, in many levels it's not afraid of restructuring where it feels it's in its own political interest. I think this could certainly be accomplished here. But, at the end of the day, in something as important as a public health emergency, I think the public deserves to hear public health advice without having to be concerned about the possibility of political filtering. That is what this recommendation is about, removing any political filter for the chief medical officer of health's recommendations and advice.

To be clear, Mr. Chair, anticipating that, as has occurred on many occasions when we have raised our concerns as members of the opposition and brought the voice of Albertans forward, there may be accusations that I am making this towards Dr. Deena Hinshaw herself, let me be one hundred per cent clear. I believe that Dr. Hinshaw has acted with full integrity and that she has made her recommendations and her advice in the best interest of Albertans. I do not know to what extent the government has followed through on that, as indeed no Albertans do, because we do not get to hear that unfiltered advice. I have nothing but the deepest respect for Dr. Hinshaw's work in her role.

With that, Mr. Chair, I'm happy to hear from other members on this motion. Thank you.

**The Chair:** Thank you, Member Shepherd.

On the list I have Member Rosin.

**Ms Rosin:** Thank you, Chair. I'll keep my comments brief. I guess I'll start out by saying, first and foremost, that I know that I and every member of this government are so incredibly grateful for Dr. Deena Hinshaw and the leadership and the guidance that she has given to us and our province during this first-ever-in-history health pandemic. I just want to say that we are so grateful for her and all the work she has done.

But I do feel as though I need to address this Motion 46, because the irony here is laughable. We've sat here for almost eight hours now and listened to the members of the opposition tell us how we needed to listen to Dr. Deena Hinshaw more and that we didn't give her enough opportunity to speak or to share her opinion, yet when she does share her opinion, apparently they have absolutely no desire to listen to it or to take that advice. To directly quote the chief medical officer of health's advice on this topic, she said she believes that "the CMOH should remain, and is best positioned to meet the public health needs of Albertans, within the existing reporting structure rather than repurposing its role to make it an independent officer of the Legislature."

I mean, we sat here for eight hours listening about how we needed to listen to Dr. Deena Hinshaw more, yet when we do listen to her, apparently the members opposite have no intention to take her advice. I just think the irony here is absolutely laughable.

I will be voting down this motion because I believe that we should take the advice of Dr. Deena Hinshaw. Again, to quote the member opposite who just spoke, his exact words were: we needed the opportunity to hear "unfiltered advice." Well, again, the



unfiltered advice from Dr. Deena Hinshaw, our chief medical officer of health, who has guided us so greatly through this health pandemic, is to vote against this motion. So under that premise I will be voting against this motion.

**The Chair:** I see Member Dang.

**Mr. Dang:** Thank you, Mr. Chair. It's my pleasure to speak today to Motion 46, moved by my hon. colleague from Edmonton-City Centre. Before I begin, I'd like to address some of the comments made by Ms Rosin here and talk about how, for example, I think that what we're actually proposing and what the opposition here is trying to convey is that there is a real sense of concern regarding the model of governance which we are experiencing here. I think that perhaps members of the government don't understand that. Perhaps it hasn't been explained to them in a satisfactory manner.

I think that certainly when we look at the executive model of government, which is the model of government we use in the Westminster parliamentary system, which is the model of government that is in place here in Alberta, when we look at the system of government and the reporting models which Dr. Hinshaw is subject to – we saw in this committee, under my review of the consultation, that Dr. Hinshaw herself said that if she were to disagree with the opinions of the ministry, or the minister in this case, Dr. Hinshaw's only choice of recourse would be to resign. That is her own testimony here before this committee.

Now, we look at what happened here in terms of Ms Rosin's claim that we've heard the suddenly unfiltered words. Mr. Chair, I think it's pretty rich because what we saw instead was that the Minister of Health gave a submission to this committee that said that the ministry did not believe there needed to be an independent officer. Subsequently we saw a revised statement from Dr. Hinshaw saying that Dr. Hinshaw's position coincidentally matched what the ministry had already submitted. We have heard in this committee Dr. Hinshaw say that if she had disagreed with the ministry, she would have to resign, that she would have to throw away her career and resign. Then, after the ministry gives its position, well, of course, Dr. Hinshaw's position would then match what the minister's was.

Mr. Chair, I think what we're trying to explain here is that there is a public health interest – there is an actual public interest – in having an independent office of the chief medical officer of health, of having somebody who the public can actually depend on to receive independent information, to have information this Legislature can act on that is actually independent in terms of the advice that will be given, because we know that in this system of government it is the reality that officers who are subject to ministers report to those ministers. They don't report to the Legislature. They don't report to the public. We will never know what goes on behind closed doors. That is simply the process we have in this system.

We have the opportunity to change that. We have the opportunity to make a recommendation here today to say: "Actually, we think Albertans deserve to know more. We think Albertans and the public and this Legislature deserve to know what our chief medical officer actually thinks. We think that Albertans have the right to have that knowledge, particularly in this time of the COVID-19 pandemic and particularly right now, when there's a global health emergency. At all times we think Albertans should have that right to have their information."

Mr. Chair, it seems that the government members who are opposed to this simply either don't agree that Albertans should have that right or don't understand what the difference is between the executive system of government and the independence of legislative bodies. Perhaps I'd ask government members to clarify

whether they think that independent roles of the Legislature are necessary at all, if it is really the case that they don't think we need to have these independent branches.

I think that what Mr. Shepherd has proposed here is very reasonable. I think it's something that Albertans have come to expect, indeed, in some cases. At the beginning of the pandemic we were receiving daily updates from the chief medical officer of health. Now we're receiving regular updates from the chief medical officer of health. I think Albertans have made it very clear that they expect to have this access to information. They expect to have unfiltered access to information, and that's not what they're getting. We as the opposition think that that is a very reasonable request to make of this committee.

Thank you.

**The Chair:** Thank you, Member Dang.

Are there any other members wishing to speak on this motion? I see Member Hoffman.

1:40

**Ms Hoffman:** Sure. I was waiting to hear more from government members but happy to chime in at this point if they don't have things to add at this point in the debate. Perhaps there will be a response to some of the things I raise. I want to say that I think we've never had an opportunity to more closely examine the relationship between members of the public service and the public and the government than we do right now, during this pandemic.

I have tremendous respect for Dr. Hinshaw. I enjoyed working with her when I was in the role of Minister of Health and we selected her to fill that position. Being a person in the public having watched her continue in that work and now as an MLA as well in the opposition, I think that there has been, as was mentioned, a desire to have full and unfettered advice made available to the public so that we know exactly what medical advice is being recommended.

I think that there were a couple of times where this was heightened in the last few months. I appreciate that as a public servant and a member of the loyal executive model of being within the public service, this has been a complicating position, and I appreciate that in the current act it very clearly says that the chief medical officer of health must give advice to the minister and, in turn, Executive Council for things that he or she believes are an infringement on public health, but there is no mechanism to require that to be made public. In fact, it's very much the opposite. We've heard testimony that there is very much a back and forth, and it was said through media reports – I believe that even the Premier said that, you know, 80 per cent plus of the advice gets followed, and then they work on other things to sort of massage things.

I don't think that's good enough. I think that the public has every right to know what's in the public health interest through the medical advice of the chief medical officer of health. While I appreciate that such a dedicated member of the public service was hired under a certain model and respects that model and has put in writing a commitment that she believes that model works for her, I care what works for all members of the public. At the end of the day, the public service responds to the public – through us, through accountability measures, through ministers, and through the Legislature somewhat – but we are asking for a direct relationship between them.

I want to give a couple of examples of why. One, that I mentioned previously in this committee, is around medical officers in different health authorities having been in the position when congenital syphilis was transmitting at such high rates, and they were really wanting to speak out publicly about this to prevent the mortality,

the death, of newborn babies. They were stopped through political means, and there were a few of them who felt that the only way they could act with integrity was to give up their positions and raise the alarm publicly. That should never be the circumstance in the province of Alberta. We shouldn't have congenital syphilis at similar rates to that of developing countries, and we certainly shouldn't have political interference in medical officers being able to raise the alarm and speak publicly and fight for maternal health and access to what were, ultimately, harm reduction services that resulted in the saving of life, the saving of lives of babies who for no reason of their own contracted syphilis in utero. That was one example from not that long ago, probably 10 years ago.

There is another one, from slightly before that, that I'll add to our consideration today, and that was: "The medical officer of health for the Palliser Health Authority in southeastern Alberta has been fired after publicly supporting the Kyoto Protocol." Dr. Swann, it was, spoke publicly about his concerns about air pollution and population/public health, again something that certainly I would expect wouldn't be grounds for termination in any way, but it absolutely was. The then board chair, Len Mitzel – again, this was, I believe, before he was an MLA – spoke publicly, confirming that they dismissed the medical officer for taking a position that wasn't consistent with members of the board. There have been a few circumstances very clearly in the not-so-distant past where medical officers were absolutely stifled from being able to speak with their medical opinions to the public about their concerns.

When I think about parallel times where the Legislature acted with conviction and moved forward on making an independent officer of the Leg., the children's advocate for many, many years was an internal adviser, a government employee, a public servant through a loyal executive model who reported to a deputy, just as we have today with the chief medical officer of health as a public servant reporting to the deputy. It was after considerable public outcry in response primarily to, again, a number of children dying in care that that model finally, after persistent awareness being raised by now the Leader of Her Majesty's Loyal Opposition – the government of the day agreed to change the reporting structure, to change the model and make the officer an independent officer of the Leg.

For the one government member who has spoken to this so far to say that the advice is completely unfettered: the only way we will know that for sure is if it is a reporting structure to us and not a reporting structure to others. Again, I have tremendous respect for the work of Dr. Hinshaw as an individual and as a medical expert and as the chief medical officer of health under the current model. My question isn't whether or not the current model serves the government well or whether it serves the MO well or whether it serves the deputy minister's office well; my question is if it serves the public well, which brings me to our most recent circumstances under questions being raised around medical advice as it relates to back to school.

All of the advice for six-plus months really focused on physical distancing and the importance of that in terms of addressing the spread of COVID-19, and in the weeks leading up to the reopening of school, there was very significant change in direction and messaging as it related to schools. When it came to the way we interact with one another in other public places, that definitely wasn't the case.

This specifically relates to the motion – thank you, Mr. Chair – around the establishing of an independent officer and specifically establishing the office of the Legislature to be known as the office of the chief medical officer of health, to clearly tie this to the motion at hand.

There were many questions being raised around: why such a quick change in advice? Why was it all of a sudden okay for children to be shoulder to shoulder but in grocery stores or in committee meetings like this we're still, of course, working to follow the guidelines set out and the directions set out by the chief medical officer through order and through other communication means? Parents rightfully wanted to know why it was going to be fine for children to be in overcrowded classrooms on Monday but on Sunday, of course, not. Those are all fair questions, and I think the chief medical officer did as good a job as she could in handling those questions given the means that she has at her disposal and the information she had available, but at the end of the day her advice was still to enact two metres physical distancing wherever possible.

The "wherever possible" piece brings into question the relationship between the office and the government because, of course, the chief medical officer of health doesn't control the Education budget, doesn't control the Health budget. The medical officer gives advice within the parameters that are available for that doctor to advise on. But if the officer had the independence, like we see with the children's advocate, we could see the type of advocacy that could create greater confidence in the public and in our understanding of what's being done purely from a health perspective, not having to take all of the other pieces that other folks within government have to take into consideration.

1:50

When people tune in to the advice, they want to ensure that it's medical advice and that it is given without other filtering, and we know through testimony that that – I am not confident in that. Even through the words of the Premier: if we believe that it's 80 per cent, I want to know what the other 20 per cent is. I think that Albertans have a right to know as well so that we can determine if the risks that the government is choosing to make on our behalf are fair and reasonable. This, again, is about the public. This is about public confidence, and this is about the reporting structure that we have to ensure that all of us have the best information possible to be able to take care of ourselves and of one another.

For these reasons, I feel even more strongly today than when this idea was originally batted around that it is incredibly important for us to have the independence of the medical officer of health speaking directly with the public without the loyal executive model.

I want to thank Member Shepherd for highlighting the challenges with the Health Advocate's office and the lack of independence and the lack of clear political expertise being valued over health expertise. I think that that absolutely undermines the integrity of that office, and I don't want that to be the case. Today we are bringing forward a recommendation to bring greater confidence and for the public to have greater faith in the integrity of the ability for the public to access unfiltered advice from other members within the public service. Again, I have great respect for the work of public health, public health officials, and, specifically, our chief medical officer of health, Dr. Hinshaw. I think that this has been a challenging time in our province's history. I think that what happens, though, in times of challenges is that it gives us an opportunity to reflect on if our systems are meeting our needs as a society. I would say that this is one area where I think we can do better.

I also want to say that the calls for the children's advocate to be made an independent officer of the Leg. were met with noes from government members in a majority government situation for probably two years, but they only grew. They only persisted, and the number of members of the public that were calling for it also persisted and increased as time went on. So I think we have a challenge before us today that we can address head-on, and we can adapt and we can bring forward a recommendation that shows that

we're listening to the public, or we can wait for the public to keep pushing, and I suspect that at some point government will listen. But I would think it would be an appropriate time for us to do that today in this committee as we're reviewing the legislation that governs the chief medical officer of health.

Lastly, I want to add that when we brought forward a motion after what ended up being a shortened opportunity for Q and A in committee and we asked the chief medical officer of health about her willingness to return to this committee to provide further responses to questions as we moved forward in this legislation, it was approved by the committee, and then at the very next meeting the government deputy whip came in and changed the direction of the committee substantially, shut down that testimony, that opportunity for questions and answers as it relates to who, I would argue, is our top doc as it relates to the Public Health Act. I think that that is, again, a further example of the lack of respect for the role and for the public voice of the chief medical officer of health, and that is a grave disappointment.

While I appreciate the tone we've struck here today and yesterday, I really think we could have gone a lot further in terms of ensuring a conducive process and engagement with the chief medical officer of health. As members of this committee I think it was our responsibility, and I think we had the right to do that. I continue to be frustrated by the interference from what appears to be the Premier's office and senior leadership, including issues management, in the work of this committee.

That being said, I'm happy to support this recommendation. Thank you.

**The Chair:** Thank you, Member Hoffman.

Are there any other members wishing to join debate on Motion 46? I see Member Ganley.

**Ms Ganley:** Sorry, Mr. Chair. I was just waiting to see if any members of the government cared to weigh in. I'm happy to add my voice to this particular motion, and I'm happy to support it. I think my colleagues have made extensive comments on the importance of this, but I wanted to add a few things.

I mean, certainly, my colleagues have referenced this before, but there have been instances in which public officers of health have felt the need to leave their positions to speak out or have, alternately, been fired. One of them I have an interesting connection to. My predecessor, Dr. Swann, was one such doctor who was fired for his view that he should raise the issue of climate change and for his support of the Kyoto protocol. Ultimately, I think the aim of the government of the day was to make him go away. They did not get their wish. He returned, ran for politics, and ultimately sat in the Legislature and took leadership of the Liberal Party for a number of years, so I think perhaps that government's attempt to silence him was wildly ineffective. Nonetheless, it was clearly an attempt to silence him.

I think that certainly makes this relevant, and I think, you know, members have asked, calling it all sorts of names: why now? Why is it relevant now? I think this is a question that gets raised all the time about legislation because sometimes the timing is suspect, but at other times the why now is easily answerable. I think in this case the why now is easily answerable. Why now? Why is this suddenly a concern now? Well, we've certainly had a number of public conversations in the last six months about what the role of the chief medical officer of health is and what it ought to be, and I think the why now of this particular recommendation is that the government, specifically press secretaries, issues managers, and a number of staff, have explicitly taken steps to deny what the actual process is.

We had the chief medical officer of health here. She specifically spoke to what her role was. It is, as has been laid out in the different models, the sort of loyal servant model, which is certainly one model, but in a number of instances she makes recommendations to cabinet. Cabinet deliberated on those recommendations and made a decision. That's their function. That's the way our system is designed to function. That's fine. But then to have the government's public-facing branch, to have paid staff of the government walk out on the public record and explicitly deny that truth, explicitly deny to the public what the functioning of their public system is, is extremely problematic. To have them come out over and over again and say, "Oh, no. It's Dr. Hinshaw that made the decision about what the Education budget would be," I mean, not only is that clearly not the case but it's a highly problematic statement for a government to be making to a population because it's verifiably false.

I think that is the why now of this conversation, because this conversation has come up in the public repeatedly, about what the role of Dr. Deena Hinshaw is and about how unfiltered her advice is. It's not just that the public is having the conversation. It's that the government itself has weighed in on the conversation and weighed in in a deliberate attempt to obfuscate what that role actually is. I think that is a major concern. It is a good reason on its own to bring forward a motion like this.

This would establish the ability of the chief medical officer of health to speak directly to the public, to provide that unfiltered advice, which I think the public has been looking for. I think the reason that this becomes important – and I'm not saying that the previous model wasn't workable under any circumstances, but like any law, as that law sort of goes forward through time, it's written, it sits there, and sometimes times change. Sometimes it's just the case that an unexpected situation arises.

People talk about the complexity in courts, and I often used this analogy at the time when talking about the sort of increasing legal complexity around a number of issues. Well, the courts are there to deal with literally every dumb thing that a person could do. The courts are there to deal with every sort of difficult or silly or random thing that any person could do in interaction with any other person. There's no way anyone could ever have anticipated every – what's the saying? It's impossible to make something foolproof because fools are so damned ingenious. It's impossible to anticipate everything that could possibly occur, and that's why the sort of legal system kind of expands in the way it did. That's a problem, a problem for another day that is not directly related to this problem, so I will leave it there.

2:00

But my point is that as laws operate, people find ways to make the law problematic in that it doesn't catch the mischief it was intended to catch. This law probably seemed like it was fine, but there have been a number of tests recently of this law, the Public Health Act. It is a law. There have been a number of tests recently of the law.

Now, the government members on the committee have chosen, for whatever reason, not to deal with the interaction of that law with the public in the course of the pandemic although they seem to be reversing that position today, which is fine. The committee will deal with other things, but I think, with respect to this specific motion, the way in which it became relevant now is through those public conversations, which I think are incredibly important, especially when they're public conversations about moving science, right?

This pandemic is one of the first major tests of this act. It's one of the first major tests of this model, so it is likely that we would see issues with the act that folks couldn't necessarily have foreseen

a number of years ago. I mean, that is what happens with laws. They go out there in the world. They interact with the people that are subject to them, and you see that there are challenges with them, and then the Legislature makes changes. That is, in fact, the entire purpose of having a Legislature. If it was possible to predict every possible thing that could happen, you know, the Legislature could meet, write all the laws, and then essentially disband. Obviously, that's not the case. It's never going to be the case.

This came up specifically because we had a situation where parents were concerned. Parents were concerned that the advice that was being given with respect to how their children ought to comport themselves in schools was different than the advice that was being given with respect to how they ought to comport themselves in public, and there didn't seem to be a scientifically valid reason for this difference in advice. So a large public conversation occurred about whose advice it was and whose decision it was, and as the chief medical officer of health made clear here in her testimony and as is clear in the way that government functions generally, it was the decision of cabinet. It was not the decision of the chief medical officer of health, which, again, is fine. I don't agree with that decision, obviously, but no one will be surprised to discover that. I am, after all, a member of the opposition.

But I think where it became problematic was when we had a bunch of press secretaries and issues managers speaking on behalf of the government going out in public-facing means and suggesting that it was Dr. Hinshaw's decision when it was, in fact, cabinet's decision. You know, people have the right to choose how they are governed in a democracy. It is a fundamental principle of our democracy that people have a right to choose how they are governed, so when the government misrepresents to those people how they are being governed, it's problematic.

This motion would allow the chief medical officer of health to speak directly to the public. I think that would be helpful in this situation, and certainly, again, it becomes relevant now because we've just had this conversation around schools and around what I would argue – and members opposite are obviously are going to argue that this isn't the case – was an abdication of responsibility on behalf of the government, because I've sat in a cabinet, and I know what happens there. I know that public officials come forward with models, with options. They would be able to tell you or give budget estimates on what steps would be necessary and how much it would cost to shrink class sizes to allow physical distancing.

Obviously, the government considered that advice and chose not to do it. That's fine. It's their prerogative, but to imply to members of the public that that advice was not given, that they did not know how much it would cost, that no decision was made is disingenuous. It's very disingenuous, and that's why I think we have seen calls from members of the public for exactly this, for Dr. Deena Hinshaw to be able to provide them that advice directly so that they can determine that for themselves, which is, I think, their right.

That is the reason why I think this motion is important, that is the reason why I think it is timely at this exact moment, and that is the reason why I think it would be brought forward now as opposed to at some time in the past or at some other time in the future.

I think that is mostly all I have to say about that. Thank you.

**The Chair:** Thank you, Member Ganley.

Are there any other members wishing to join deliberation on Motion 46?

Seeing none, on Motion 46 as proposed by Member Shepherd, all those in favour of the motion, please say aye. Any opposed, please say no.

That is defeated.

**Mr. Dang:** Recorded vote, please.

**The Chair:** I see that a recorded vote has been requested. All those in favour of Motion 46 as proposed by Mr. Shepherd, please raise your hand. I will start with Member Ganley.

**Ms Ganley:** Kathleen Ganley, Calgary-Mountain View. Yes.

**Mr. Dang:** Thomas Dang, Edmonton-South. Yes.

**Mr. Shepherd:** David Shepherd, Edmonton-City Centre. Yes.

**Ms Hoffman:** Sarah Hoffman, Edmonton-Glenora. Yes.

**The Chair:** Thank you.

All those members opposed to the motion, please raise your hands. I will start with Member Long.

**Mr. Long:** Martin Long, MLA, West Yellowhead. No.

**Mr. Neudorf:** Nathan Neudorf, Lethbridge-East. No.

**Mr. Reid:** Roger Reid, Livingstone-Macleod. No.

**Ms Lovely:** Jackie Lovely, Camrose constituency. No.

**Mr. Turton:** Searle Turton, Spruce Grove-Stony Plain. No.

**Mr. Rowswell:** Garth Rowswell, Vermilion-Lloydminster-Wainwright. No.

**Ms Rosin:** Miranda Rosin, Banff-Kananaskis. No.

**The Chair:**

That motion is defeated four to seven.

Moving on to the next motion. However, what I would do is that I would just take a quick kind of straw poll with regard to whether or not this might be a good – okay. I think what we'll do is that we'll take about 15 minutes, so I guess we will return at 25 after 2.

[The committee adjourned from 2:07 p.m. until 2:25 p.m.]

**The Chair:** All right. Thank you, everyone. I would like to call this committee meeting back to order.

On the docket what we have before us next is Motion 56, so I will be opening up the floor to Mr. Turton.

**Mr. Turton:** Yes. Thank you, Mr. Chair. I move that the Select Special Public Health Act Review Committee recommend to the government of Alberta that it consider whether removal of the reference to influenza in sections related to pandemic influenza in the Public Health Act would limit the government's ability to take immediate action to minimize the impact of emerging public health threats without the need to issue a province-wide public health emergency declaration under the act.

**The Chair:** Thank you, Member Turton. If you would like to continue . . .

**Mr. Turton:** Yes. Thank you very much, Mr. Chair. I'll make this very brief. I believe this motion will kind of bring into alignment most of the conversation we've had over the last couple of days about making this act more encompassing, more flexible, and removing specific health crises out of the act and give the flexibility needed to deal with health threats for tomorrow.

Thank you very much.

**The Chair:** Are there any members wishing to join debate on 56? I see Member Shepherd.

**Mr. Shepherd:** Thank you, Mr. Chair. I appreciate this motion that's been moved by Mr. Turton on behalf of Mr. Neudorf. In general, you know, as we've said about a number of recommendations that we've had that have been brought forward by government members today, while we generally, I think, would be supportive, it seems a bit of a weak recommendation. You know, in our view, as we've been clear, I think, the job of the committee was to dig a little deeper into some of these issues, not simply to ask government to try to figure something out; it was to give our best advice on what we thought the recommendations should be. Put another way, the goal of this committee was to give our best collective advice on whether the removal of the reference to influenza might, in fact, create any additional issues.

Unfortunately, we didn't have the opportunity to dig into that further. We had the one opportunity with the chief medical officer of health and had their expertise to provide us with their general overview on what is a fairly complex act. Government members chose not to provide the opportunity for any follow-up or to be able to dig in any deeper in order to provide a bit more of a detailed recommendation, so we're left with what we have here. That being the case, and since we are at the stage where we need to make the recommendations and move forward as we do not have the opportunity to dig in any further, I suppose I would be looking at supporting this recommendation, this motion.

Thanks, Mr. Chair.

**The Chair:** Thank you, Member Shepherd.

Are there any other members wishing to join debate on 56?

Seeing none, on Motion 56 as proposed by Member Turton, all in favour, please say aye. Any opposed, please say no.

That is carried.

Moving on to Motion 57, I will give the floor to Member Rosin.

**Ms Rosin:** Thank you, Mr. Chair. My next suggested amendment, 57, should be fairly straightforward. It's more of an administrative amendment than anything. It essentially – I guess I'll read it into the record. Moved that

the Select Special Public Health Act Review Committee recommend that the Public Health Act be amended in relation to authorizations of an employee's absence from the workplace to reflect contemporary realities of the workplace, specifically, an employee's ability to conduct their employment duties remotely if possible.

Just to, I guess, simply explain this, currently section 52.6(1.1) just says that "the Chief Medical Officer may impose, authorize the absence from employment of any persons," and I think we should just amend this to reflect the modern 2020 reality that we live in, which is that many people would be able to work if they were able to do so remotely. I don't believe that the medical officer of health should be able to order people away from working entirely, just potentially from going into the physical workplace. This is just more of an administrative amendment to reflect the modern-day digital world we find ourselves in.

**The Chair:** Thank you, Member Rosin.

Are there any members – I see Member Dang.

**Mr. Dang:** Thank you, Mr. Chair. I think that, like many motions we have seen from the government caucus presented today and yesterday – really, it's interesting how many of these recommendations are weak recommendations, right? The government caucus acted time and time again to prevent this committee from doing its work. Indeed, when we're looking at this labour motion now, the committee was prevented from hearing from the minister of labour and the deputy minister of labour, so the committee didn't

have the benefit of real research or discussion on this topic at all, and now the government caucus is insisting that we pass a recommendation that's very broad on labour practices. We know the COVID-19 pandemic has created this enormous disruption to workplaces, and we know that we do need to have a balance of work and public health in this province. The disappointing thing is that we would have benefited from hearing more from the experts and from the people who craft a lot of this policy from the government side.

It's disappointing because, basically, every single member of this government caucus, including the member moving this motion today, voted against hearing from the minister of labour or the ministry of labour at this committee. I think that's something that's disappointing. I think it's something that's sending a message that the government wants to make recommendations without having all the information in front of them. I think it's a disappointing message because we're talking about right now a situation where the core public service here in Alberta has been compelled to return to work. We're talking about a situation where folks at the largest single outbreak in North America, here at a meat-processing plant in Alberta, were affected, and we're talking about labour disruptions and employment standards during a pandemic, and we really did have the opportunity to talk to the labour experts and understand what the situation was during this pandemic.

I mean, it's no surprise that the result of the shutdown of debate by the government and the neglect to debate for the government caucus is this weak and broad recommendation that doesn't really, truly benefit the seriousness of this topic. However, I think that at this time generally it's an agreeable motion. I just wish that the government had actually done their homework first.

Thank you.

**The Chair:** Thank you.

I see Member Hoffman, I believe.

**Ms Hoffman:** Sure. Thanks. I will add a couple of things to this. I appreciate the introduction from the mover because when I read it, I originally read it as an employee's ability to work remotely if they so choose, but now on hearing the rationale, it's about the chief medical officer of health not shutting down an employee's ability to work, full stop, if they can work remotely. So I think there's some room for interpretation on this.

I would like to add that the way I interpreted it, when I landed on the side that I would likely support it, was that I know there are many folks who have worked quite successfully remotely for several months during the pandemic, who would like to see legislation that reflects that when we're still in a global state of pandemic and they're able to work remotely and meet the duties of their employer and their employment contract, that be an option for them. So I was thinking of it from the worker side. Now I'm hearing it from the other side. I hope that when the government interprets this, they think about the wholeness of the language and not just specifically about the chief medical officer of health ordering somebody.

I understand that the legislation currently says that you can stop work or not stop work. I understand that there would be times for ordering that somebody not come into the workplace but not necessarily stop work, but I also hope that when we see this come back in the Legislature in some form, there is also recognition that employees may sometimes take the initiative in requesting modifications, as long as they meet the terms of their employment contract, because I do know that there are many folks who are working remotely today.

I know that office rentals in cities around the world – but I'm speaking specifically about North America. There are many private-sector employers that are moving to more remote working opportunities for their employees as they move forward, thinking about the opportunities they have to save on rent and office space but also thinking about the fact that they don't want to take undue risk around productivity. And if productivity is still very high, they are considering, you know, shutting down some of their consolidated work sites that they have and having more folks work remotely.

Those are some of the things that I thought of when I read the motion. The other piece, of course, is that I would have loved to have had the minister of labour here and probably the deputy as well, to be able to ask questions about that, about the realities of those different types of work environments, as they are, I imagine, spending a lot of time honing their expertise on this. I think that it would have been useful for us to have a dialogue with them. I was glad that we had put them forward on the list to call, and I was hopeful that they would have been able to come as well as other employers or other employee groups. That's why we proposed that we have opportunities to meet with folks throughout the province in various communities and to hear directly from them so that they could contribute.

I feel that this isn't a bad motion, but I feel like we could have done so much more if we would have taken the opportunity to engage the public and gather their full understanding and their expertise on this. It feels like we're doing the best with what we've got, probably, on this motion, but I think we could have done a lot better, to reinforce what my colleague said.

I just hope that as we move forward with other committee work, we stop working so much in vacuums and silos and that we engage more fully with experts in the public and the folks that we represent as elected officials. That being said, I will be supporting the motion.

2:35

**The Chair:** Thank you, Member Hoffman.

**Ms Ganley:** I was just actually hoping for a point of clarification because, like Member Hoffman, I had read this to suggest that we needed sort of a middle ground. So they can order the closing of a workplace or not, but this would sort of create the ability to enforce remote work. I just wanted to make sure because Member Rosin's comments made it sound like this was to prevent them from being able to shut down a workplace. I just want to make sure that that is not, in fact, the intent of this motion.

**The Chair:** Thank you.  
I see Member Rosin.

**Ms Rosin:** Yeah. I will happily clarify. Definitely, that is not the intent. The intent of the motion is just that currently the legislation reads that the chief medical officer may impose or authorize a person to leave their workplace. My motion is just to allow the ability that if there is the possibility for an employee to work remotely, then they can do so.

**Ms Ganley:** Thanks.

**The Chair:** Thanks.

Any other members wishing to join deliberation on this motion?  
Seeing none, on Motion 57, as proposed by Member Rosin, all those in favour, please say aye. Any opposed, please say no.

Carried.

Moving now to Motion 58, I will give the floor to Ms Lovely.

**Ms Lovely:** Thank you, Chair. It's my pleasure to make this motion that

the Select Special Public Health Act Review Committee recommend that the Public Health Act be amended to provide for a periodic review of the Public Health Act every five years to ensure it continues to meet the public health needs of Albertans.

I think that's fairly straightforward, but I will mention that earlier today Member Neudorf did say that this is the first time in Alberta's history that anyone has paid attention to the wording in the Public Health Act, and I think we just need to have regular review.

**The Chair:** All right. Any members wishing to join? I see Member Ganley.

**Ms Ganley:** Thank you very much, Mr. Chair. I support the motion. I think it's a great motion. I think the member is absolutely correct. This is the first time that we've had the opportunity to review this act, and I'm glad to hear the member take that position since some of her colleagues were taking the position yesterday that any amendment, even through miscellaneous statutes, constituted a review. I'm glad that we have clarity now on that, and I think that this is an important motion.

But my hope is that when those subsequent reviews come, they are more substantive than this one. We were told at the outset that we couldn't consider – this was a good time to review the act. I think it was important that we review the act at this juncture because it had faced one of its first major tests, and, like I've said, it's my view that these tests sort of tell us where legislation is working or where legislation is perhaps not working so well.

At the outset of the committee, members from the government caucus took the position that we were to consider the act but not the effects of the application of the act on the population governed by it. Now, I continue to believe that the sentence, that sentence, is utter nonsense, that it is literally impossible to consider an act absent the impact that that act has on the people it governs. I mean, we write laws to govern people. But, that being said, members of the government made it clear by shutting down consideration of issues in terms of how the act had worked, talking to the public about how the act had worked – and there was a lovely bus metaphor somewhere in there – as well as the calling of witnesses to discuss how the act had worked, which is fine. Well, I actually don't think it's fine, but it is what happened, so I will accept it. I hope that when subsequent reviews come to pass, there is more substantive consideration of the impact of the act, because I think that to discuss an act absent its impact is an academic exercise in navel-gazing that is not enormously useful.

I think we've seen today, now, the position sort of shifting to be a position of: well, we're not here to talk about the act and the overreach that occurred in Bill 10; we're here to talk about how the act acted in this first major test, i.e., the pandemic. I mean, quite apart from being the opposite position that government members were taking three months ago, it's highly problematic in the sense that if the initial point was that we weren't here to talk about the pandemic, that we were here to talk about the overreach in Bill 10, and now the point is that we're not here to talk about the overreach in Bill 10, one wonders what it is that we're here to do.

I think it is important. I will be supporting this motion. I hope that there is periodic review of this act, but I hope that when that periodic review of this act occurs, there is more substance to it, that more people are brought into the conversation, that more witnesses are brought forward, that the public is canvassed. And I certainly hope that at the next review of this act, at that point the opportunity is taken to consider challenges which occurred during this pandemic, because I think there are still a lot.

I realize it's not making news anymore, but the fact that, you know, over 50 per cent of a population at a certain workplace was infected I think is absolutely relevant. The fact that labour standards legislation was unable to interact with the Public Health Act in such a way to protect the lives of those people is relevant. There is, I think, nothing more relevant to us as legislators than to consider the fact that neither act, both of which were designed to protect the safety of the public and the safety of workers, in this case the same group, was able to do that. I think that's relevant. I think it should be considered. I hope it's considered the next time that this act comes forward.

And by the time it comes forward again, we should be in a position to consider how school reopening went as well. I think that's going to be a very, very relevant issue. I think there will be a lot of relevant issues, you know, up to and including the way we handle the long-term care system and whether certain entities do a better job of that than others. I think, as well, the current outbreak at Foothills hospital, which is a source of major concern for people in Calgary right now – I think all of those things are going to be relevant, and I hope that they are all considered.

Thank you.

**The Chair:** Thank you, Member Ganley.

Are there any other members wishing to speak to Motion 58?

Seeing none, on Motion 58, as proposed by Member Lovely, all those in favour, please say aye. Any opposed, please say no.

That is carried.

Moving on to Motion 59, I will give the floor to Member Rowswell.

**Mr. Rowswell:** Thank you. It's moved that the Select Special Public Health Act Review Committee recommend to the government of Alberta that it explore options within the Public Health Act to include provisions that would ensure the government of Alberta provides briefings to the Official Opposition with respect to orders issued under section 52.1 as soon as is practicable during a public health emergency.

**The Chair:** Thank you, Mr. Rowswell. If you'd like to continue, you have the opportunity.

**Mr. Rowswell:** Yeah. I just think it's important that all representatives of all Albertans get briefings when we're in a public health emergency. I was surprised that that wasn't the case. I think it's pretty straightforward. That's about all I'd be willing to say.

**The Chair:** All right.

What I will do, just because there was an amendment that was received as well with regard to this motion, is that I'm going to take the opportunity now to give the floor to Member Shepherd should he decide to move his amendment, which is his choice.

2:45

**Mr. Shepherd:** Thank you, Mr. Chair. Indeed, I would appreciate the opportunity to move that amendment. That amendment being that the motion be amended by striking out "to the government of Alberta that it explore options within the Public Health Act to include provisions that would ensure the government of Alberta provides briefings to the Official Opposition with respect to orders issued under section 52.1 as soon as is practicable during a public health emergency" and substituting the following:

(a) that the Public Health Act be amended to require a person who makes an order in respect of a public health emergency, other than an order that applies only to a specific individual, to provide, as soon as practicable after the making of the order,

regular briefings about the order to each Member of the Legislative Assembly who requests it, and

(b) to the government of Alberta that, during the interim period before the legislative changes referred to in clause (a) are enacted, the government encourage the persons referred to in that clause to provide the briefings described in that clause.

To speak to the amendment, Mr. Chair, to be clear, the amendment essentially does three things. It, first, expands the scope of the relevant orders to which it applies, I think. As we've seen during this pandemic, there are many orders like those that are issued by the chief medical officer of health that are of interest to the opposition and to the public. I think it's important that as we look to the future, we don't overly limit the orders that briefings would apply to. Indeed, members of government today have spoken about not wanting to be overly prescriptive in some of the steps that we take in our recommendations in wanting to ensure that there are broad options to recognize the multiple challenges that might come forward, so it's important that we don't overly limit the orders that these briefings could apply to or would apply to. Now, the exception of this rule, of course, would be any order that applies to a specific individual. In our view that would go too far. We do absolutely respect the privacy rights of Albertans, and we have to balance the need for information with those rights.

The second element of this amendment would be to expand the scope of who can be briefed. Right now we have only two parties in the Legislature. Following a future election we may indeed again see more. We have the United Conservative Party, who may or may not remain united. We may have other parties which may indeed arise and have members voted into the Legislature. We may have independent members of the Legislature. So in the event that indeed we have more than two parties, then those parties or private members should also be briefed. They should be included in this opportunity. That's how our system should work.

The third element of this amendment would be a statement from the committee. You know, as all of us, I think, as members of this committee are likely aware, the government stopped issuing briefings during the pandemic. We're simply proposing that the legislative branch through this committee encourage the executive branch to change course, to reconsider that decision and reinstate briefings for the Official Opposition, so that we can do the important work which we have been entrusted on behalf of Albertans.

Now, given the original motion put forward by the government caucus: I hope that they'll agree to support this amendment to make a stronger recommendation, or if they have concerns with any portion, perhaps the committee would be willing to entertain a motion to a subamendment.

With that, I believe I've offered a clear explanation of my intent in bringing this amendment forward, and I'd be interested to hear from other members of the committee.

Thank you, Mr. Chair.

**The Chair:** Thank you, Member Shepherd.

We are on the amendment for Motion 59. Are there any members wishing to deliberate? I see hon. Member Neudorf.

**Mr. Neudorf:** Thank you very much, Mr. Chair. I haven't, unfortunately, taken time to figure out if I would have the wording to offer a subamendment to this amendment, but I do have some thoughts. While I agree with Member Shepherd opposite that every member of the Legislature should have the opportunity to hear a briefing, regardless of which party they represent or are sitting as an independent individual, I am concerned that the wording of this could put any minister, including the Premier, at the whim and beck

and call of any individual member if they're not able to attend the established time frame. That would be my major concern with the amendment, recognizing that it would be beneficial for every member of the Legislature to have that opportunity. At whose discretion that is, I think, is a very important part, particularly if you're under such strenuous times as a public health emergency with a huge number of meetings.

I am just considering that, but if I were to vote against the amendment, it's not the intent, but it would be against who's ordering that time frame to happen.

Thank you, Mr. Chair, for allowing me to present those thoughts.

**The Chair:** Thank you, Member Neudorf.

Are there any – I see Member Hoffman.

**Ms Hoffman:** Yeah. I want to thank the mover for bringing forward this motion in the first place. I appreciate the intent, and I also want to thank the mover of the amendment for the intent that he identified in this as well. I think right now we're thinking about various parties and independents, but the other piece I want to add is that I think private members of the government caucus also deserve an opportunity. It might be the case that in this current situation there were regular briefings, and that would be great, but I think it shouldn't be at the will of a minister or Executive Council to make that decision. I think all members, whether they be of the governing party or the Official Opposition or independent members or other opposition members: I think that their constituents would expect that their elected representatives have regular updates and information, and I think that the intent of the motion is to ensure that that is the case, that elected officials responsible for health, which we collectively are, have the opportunity to gain information as it relates to important matters during a public health crisis.

Again, hopefully we won't have to deal with a lot of these, but when we do, I want to make sure that there is that clear and proper flow of information. If members of the UCP want to propose a subamendment, I would certainly be willing to consider that to reflect the pressure that they think this could put on, but I like the amendment better than not amending it. I think that the amendment speaks to the fact that MLAs deserve to have information, and I think that's the intent of the mover. If this isn't the exact wording that the government lands on, perhaps we could go to 59 and then come back to 58 with a subamendment or some other procedural process to enable folks to put their best work forward, but I do think the intent of this amendment is appropriate. I think it aligns with the intent of the mover.

We'll leave that for people to reflect on. Thank you.

**The Chair:** Thank you, Member Hoffman.

I see Member Turton.

**Mr. Turton:** Yes. Thank you, Mr. Chair. Perhaps to Mr. Shepherd, if he could perhaps maybe just clarify some of the wording in the amendment just to kind of help me get my own thinking, you know, in check when it comes to this. When it says "the Official Opposition," I mean, not to wordsmith, but, I guess, is there a difference between the Official Opposition and opposition parties? Is that kind of what you're talking about? When I see this, it shows that under your amendment this additional information only goes to perhaps one political party of the other parties, other than the government, in the Legislature, and as you mentioned, there could be potentially – and in the Alberta Legislature there have been times of, I believe, four different parties. By keeping this wording, I guess the concern that perhaps needs some clarification is whether this is now excluding other political parties from that same briefing note,

which only one other Official Opposition party would have access to.

Just a question for clarification. Thank you.

**The Chair:** Sure.

I am looking to see if there are – would you like to respond, Member Shepherd?

**Mr. Shepherd:** Just to clarify the question from Mr. Turton, looking at the amendment I'm bringing forward, it does not mention the term "Official Opposition." That's the language that we're requesting to remove, so that's currently the language that's existing.

**Mr. Turton:** Oh, I see. I was reading it . . .

**Mr. Shepherd:** Yes. So that's precisely the issue we're trying to address.

**Mr. Turton:** My mistake.

**Mr. Neudorf:** I would like to just clarify some thinking for the members of the Official Opposition before we make any proposals. I'm wondering if they would be open to possibly us not supporting this amendment but in the original Motion 59 taking out the words "Official Opposition" and replacing it with "all members of the Legislative Assembly," if that would match their intent. Again, just some considerations without having to take a recess or have any votes or motions on the floor, just putting some thoughts out there.

2:55

**The Chair:** I'm happy to be flexible with this.

Member Dang did have the call.

**Mr. Dang:** Thank you, Mr. Chair. I guess I just want to go back to the language around "Official Opposition" perhaps just a little bit here, because I do normally sit on the Members' Services Committee, which did extensively review this in the last Legislature and provided recommendations regarding the structure of caucuses and how they are referred to as Official Opposition parties or opposition parties. Perhaps Phil will be able to help me out a little bit. I see he looks down the way at me a little bit.

It is my understanding that there is a distinction between opposition parties, Official Opposition parties, and private members, and then there are certain parameters that we'll be able to find, either from our guidance from the LAO here or online here. But basically, yes, there is a difference. I think that in my mind we do make a distinction between the Official Opposition and other opposition parties. Perhaps for me in not having consulted significantly with my colleagues around this, I would still think that there should be an Official Opposition briefing along with a private members' briefing or something in that respect because we do make that distinction in the Members' Services orders as it were.

**Mr. Neudorf:** So then instead of moving out "Official Opposition" and replacing it, leave that there and say, "Provides briefings to the Official Opposition and all Members of the Legislative Assembly with respect to the orders issued."

**The Chair:** I believe that Member Hoffman has the call now.

**Ms Hoffman:** Yeah. Thank you very much. I appreciate that there's a bit of a dialogue on this one, and I think we're coming to a better place. I think that that amendment would certainly satisfy that desire for part (a) that we've referenced. Part (b) is around ongoing briefings – I don't know that that would be classified – for



example, briefings around bills that would be forthcoming, those types of things. I think I would still like to be able to vote on this as it is or find some way to, if it gets defeated, incorporate (b) as well as the addition of “all members” if the government so chooses to put that motion forward. That would, I think, go a long way.

So yes. My answer to the question is yes, I think the proposed wording you’re floating satisfies part (a). I would like us to consider what we can do around part (b).

**The Chair:** Member Neudorf.

**Mr. Neudorf:** Thank you for that. I think we probably could have agreement on (a) however we vote on the amendment. I think the exception we may have to part (b) is again the breadth of that. We’re very happy to address “under a public health emergency” or “under the Public Health Act,” those briefings being required for that point. I think we’d be hesitant to engage within this act something as broad-reaching to every other briefing and every other bill that could be seen by the Legislature. I think that might be something that we would find problematic and, again, extend beyond the scope of what we were hoping to talk about here today. I don’t want to speak on behalf of all my colleagues, but I think that one might be challenging, so I’m willing to, again, address the amendment as written with the understanding that we would be amenable to making the one change we put forward but may not be able to go so far as to address part (b). But I don’t want to presuppose what may or may not be put forward as on-the-floor amendments after that.

**The Chair:** Thank you, Member Neudorf.

**Ms Hoffman:** The last thing I’ll say about this – and I appreciate the response – is that I think the desire is to reinstate the relationship that existed even when there were four parties and independent members, when everyone had an opportunity to be briefed on legislation that was coming before the House. I think that this is something that this place did for at least the 13 years I’ve been engaged with it in some way, either as staff or as an elected, and I think it’s something that we can express our desire to our colleagues in executive branch to return to. Whether that’s through this motion or through other means, I certainly appreciate the opportunity to have that raised here today.

Thank you, Mr. Chair.

**The Chair:** Thank you, Member Hoffman.

Are there any other members? Technically we’re still on the amendment as written. Member Shepherd.

**Mr. Shepherd:** Thank you, Mr. Chair. I think we’ve had some good discussion here, but as the mover of the amendment I did just want to offer a few concluding thoughts before we would perhaps have a vote on it.

I appreciate the concerns that Mr. Neudorf brought forward regarding section (b). I’m glad that we’ve reached some general consensus around trying to find a way to incorporate the larger suggestion in part (a) to ensure that all members of all parties in the Legislature and indeed, potentially, private members would have the opportunity to access those briefings in the event of a public health emergency. I would note that we had offered some slightly broader language about those orders, broadening it out from under just section 52.1 to any order relating to the public health emergency, so that would be another slight difference. We’ll see, I guess, maybe what the thoughts are on that.

In regard to part (b) I think my colleague Member Hoffman made it quite clear sort of where we stand on this, what past practice of

this House has been, certainly what we enacted during the time we were in government. I recognize that, as Mr. Neudorf said, perhaps he feels this is not the place to reiterate that. I don’t know if it’s the view of government members that their colleagues in cabinet are exercising their role appropriately in denying such briefings to the opposition, but we felt it was important to make that statement and to put that on the record here and indeed give government members the opportunity to consider whether they feel that that is a reasonable approach or one that they would welcome should they in some future time find themselves in the opposition position.

That said, I would like to have the opportunity, I think, to vote on the amendment as it stands just so that we have the opportunity to support our perspective on this. I suppose we will see what occurs there. If there should not be enough support from members of the committee, we can look at what government members may be willing to consider in terms of amending the motion as it was brought forward.

Thank you, Mr. Chair.

**The Chair:** Thank you, Mr. Shepherd.

Are there any other members wishing to join debate on the amendment?

Seeing none, on the amendment as proposed by Member Shepherd, all those in favour of the amendment, please say aye. Any opposed, please say no.

That is defeated.

We are back to the motion as proposed in the wording courtesy of Mr. Rowswell. Are there any members who wish to join debate on 59? I see Member Neudorf.

**Mr. Neudorf:** Thank you, Mr. Chair. If you can guide us through this process, I would like to propose an amendment to this motion, that

after the words “Official Opposition” we include the words “and any other Member of the Legislative Assembly.”

As proposed earlier, I believe that we have to waive the motion.

**The Chair:** First, what we will do is that we will ask the question on whether or not the committee is willing to waive the notice requirements. All those members who are in favour of waiving the notice requirements with regard to this amendment being proposed by Member Neudorf, please say aye. Any opposed, please say no.

That is carried,

meaning that the amendment as proposed by Member Neudorf is now on the floor for debate.

Are there any members wishing to join debate on the amendment?

Seeing none, on the amendment as proposed by Member Neudorf, all those in favour, please say aye. All those opposed, please say no.

That is carried.

The new wording of the motion is on the screen for you, for all to see. Are there any members wishing to debate this motion?

Seeing none, on the motion as proposed by Member Rowswell and amended pursuant to the amendment accepted that was proposed by Member Neudorf, all those in favour, please say aye. Any opposed, please say no.

That is carried.

Thank you for that.

**3:05**

We are now moving on to item 3(b), instructions for drafting report. With the committee having concluded its deliberations, we can now proceed to direct research services to prepare a draft report containing the recommendations that the committee has approved

this afternoon and yesterday. At this time I would ask Dr. Massolin to provide us with a brief overview of the process and what the draft report will likely contain.

Dr. Massolin, if you would please take the floor.

**Dr. Massolin:** Thank you very much, Mr. Chair. As you've indicated, the committee is now at the point at which it is prepared to report to the Assembly, as is appropriate at this stage. The committee, I think, will have to consider directing research services to prepare a draft report, and this proposed draft report for reviews such as the one that the committee has before it now has typically included the following sorts of things: an executive summary, which basically comprises the decisions of this committee, in other words the recommendations that the committee has made to government with respect to the Public Health Act in this case; the committee mandate will be indicated; introductory remarks; also a section on the consultation process, so the stakeholder engagement process as well as the submissions that were received from members of the public and any other written material that the committee received. That will be discussed in another section.

Then the main section will be, of course, the discussion of the recommendations that the committee makes. This will be essentially the motions that the committee has passed plus some contextual information as to how the committee arrived at those decisions, so the decision-making process, in essence. Then what also happens is that an appendix is added to the report listing the individuals and organizations that have made submissions to the committee.

That's it. I'd be happy to answer any questions if there are any.

**The Chair:** I see Member Hoffman with a question.

**Ms Hoffman:** Yeah. My biggest one, I guess, is around timeline. Can the table remind us of the date that our report is due for submission and tell us what timeline they expect to have a draft back to us so that we can review it before final sign-off?

**The Chair:** Go ahead, please.

**Dr. Massolin:** Yeah. Thank you, Mr. Chair. I couldn't see how many fingers were being held up there. I promise I haven't been drinking.

Anyway, the committee clerk informs me, through COVID-19 ways, that the report is due on October 23, so I think that the committee is in good shape in terms of having this report drafted and distributed to committee members for their review and then possibly, if the committee so chooses, to delegate the authority to approve the final report, after it's been distributed, to the chair and the deputy chair of the committee. I hope that answers the question.

**Ms Hoffman:** Yeah, that does. Thank you.

I guess I'm wondering if we can put in some clarity. Not wanting to work anybody overtime but also wanting to make sure that we have enough time to properly review the draft as private members or individual members of this committee and give any feedback, potentially – having to draft addendums, those types of things – I'm wondering if it would be reasonable to allow two weeks for the draft to be received before it is due to be submitted. Would it be reasonable by the end of day on the 9th or even the 12th to receive the draft so that we can do further work that might be required?

**The Chair:** Dr. Massolin.

**Dr. Massolin:** Thank you, Mr. Chair. Yes, I think that's perfectly reasonable to prepare a draft.

**Ms Hoffman:** Great. So we'll receive it by the 12th.

**Dr. Massolin:** Yes, if not sooner.

**Ms Hoffman:** Excellent.

**The Chair:** Any other questions?

All right. As was alluded to by Dr. Massolin, I would also note that the committee may wish to streamline the process to avoid another meeting by authorizing the chair and the deputy chair to approve the draft report after it has been made available for committee members to review.

What are members' thoughts on this issue?

**Ms Hoffman:** Sorry. Just for clarity: for the draft to go to the chair and the deputy chair and then for it to be passed on to all members by the 12th?

**The Chair:** It would be passed on, as I understand it, to all members. However, in order to avoid another meeting, there's the option of delegating the ability to sign off on it, delegate it to the chair and the deputy chair.

**Ms Hoffman:** I would rather we have an opportunity as a group to engage with the draft than delegate that authority.

**The Chair:** Okay. Any thoughts?

**Mr. Neudorf:** The option to expedite the process, in my understanding, does not stop any member of the committee from sharing concerns or potential edits before the chair and the deputy chair would sign off. Is that correct?

**The Chair:** It is my understanding that that would be correct.

**Mr. Neudorf:** So any changes requested could happen before the chair and the deputy chair sign off so that a meeting is not necessary, but those concerns could be raised and dealt with.

**The Chair:** Absolutely. Yes.

**Mr. Neudorf:** Thank you for clarifying.

**The Chair:** Member Shepherd.

**Mr. Shepherd:** Thank you. Just to build on the clarification requested by Mr. Neudorf, I just would want to be a hundred per cent sure that, say, should the opposition members wish to put forward a minority report to be included in this report, that would in no way be jeopardized. We would be one hundred per cent assured that there would be the opportunity to submit that and have that included before that would be approved by the chair and the deputy chair?

**The Chair:** Great question.

My only question on that would be to Dr. Massolin. Is it regular course that when a minority report is provided to the House, it is attached to the report?

**Dr. Massolin:** Thank you, Mr. Chair. Yes, it is simply attached as an appendix, the first appendix, to the report.

**The Chair:** Yeah. Perfect.

Yes, I would agree that it will in no way inhibit the ability for a minority report to be attached as an exhibit and likely the first exhibit.

Member Dang.

**Mr. Dang:** Thank you, Mr. Chair. I guess the question, then, again, if we are delegating that authority, is to ensure that there is sufficient time between all members of the committee receiving the report and then the approval date of the chair or the deputy chair, because creating such an addendum would take some amount of time, right? I think that's the concern, that we have at least a week or two to review the process.

**The Chair:** Sure.

Just working on the fly here, if we are to receive the draft report on or before the 12th – and I'm seeing confirmation of that – then perhaps what we could do is that we could just essentially ensure that we don't have to provide it until, I believe, the 23rd, right? Perhaps what we will do is allow for – I think you had mentioned perhaps, like, a week or something. Is that enough time for you to take the draft and present some – or here's the real question: would you be waiting for the report in order to be able to then begin your minority?

**Mr. Dang:** Yes.

**The Chair:** Then what we'll do is that we'll allow – I think we've given basically two weeks, right? What would that be from the 12th? Basically, what we would say is: could you have the minority report – perhaps if we get it on the 12th or perhaps sooner, would it be enough time? A lot of the time I've heard that sometimes these can be done relatively quickly or that they're already being drafted anyways, but it obviously takes some time to review the draft report. Perhaps a week after receipt of the draft report?

**Ms Hoffman:** Likely, yeah.

**The Chair:** Likely? Okay.

**Ms Hoffman:** As long as there are five business days and a weekend, I think we can get it done.

**The Chair:** Yeah. Just so you know, the report is going on the 23rd, right?

**Ms Hoffman:** Yeah. So the 12th, and I think we have that full week, and then we would submit it as a committee.

**The Chair:** Yeah. So we can do that. Yeah.

**Ms Ganley:** Sorry. I just wanted to ask a clarification question about October 12. It's my understanding that that is Thanksgiving. Are we still going to be receiving that . . .

**The Chair:** Oh. Thanksgiving Monday? I think that there's clear-days legislation, all that kind of stuff, so I think they would just automatically push out to the 13th. Correct? Yeah. Unless we get it sooner.

3:15

**Ms Hoffman:** Yeah. And that still gives us 12 days, I think. No. Ten days. Ten days between receiving it and submitting the final . . .

**The Chair:** Yeah.

**Ms Hoffman:** That's tight.

**The Chair:** It's tight, but . . .

**Ms Hoffman:** I think we can say okay to that. I would love it if you exceeded that timeline and could get it to us earlier, but, yes, I think that we will be able to work with that.

**The Chair:** Okay. Yeah. And we can obviously have communication back and forth throughout the process.

Is there a motion that would essentially encapsulate this, taking into account that there's an understanding that's been reached within the committee? I see Member Reid.

**Mr. Reid:** Yeah. I'd like to move that

the Select Special Public Health Act Review Committee direct research services to prepare a draft report on the committee's review of the Public Health Act containing the recommendations approved by the committee and authorizing the chair and the deputy chair to approve the report after making it available to the committee members for review.

**The Chair:** Having heard the motion, are there any members wishing to debate?

Seeing none, on the motion as proposed by Member Reid, all those in favour, please say aye. Any opposed, please say no.

That is carried.

Moving on to the next order of business, which is other business, are there any aspects of other business that members would like to discuss today?

Seeing none, I might take this opportunity to thank, obviously, all the government staff, that have been so helpful in this process, and I'd also like to take a moment and thank, obviously, all members as well. We've obviously had extensive testimony by stakeholders; several hundred submissions have obviously come from the public. I know that there are, to go back to the staff, many staff, whether it's caucus and government as well, that have worked tirelessly to ensure that this committee was successful, so I want to thank everybody for your extensive work.

I think that, with that, I will move from other business to perhaps the date of the next meeting. However, I think it's fair to say that that one is now not going to be dealt with. Obviously, now having completed the deliberations and provided instructions for drafting the final report, it is likely that this will be the last meeting for this committee. Once we have reported our recommendations to the Assembly, we will have completed our mandate.

To ensure we leave a complete record of our work, we should consider how the minutes from this week's meeting will be approved. One method that has been used by other committees in the past has been to authorize the chair to approve the minutes after the draft version has been distributed to other committee members for comment. Does anyone have any thoughts on this?

There's a potential motion that I'd look to perhaps, then, get some comment on. It would be moved by one of the members that the Select Special Public Health Act Review Committee authorize the chair to approve the minutes of the September 29 and 30, 2020, meetings after a copy has been distributed to committee members for their comment.

I am seeing Member Neudorf. Are you open to moving that motion?

**Mr. Neudorf:** Moved as stated, Mr. Chair.

**The Chair:** Okay. On the motion as moved by Member Neudorf, all those in favour, please say aye. Any opposed, please say no.

Carried.

With that, I will look for a motion to adjourn. I see Member Lovely.

**Ms Lovely:** So moved.

**The Chair:** So moved. Member Lovely moved that the September 30, 2020, meeting of the Select Special Public Health Act Review

Committee be adjourned. All those in favour, please say aye. Any opposed, please say no.

**Mr. Turton:** No.

**The Chair:** I'm still thinking that that was carried. Yeah. Somebody want to do a recorded vote on this one?

Thank you very much, everyone. The meeting is adjourned. Please remember that, as stated last time, if you brought things with you, whether it's napkins or cans of pop or anything along those lines, please take them with you. With that, we are adjourned.

[The committee adjourned at 3:19 p.m.]







