

**LEGISLATIVE ASSEMBLY OF ALBERTA**Title: **Friday, November 21, 1980 10:00 a.m.**

[The House met at 10 a.m.]

**PRAYERS**

[Mr. Speaker in the Chair]

head: **PRESENTING PETITIONS**

MR. WOO: Mr. Speaker, I request leave to present a petition signed by 11,285 residents of Sherwood Park and the county of Strathcona. The petition requests the Assembly to consider action to prevent annexation of any or all of the county of Strathcona by the city of Edmonton.

head: **NOTICES OF MOTIONS**

MR. JOHNSTON: Mr. Speaker, I wish to give oral notice of a government motion we'll move in this Assembly next Monday, November 24. I'd like to read that resolution.

Whereas the federal government has placed before the Parliament of Canada a proposed resolution for a joint address to Her Majesty the Queen respecting the constitution of Canada; and whereas a well-established constitutional convention exists in Canada to the effect that requests to the United Kingdom for amendments affecting federal/provincial relations and provincial rights and responsibilities will be preceded by provincial consent; and whereas the federal government's proposal to proceed unilaterally with both patriation and specific amendments to the constitution, including an amending procedure, over the objections raised by a majority of provinces, violates well-recognized principles of federalism; and whereas the amending formula contained within the proposed resolution is directly contrary to the resolution of November 4, 1976, approved by this Legislative Assembly; and whereas the unilateral action of the federal government will strain Canadian unity;

Be it resolved that the Legislative Assembly of Alberta support patriation with appropriate safeguards for the protection of provincial rights, proprietary interests, and jurisdiction; and that there be no amendments diminishing provincial rights, proprietary interests, and jurisdiction without the consent of the provinces affected; and that the Legislative Assembly express its opposition to the unilateral action proposed by the government of Canada; and that the Legislative Assembly urge that federal/provincial constitutional discussions be resumed as soon as possible in order to ensure that the federal government and all provincial governments may participate fully and equally in recommending constitutional changes which will direct the future of Canada.

MR. R. CLARK: Might I simply rise on a point of privilege, Mr. Speaker, and ask for a ruling with regard to the resolution which has been put forward. I have no

difficulty with the resolution at all, but I simply ask with regard to the form in which the resolution will appear on the Order Paper, having regard for section 39 of the orders and proceedings of the House dealing with preambles.

MR. SPEAKER: I must say that at first blush I would have to share the concern of the hon. Leader of the Opposition. As the Assembly may recall, Standing Order 39 states:

A substantive motion shall be in writing before being debated or put from the Chair and shall contain no preamble.

I would assume that the purpose of this standing order, which as far as I know has been a standing order of this Assembly for many decades, is to prohibit debate without notice, since all preambles to motions are in fact debate.

MR. NOTLEY: Could we have a ruling then? Will the preamble be listed or not?

MR. SPEAKER: I think it's only fair that the hon. minister be given an opportunity to respond. As far as a ruling is concerned, I'd prefer to have an opportunity to examine the text of the motion as well as of the preamble.

MR. CRAWFORD: Mr. Speaker, I was going to say that the preamble is of course there for the purpose of making the points described therein, which I guess are argumentative points and could be made in debate. Perhaps that's the best way to make them. It may well be that it would be just as well to have them as a matter of record. I recognize that the only way that can be done is with unanimous consent.

Therefore, Mr. Speaker, I would suggest that I will ask the House for unanimous consent on this occasion to leave the preamble there. But in the event that is denied, we would simply ask that it be amended by withdrawing the preamble and that the resolution stand as to the balance following the words "Be it resolved".

MR. SPEAKER: As I understand it, the intent of the hon. minister at the moment is just to give notice. We wouldn't have to deal finally with the question of the preamble this morning unless that were the wish of the Assembly. We could deal with it when it comes up for debate.

SOME HON. MEMBERS: Agreed.

head: **INTRODUCTION OF BILLS****Bill 240****An Act to Amend  
The Municipal Election Act**

MR. OMAN: Mr. Speaker, I beg leave to introduce Bill No. 240, An Act to Amend The Municipal Election Act. The purpose of this Bill is to limit election expenses in the municipalities, to limit donations that would be made to a specific candidate, and to require disclosure of gifts over a certain amount.

[Motion carried; Bill 204 read a first time]

**head: TABLING RETURNS AND REPORTS**

MR. PLANCHE: Mr. Speaker, I'd like to table four copies of the contract for Dr. Horner's services.

**head: INTRODUCTION OF SPECIAL GUESTS**

MR. MANDEVILLE: Mr. Speaker, I would like to introduce to you, and through you to the members of the Legislature, some councillors from the municipal convention. They are councillors from the county of Newell, from my area, and are in the public gallery.

I'd like to introduce: Mr. and Mrs. Vince Fabian — Vince is a councillor; Mr. Walt Christensen and his wife, Lee; Mrs. and Mrs. Pete Wallace; Larry Seitz and his wife, who is the superintendent of the county of Newell; councillor Anne Scheuerman; Jacqueline Hajash, wife of a councillor; and councillor Alfred Peltzer. I'd like them to rise and be recognized by the Assembly.

MR. PAHL: Mr. Speaker, it's my pleasure to introduce to you, and through you to the members of the Assembly, 47 students from a combined grades 5 and 6 class of the Sakaw school in Edmonton Mill Woods near the southern boundary of the city of Edmonton. The students are seated in the public gallery, and I wonder if they would rise and receive the traditional greeting of this Assembly.

MR. WOO: Mr. Speaker, I am pleased to introduce to you, and through you to members of this Assembly, a number of distinguished guests who are here this morning in support of the petition I presented earlier. Representing the county of Strathcona is Reeve J.D. Morrow, councillors Warren Thomas and Ralph Horley, and three members representing the petitioners: Mr. Dick Heil, who is also the deputy fire chief of the county of Strathcona, Sid Greyson, and Mrs. Dana Webber. The guests are seated in your gallery, Mr. Speaker, and I would now ask them to rise and receive the welcome of this Assembly.

**head: ORAL QUESTION PERIOD****Western Separatism**

MR. R. CLARK: Mr. Speaker, I'd like to direct the first question to the Premier. I ask the question in light of an increasing number of groups and individuals who are expressing rather strong views in support of western separatism. The most recent and most dramatic of those took place in the capital city of this province last evening at the Jubilee Auditorium. It's time for the Premier and this province to make a definitive statement and, in my judgment, to clear the air.

SOME HON. MEMBERS: Question.

MR. R. CLARK: Will the Premier indicate to the Assembly and the people of Alberta that his government neither supports nor condones the actions being carried on by these groups espousing the views of western separatism?

MR. LOUGHEED: Mr. Speaker, I have some difficulty with the Leader of the Opposition phrasing the question that the time has come for us to repeat what we have said innumerable in I don't know how many circumstances or

in how many documents tabled in this Legislative Assembly. Because one is probably as good as another, all I can refer [to] in particular: the position of this government has and will continue to be that this province can play an increasingly meaningful role in Confederation. That's what I said on the Legislature Grounds on September 1. That's what I believe and we believe. All that we ask in return is fairness and equity.

MR. R. CLARK: Mr. Speaker, I pose a supplementary question to the Premier and ask if he or members of the Executive Council have met with Mr. Christie or representatives of his group, who are the sponsors of the meeting last night in Edmonton? What direction has the Premier given to members of Executive Council in their roles as members of Executive Council, as far as being involved in any such organization?

MR. LOUGHEED: Mr. Speaker, neither I nor members of the Executive Council, have met with Mr. Christie or his organization, or would in any way intend to.

MR. R. CLARK: Mr. Speaker, a supplementary question to the Premier. What direction has the Premier, as chairman of the Executive Council, given to members of the Executive Council as far as their involvement in any such organization?

MR. LOUGHEED: I think it's clear from my earlier answer that the direction to the members of the Executive Council is to not be involved.

MR. NOTLEY: Mr. Speaker, a supplementary question to the hon. Premier. Would the Premier give consideration to asking members of the Executive Council actively to undertake a campaign against separatism as a consequence of the rather alarming mushrooming membership and attendance at meetings? Will any active campaign be considered by this government?

MR. LOUGHEED: Mr. Speaker, any campaign by this government will be a campaign of a positive nature to continue to convince Albertans — as I did in my telecast on October 30, and as I have on numerous other occasions — that the future of this province is within Confederation, and it's within Confederation because we feel we can play such a significant contribution. We will have a positive approach to Canadian Confederation. That will remain the position of our government, as it has in the past.

MR. NOTLEY: Mr. Speaker, a supplementary question to either the hon. Premier or the hon. House leader. Will any consideration be given to holding over Bill 60, in view of the possibility of misinterpretation of that Bill as a consequence of the present controversy? Is the government at this time actively considering holding this over until the spring session?

MR. LOUGHEED: Mr. Speaker, I was pleased that the hon. member alluded to a misinterpretation with regard to Bill 60. When that Bill was introduced, I was part of a news conference that discussed the Bill. The purpose of that Bill has been clear from the outset. Under Section 42 of the Canada Act, I believe, the federal government is proposing a referendum approach to constitutional change. We believe that's fundamentally wrong. We believe that concept really takes away — as we have and

will argue in this Legislative Assembly — from the historic rights of provinces and provincial Legislatures.

The purpose of our Bill 60 is to assure that if the steam-roller tactics of the Prime Minister, in pushing through the Canada Act, succeed in having a referendum provision in it, this Legislature should be in a position and prepared to meet such moves in a legislative sense. With regard to the specific sense of proceeding with Bill 60 during this fall session, I'm not sure we're in a position to advise the House on that at the moment.

MR. NOTLEY: Mr. Speaker, a supplementary question to the hon. Premier. Last April, I believe, the Premier indicated support for the concept of the People to People petition opposing sovereignty association in the province of Quebec. Would the government of Alberta look favorably on federalist groups, both in this province and outside, encouraging a similar people to people approach, not with respect to a government position but to a growing threat of separatism in this province?

MR. LOUGHEED: Mr. Speaker, I believe the citizens of this province are fully entitled — as they've shown in the past — to decide how to respond to these factors. I would hope that if the hon. Member for Spirit River-Fairview or those supporting him were involved in petitions, they would consider sending them to Mr. Trudeau, the Prime Minister of Canada, to assure him that the people of this province feel they have been discriminated against and treated unjustly and unfairly, and direct his petitions to that area.

MR. R. CLARK: Mr. Speaker, a supplementary question to the Premier. The Premier and the Minister of Federal and Intergovernmental Affairs previously commented with regard to Alberta communicating to people outside the province. Given the constitutional situation and the federal budget — and I don't see any basic difference on those issues in this Assembly, as far as we're concerned — what plans do the Premier and his government have for in fact communicating directly to Canadians outside Alberta?

I make the point that I think it's increasingly important now, with the kind of news reports coming out of Alberta with regard to the matter I raised the first question on today.

MR. LOUGHEED: Mr. Speaker, that's a very good question. I'm not in a position to respond as I'd like to today, but before the end of this fall session I hope I would be able to respond.

If the hon. Leader of the Opposition will recall, in my telecast on October 30 I mentioned that one of our responses would be the development of a campaign to communicate the equity of the position we believe we have here in the province of Alberta to other parts of Canada. We're in the process of pulling that campaign together, and I would hope that before the end of the fall session I could answer what is a very obviously justified question by the Leader of the Opposition.

MR. R. CLARK: Mr. Speaker, might I pose one further supplementary. Since the Premier spoke to the province and announced the plans to go ahead, primarily zeroing in on the constitution and the budget questions, is the government now giving consideration to broadening that avenue of communication to our fellow Canadians and adding a third dimension dealing with Albertans seeing

this province as being a strong province within a united Canada?

MR. LOUGHEED: Mr. Speaker, all I could say with regard to that is to refer the hon. Leader of the Opposition to the comments I made in my telecast. Any fair-minded observer who listened to those would understand the views I have, expressing on behalf of the government of Alberta the desire for this provincial government to contribute to energy self-sufficiency in Canada, to make an ever increasing role of contribution and participation in the mainstream of Canadian life. The document which was tabled in the Legislature containing the transcript of my remarks reflects that clearly.

MR. R. CLARK: Mr. Speaker, I pose an additional supplementary question to the Premier. With regard to communications to Canadians outside the province of Alberta, and in light of the growing feeling of discontent — or some would call it separatism; whatever term one wants to use — I simply pose the question to the Premier and his government: in communicating with the rest of Canadians, in addition to communicating on the budget and the constitution, is the government prepared to add a third dimension; that is, a reassuring voice to the rest of Canada that this government — this Legislature, as far as that goes — has no intention of being part of taking this province out of Canada?

MR. LOUGHEED: Mr. Speaker, I would think that is implicit in what I said in my telecast of October 30, which incidentally was relatively well communicated in other parts of Canada — for a change, I might add. The mail I have received and the reaction we've got is one that was very pleased that the position of the government of Alberta was just implicitly in accordance with the thrust of the hon. leader's question; that is, that what Alberta wants to do and what our proposal of July 25 was all about was that we as a province, the people here, want to play a role in terms of Canada.

We believe, if our proposals can be accepted, we can create a situation that's beneficial to all of the country, which is what we want to do as Canadians here in Alberta. I believe the two million Canadians residing in Alberta want that opportunity to make that participation. It is really a remarkable one. If treated fairly by the federal government, we in fact can be in a position to really assure that this country, Canada, can have a very bright economic future by being the only developed nation in the world that's energy self-sufficient.

In that proposal of July 25, Mr. Speaker, we made a commitment of \$7 billion from the people of Alberta toward the oil sands development. We made a commitment, not just for Albertans but for all of western Canada, of \$2 billion by way of grants, not loans, to develop the transportation system in this western part of Canada. Now that sort of commitment surely speaks, perhaps more than words speak, to the commitment that this government and I believe this Legislature has toward Confederation.

#### Cancer Treatment Facility

MR. R. CLARK: Mr. Speaker, I'd like to direct the second question to the Minister of Hospitals and Medical Care, regarding the Medical Accelerator [Research] Institute in Alberta to be attached to the Cross Cancer Institute. Will the minister indicate to the Assembly who the

officials of the department or the minister have consulted about the institute, when it is expected to be approved, and when construction will commence?

MR. RUSSELL: Mr. Speaker, in his enthusiasm the hon. leader is jumping way ahead, assuming that the project is in fact ready for approval. That is a long way off.

It's an exciting project that is under very careful scrutiny and consideration. It's been referred to the Alberta Research Council, and my colleague the chairman of that council may wish to add to my remarks. They have hired consultants to take the studies to a second phase to give us a better and more accurate picture with respect to the benefits, costs, and ongoing operating responsibilities that would be there. Until that is done, which will be many months yet, we won't even have reached the time for decision making.

MR. R. CLARK: Mr. Speaker, to the hon. minister. Have officials from the minister's department, or the minister, given any kind of undertaking at all to the people at the W.W. Cross cancer hospital that in fact the project will go ahead, and that the reason the project decision to go ahead has not been made to date is the pressure of the energy and constitutional matters having a higher priority, but in fact implying to those individuals that it's simply a matter of rather a formality, as far as a final decision is concerned?

MR. RUSSELL: No, Mr. Speaker. I am pleased the hon. leader raised that question, because I have been concerned that the commitment we have undertaken to look at it further is being interpreted by some parties as an approval of the project. That is not the case. I thought it was clearly understood that the seminars and discussions by the scientific community that have been funded by the government, and the studies that have been approved for undertaking by government, are merely to enable government to decide on a more informed basis whether the project ought to go ahead.

MR. R. CLARK: Mr. Speaker, to the hon. minister. If that's the stage of discussions, why have there been discussions between officials of the minister's department, people at the cancer institute, and others about funding a portion of it from the operating budget of the province and a portion from the Heritage Savings Trust Fund? It would seem to me that those discussions would take place only after a decision had been made to go ahead.

MR. RUSSELL: From the way the hon. leader has phrased the question, Mr. Speaker, I am really unable to answer, because I am unaware of what he is talking about.

MR. R. CLARK: Mr. Speaker, then let me put the question to the minister this way: would the minister indicate to the Assembly that no discussions have been initiated by the minister with regard to how this project will be funded? Can the minister give us that assurance?

MR. RUSSELL: Mr. Speaker, I can give this assurance. I have been involved with this project in a very peripheral way. It was brought to me shortly after the last election when I first assumed this responsibility. I referred the matter to the Alberta Research Council because it's a matter of some complexity relating to medicine and science. From that point on I have been advised of the

studies, seminars, and discussions that have been ongoing. But it's very clear that there's a lot of work yet to do before we can even reach a discussion stage. Now I can't say whether at some point in all these activities officials have discussed whether this might be a suitable project for the Heritage Savings Trust Fund capital division or from the general revenues of the province, because I know there have been many seminars and meetings on this project. The thing is still in the study stage. I believe there are \$0.75 million worth of studies to undertake as yet. It will be many months before we are in a position to make a decision.

MR. R. CLARK: Mr. Speaker, one last supplementary question to the minister. I take from the assurance that the Assembly has received that in fact there is then no substance to those suggestions making the rounds in the research community that a larger model than the one for the project in front of the Legislature Grounds has been completed, is in the minister's office, and is awaiting approval.

MR. RUSSELL: Mr. Speaker, what I am hearing this morning is rather incredible. I wish my colleague the chairman of the Research Council would add to these remarks, because he does have a very small cardboard mock-up in his office, which I think any member is welcome to look at. If you're a nuclear scientist, maybe that model would mean something to you. It didn't mean much to me.

I know the excitement and enthusiasm that is in the scientific and medical communities of Alberta about this project, and I don't want to dampen that enthusiasm. But it's a decision that would have to be taken very carefully with all the facts in front of us, and that's what we're trying to assemble at the present time.

MR. PAHL: Mr. Speaker, my supplementary is to the Minister of Hospitals and Medical Care or the Minister of Economic Development. I wonder if either minister could assure the Assembly that during the feasibility studies of this very exciting project there will be a thorough examination of the spinoff benefits that could occur from such an installation, in terms of the other research ongoing in both the medical and scientific areas in Edmonton.

MR. RUSSELL: Yes, Mr. Speaker, I can give that assurance.

I guess the reason my colleague isn't adding to my comments is that he isn't here.

#### **Genesee Power Plant**

MRS. CRIPPS: Thank you, Mr. Speaker. My question to the Minister of Utilities and Telephones is in regard to his ministerial announcement on the Genesee project by Edmonton Power. Would the minister advise the Assembly of the reason for approval at this time?

MR. SHABEN: Mr. Speaker, the city of Edmonton first applied over two years ago for approval for the Genesee coal-fired generating plant. In the first instance the power plant at Sheerness was approved. Subsequently the city of Edmonton reapplied. About June this year the Energy Resources Conservation Board supplied the report on their findings. Since that time we have reviewed that report and the recommendations of the ERCB, and determined that the power was needed for the Alberta inter-

connected system. Planning and approving plants in Alberta is not done on a single-utility basis; those approvals are granted on the basis of the entire provincial need. The government agreed with the Energy Resources Conservation Board that there was a need for this additional electric energy in 1987 and '88 for the provincial interconnected system.

MRS. CRIPPS: A supplementary, Mr. Speaker. The mining and reclamation of the area have necessitated the creation of a local land-use committee. This committee is the result of the needs of Edmonton, which in turn is causing disruption to the life style of the Genesee area, and will of course result in many changes. Does the department have a policy which would request the developers to cover costs and remuneration of this local committee, who are at present serving in an entirely voluntary capacity?

MR. SHABEN: Mr. Speaker, we're aware that when the application came forward there was considerable interest, particularly by the people who live in the Genesee area, and concern about the effects of a coal mining operation on their life style. Those concerns are always prevalent when a development such as this takes place anywhere. The Department of Environment is closely involved in matters related to disturbances of the environment. In terms of the specific as to assistance, that is handled on a basis of need. That need has not yet been assessed.

MRS. CRIPPS: Mr. Speaker, a supplementary to the Minister of Environment. I understand reclamation is a responsibility of the Department of Environment. Could the minister inform the House if the reclamation of the Genesee is the total responsibility of the developer, or if the Department of Environment will be involved through the Heritage Savings Trust Fund? Secondly, are studies of ecological and environmental effects of strip mining going on?

MR. COOKSON: Mr. Speaker, the Member for Drayton Valley asks a good question with regard to reclamation procedures. Our department functions under The Land [Surface] Conservation and Reclamation Act. Under that legislation certain operations are called regulated operations. This is one of them. The Genesee project, then, comes under our supervision.

However, the funding for reclamation will not be acquired through the Heritage Savings Trust Fund. Under our legislation we have provision that the developers themselves will be responsible for a cash deposit, a guarantee of an institution of their choice, or a bonding process by which they will be required to set aside, through our supervision, funding used for proper reclamation. As the operation develops through the years, we will refund according to what we lay down as an acceptable reclamation procedure. So we do have pretty tight control under reclamation.

MRS. CRIPPS: A supplementary, Mr. Speaker. Considerable concern has been expressed by the local farmers about the effect of mining on the water supply in the area. What policies are in effect, or what guarantees will be required by the developer to ensure adequate and continuous water supply?

MR. COOKSON: The problem with regard to water table in terms of these major land disturbances is an

ongoing problem, and it relates to the member's earlier question about the problems of the ecological system. We are doing some research, both through my department directly and through funding from the Heritage Savings Trust Fund, on the water table and the impact of major developments such as this on the system. Mr. Speaker, I think it would be fair to say that it will certainly be the responsibility of the developer that in an event that any disruption of the water table has an impact, for example, on those who reside within the relative area, the onus will be placed on the developers to assure that the water supply is maintained.

MRS. CRIPPS: Mr. Speaker, my last supplementary is to the Minister of Transportation. The cooling pond will cause a realignment of 770. Have the department and Edmonton Power had discussions with regard to this realignment? Has a time frame been established?

MR. KROEGER: Since this is a very recent decision, Mr. Speaker, no we have not, to my knowledge.

MR. PAHL: Mr. Speaker, a supplementary to either the Minister of Utilities and Telephones or the Minister of Environment. Could either minister advise the Assembly whether the overhead high-tension line corridors have been established with respect to the approval? If they haven't been established, would either or both ministers assure the Assembly that to the practical extent they will use existing rights of way for power lines, or the restricted development area in the proximity of Edmonton?

MR. SHABEN: Mr. Speaker, there is an established procedure for applications and approvals of electric transmission lines. That procedure involves an application to the Energy Resources Conservation Board. I think all hon. members are aware that existing corridors are used wherever possible. But that decision ultimately falls within the responsibility of the ERCB.

MR. NOTLEY: Mr. Speaker, a supplementary question to the hon. minister, if I may. In response to one of the questions from the hon. Member for Drayton Valley with respect to the local citizens' committee in the Genesee area, the minister indicated that the need for funding had not been demonstrated. In view of concerns over the impact, all the way from the water table to the life style, has a request been made and turned down as a result of the government feeling that not enough information has come forward? Or has a request been made for some kind of funding for this committee, parallel to the arrangement I understand is now in place in the Cold Lake-Bonnyville area?

MR. SHABEN: Mr. Speaker, there has been a long process in terms of the application and approval. The types of interests and requests for funding vary at any particular time. In the case of an application that goes before any regulatory body, that group has the opportunity to ask for, and obtain, intervenor costs. In the case of the original application, intervenor costs were granted.

As far as a committee to work with the developer, and any costs that may arise from working with that developer to assure that the needs and wishes of the citizens of the area are met, there is always that opportunity to request and obtain assistance. Mr. Speaker, that assistance is generally provided by the developer of the power plant or possibly the government. But normally the de-

veloper of the power plant works closely with the community in helping to work out the needs and alleviate any concerns that may exist.

MR. NOTLEY: Mr. Speaker, a supplementary question to the minister, not on the process that might in fact take place but whether or not there has been a request by the committee people in the Genesee area for some kind of funding, either from government or, as I gather in the case of the Cold Lake project, the principal developer, to ensure some form of public input. To the minister's knowledge, has there been any formal request?

MR. SHABEN: Mr. Speaker, I'm still having a difficult time with the question from the Member for Spirit River-Fairview. Because of my description of the kinds of assistance available and the nature of any request, whether it should come to the government or the developer, I would have to review the extensive files I have to determine the latest request received. I can review that and advise the hon. member.

MR. PURDY: Mr. Speaker, a supplementary question to the Minister of Utilities and Telephones. I wonder if the minister has any information for this Assembly as to the megawatt capacity of this plant, and if the two producing plants in Edmonton, Rosedale and Clover Bar, can eventually be shut down, thus saving a substantial amount of money in natural gas costs. Or will the city of Edmonton be asked to convert the Rosedale and Clover Bar plants to coal?

MR. SHABEN: Mr. Speaker, the city presently has a generating capacity of approximately 1,000 megawatts from the two natural gas fired generating plants. I believe in the winter of 1979 the peak demand in the city was in the neighborhood of 600 to 650 megawatts. The new proposed plant will have a capacity of between 750 and 800 megawatts. I believe the intention of the city of Edmonton and the interconnected utilities is to utilize the Rosedale and Clover Bar plants for peaking requirements in the province after completion of Genesee.

MR. PURDY: Mr. Speaker, a supplementary to the minister. Is there no present thought of conversion, especially of the Clover Bar plant, to coal fired?

MR. SHABEN: No, Mr. Speaker.

MR. PAHL: Mr. Speaker, my supplementary question, which I've already asked, will now be directed to the Minister of Energy and Natural Resources. The question is whether the rights of way for the transmission lines for the approved plant at Genesee have been approved. If not, could the minister assure the Assembly that their approval will rest on using the existing rights of way for transmission lines to the extent practical, particularly within the RDA and the southern boundary of Edmonton?

MR. LEITCH: Mr. Speaker, I would have to get some information before I would be able to respond to that question, and I will do that.

MR. MACK: Mr. Speaker, my supplementary is to the Minister of Utilities and Telephones. It flows with the approval of the Edmonton Genesee power plant. Could the minister advise the Assembly whether the govern-

ment's previously announced plans for a western power grid have now been abandoned?

MR. SHABEN: No, Mr. Speaker, not at all. As a matter of fact, as recently as November 10 the ministers responsible from Saskatchewan, Manitoba, and Alberta met in very lengthy discussions in Edmonton to continue our examination of the viability and feasibility of the western electric grid.

MR. MACK: A further supplementary to the hon. minister. Could the minister advise whether the status of the Dunvegan power dam would be affected?

MR. SHABEN: No, Mr. Speaker, we don't expect any change in our plans or projections. In determining the total needs of the province, long-term projections are provided to us through the Energy Resources Conservation Board and the Electric Utility Planning Council. The planning horizon is 30 years, and both the western electric grid and the Dunvegan development fit in that planning horizon. The approval of Genesee has not changed the position of the government with respect to the other projects.

#### **Berwyn/Grimshaw Hospital**

MR. NOTLEY: Thank you, Mr. Speaker. I'd like to direct this question to the hon. Minister of Hospitals and Medical Care. It concerns the new Berwyn hospital, which is going to be built in Grimshaw. I would ask the hon. minister if he could advise the Assembly of the reasons the government chose not to accept the recommendation of the Berwyn hospital board that there be a plebiscite among the ratepayers in the hospital district to determine the location of the new hospital?

MR. RUSSELL: Mr. Speaker, there are two reasons for that. Number one, of course, it's a responsibility of the Department of Hospitals and Medical Care to provide for a system of hospitals in a way that best suits the needs of Albertans. Second, I think the reasons for putting it in Grimshaw certainly outweigh the reasons for putting it in Berwyn. That's our decision, and I don't see the need for a plebiscite.

MR. NOTLEY: Mr. Speaker, a supplementary question to the hon. minister. In light of the cost now being projected — I believe in the neighborhood of \$6 million, almost double the original cost — what assessment has been made by the department of the board's original proposal for renovation, as opposed to a new hospital, in light of these substantial increases in the estimated cost of the new hospital?

MR. RUSSELL: There's two parts to that question, Mr. Speaker. First, the increased costs are not occurring just in Berwyn/Grimshaw; they are occurring throughout the province with respect to all capital projects. Secondly, we did an assessment as to the practicality of renovating the existing hospital building, and it simply isn't suitable for renovation. We even looked into the possibility of using it as an auxiliary health care facility if and when the new active treatment centre is built in Grimshaw, and it's not suitable for that either. If the hon. member has been in the hospital, he knows what I'm talking about. Physically, it would be very difficult to do that.

MR. NOTLEY: Mr. Speaker, a supplementary question to the hon. minister. Yes, I've been in the hospital a number of times, not as a patient yet. I hope the minister wouldn't be in it as a patient either, with the feelings in the area.

My question is: with respect to the assessment of the present structure, has there been any reassessment of the costs of renovation subsequent to this enormous increase in the cost of the new building, or are we looking at the original assessment done some months ago?

MR. RUSSELL: Mr. Speaker, when we get a request from a hospital board for either a new facility or a renovation, an economic assessment of the request is done. When the cost of renovating an old building starts to exceed 70 per cent of the cost of replacing that facility, we take a second look at it, bearing in mind the life span it might have and whether or not in the long term it would make better economic sense to build a new facility.

I said earlier in the House that at this time the district doesn't require a new facility. We could in fact close the existing hospital, and there would be sufficient beds for the region. I don't think that would be a suitable thing to do, however, so we were then faced with the choice of do we renovate, attempt to renovate, or rebuild. Bearing in mind the economic benefits, the decision was made to rebuild in an area of the hospital district where it's obviously going to serve the most people in the long term of the life of the hospital.

MR. NOTLEY: Mr. Speaker, my supplementary question to the minister is: have the figures the government has obtained to determine the relative merits of rebuilding versus renovation been updated? At the time, there was that 70 per cent equation. However, have we updated the figures with respect to the costs of the new hospital as compared to an updated assessment of what renovation costs would be?

MR. RUSSELL: I don't know if that has been done, Mr. Speaker. I can take it as notice and find out. I can only say today, though, that certainly the inflation factors regarding construction apply whether it's a renovation, an addition, or new construction.

MR. SPEAKER: The hon. Member for Edmonton Belmont.

MR. MACK: Mr. Speaker, my question was addressed by way of a supplementary.

MR. SPEAKER: I regret we were unable to reach the hon. Member for Bow Valley before he had to leave.

Might we revert to Introduction of Special Guests by the hon. Member for Red Deer.

HON. MEMBERS: Agreed.

#### head: **INTRODUCTION OF SPECIAL GUESTS** (*reversion*)

MR. MAGEE: Mr. Speaker, I'm not sure the guests have arrived at this time.

MR. TOPOLNISKY: Mr. Speaker, I am delighted to introduce to you and to the members of the Assembly 31 grade 5 students from the Redwater school. They are

accompanied by their teacher Mr. Halun, bus driver Mr. Hyrnchuk, and interested mothers: Mrs. Dennett, the mayor's wife; Mrs. Armstrong; Mrs. Michaluk; and Mrs. Corbett. They're in the members gallery, and I'd ask that they rise and receive the traditional warm welcome of the Assembly.

## **ORDERS OF THE DAY**

### head: **GOVERNMENT BILLS AND ORDERS** (*Second Reading*)

#### **Bill 94** **The Alberta Health Care Insurance** **Amendment Act, 1980**

[Adjourned debate November 20: Mr. R. Clark]

MR. R. CLARK: Mr. Speaker, in dealing with second reading of Bill No. 94, I'd like to make four points in the course of my remarks. I must say I found it most interesting to hear the points of view of a variety of members. While one wouldn't want to pick out any particular member, I always find very refreshing the way the Member for Lethbridge West has of calling a spade a spade; I guess that would be the best way of putting it. I say that in a very complimentary manner.

Mr. Speaker, in dealing with second reading of the Bill, I think it's important for a moment or two to remember how we have really gotten to the situation today as far as our health care system is concerned, especially that point dealing with medicare. Members on all sides of the Assembly will recall that prior to the national plan coming in under the auspices of — I believe the minister at the time, back in about 1965 or '66 or '67, in that general area, was the Hon. Judy LaMarsh — we had in this province a voluntary plan run by Medical Services Incorporated, which basically was the medical profession in the province, and a Blue Cross plan for additional services. If my memory is accurate, from 1963 forward there was voluntary coverage under the MSI plan, where individuals in the province who were in low-income groups were able to get financial support from the province to help them pick up a portion of their premium under MSI. There was a similar kind of arrangement for assistance for individuals in low-income groups to get additional coverage under Blue Cross. In my judgment that situation worked very well in this province.

In the mid-1960s, the federal government came along with the move on a national basis. One of the criteria implicit in the federal plan was that more than 90 per cent of the people in the province had to be involved in the plan, and that by a date some years ahead — my memory says four or five years, but the minister may correct me on this — the province had to have very close to 100 per cent of the people in the province enlisted in the plan. I recall the discussions on those occasions. I recall very well a conference held in Ottawa in the early part of 1969; my colleague from Little Bow would recall also. When Alberta went to that conference, four provinces — Quebec, Ontario, Manitoba, and British Columbia — along with Alberta, were not going to participate in that national plan.

Members will recall that in the budget that came down before, the federal government imposed a tax that Alber-

tans would contribute in addition to \$20 million to a year and that if Alberta . . .

AN HON. MEMBER: Blackmail.

MR. R. CLARK: Blackmail is right. Those were some of the terms used at that time. Had Alberta and the other provinces not become involved in the national medicare scheme, that money was not available to the province of Alberta.

I just relate back to this federal/provincial conference for a moment, because it was amazing on that occasion, for me anyway, to see the Premier of Ontario go to the conference with one view, and by the time the conference was half or two-thirds over, the province of Ontario, and later two other provinces, changed their position. Within two weeks Alberta was in the position of being the only province in Canada that hadn't agreed to go into this national medicare scheme. If my memory's accurate, the present minister of health was a member of the Legislative Assembly at that period of time, and I'm sure reflects the matters in somewhat the same fashion I do.

I wanted to make those comments because Alberta initially was very well served by the MSI plan. It is true today — and this point has been made by several members of the Assembly — that a small fraction of members of the medical profession are, in my judgment, abusing their patients by extra billing exorbitantly. A small percentage of the medical profession.

I would say to the minister somewhat jestingly, but not totally, that next to the petroleum industry in the province, I think the Alberta Medical Association or the College of Physicians and Surgeons is likely the next most effective lobby in Alberta. I don't say that in a derogatory manner. My own office has gotten hold of Dr. le Riche and the people at the College of Physicians and Surgeons, and over the past year on a number of occasions have dealt with situations of extra billing which have come to our attention. I say this publicly, as I do here, and want it recorded in *Hansard*, that by and large they have handled those complaints in a manner I've found satisfactory.

I'm somewhat puzzled by the legislation which comes to us. As I see the legislation that's coming forward, especially that section which deals with the committee, it is really attempting, as I see it, in very unsophisticated terms, to give legislative establishment to a committee that the College of Physicians and Surgeons has been operating reasonably successfully for some time.

Mr. Minister, in the early part of this week I asked about the make-up of this new committee. I note from the legislation that where the legislation sets up the committee, the minister will appoint the members of the committee under regulation. In addition to the make-up of the committee, I also have a concern about the ability of the committee to assess the costs of doing the assessment. I take that to mean that after Mrs. Jones appeals her bill from her doctor, if the committee feels the doctor's bill is valid, under this legislation the committee will have the power to assess Mrs. Jones for some or all the cost of doing the assessment. Frankly, I am not at all keen on that kind of provision. If that isn't what the section says, I'd be pleased to have it elaborated.

One argument in trying to think why that provision would be in, would be that it would stop frivolous complaints from coming in. It seems to me that shouldn't be a concern of ours at this time. Some members may say we may have the same individual coming back to the

committee time and time again. If that happens after some months' experience, Mr. Minister, then we may be well advised to trot the legislation back here. If my interpretation of that section is accurate, I question very much whether we should put that section in the Act.

I would just make two other comments. One is that I personally — and I make this point very clear, personally — would not want to see us outlaw extra billing. I take it from what the minister said in the House last evening that if extra billing increases considerably, the only next step the minister has is to bring in legislation which would ban extra billing in Alberta, or some legislation which would make that a fact in Alberta. Once again, Mr. Minister, if I'm reading more into the comments you made last evening, I'd appreciate your making that point clear in the course of concluding remarks.

Mr. Speaker, the last comment I'd make is this: in retrospect, I think that if there was some way that the old Medical Services Incorporated and Blue Cross plans of the past would have been able to continue without the kind of situation that developed, perhaps we would all have been better served. That isn't the case, but I would point out to those people who want to be extremely critical of the medical profession that by and large the MSI plan worked very well in this province. Had it not been for the co-operation of the medical profession in the early 1960s and later on, which helped pioneer a form of guaranteeing health service to people on low and middle incomes through public subsidization through an appropriation of this Legislature, we would not be in the position of having as fine a medical plan as we have in the province today.

MRS. EMBURY: I'd like to speak in support of this Bill on second reading. The hon. Leader of the Opposition has alluded to the '60s, when the MSI plan was working very, very well in this province. I know many people support that point of view and regret that unfortunately that is not still available to us in this province. However, I believe the Minister of Hospitals and Medical Care has already told us we are part of a universal system of medical care in Canada, and by and large it has been working very well for the citizens of Alberta. The services are available, and one level of service is available to all citizens in this province.

The past year or so has been an extremely difficult time regarding this issue. A lot of time has been spent on it by individuals, and a lot of concern expressed by people in the community. I'm very fortunate to have a large professional/executive building attached to a shopping centre in my constituency of Calgary North West, and a large number of the medical profession practise in that building. In a smaller shopping centre in Silver Springs, there is another doctors' clinic. So I have been very concerned about the problem we've been facing with doctors balance billing or extra charges to patients. I've tried to keep in touch with those doctors to find out their opinions and to try to support them in their endeavors.

It's a very difficult area. I think that so many of our physicians are unfortunately lumped together with some of the abuses within the system. Most of our medical practitioners are working very, very hard. There seems to be some general opinion that doctors are a very strong lobby group. Whether that is actual fact or not, I know that basically they are very concerned about the health care they offer to citizens. It certainly has created a lot of problems, though.

I think one thing individual practitioners have not dealt



with very well is the number of complaints by citizens in this province, that they go to doctors' offices and wait and wait and wait. The doctors retaliate by saying there is abuse of the system. I think it's very unfortunate that somehow the doctors do not address this problem individually within their offices. I think most people are very willing to accept that a wait in a doctor's office is legitimate if they know the doctor is giving attention to some emergency case. However, I hope that problem can be resolved. There have also been complaints from a very few citizens in Calgary North West, not very many, regarding extra billing. Another member alluded to the severe shock and trauma to somebody when they are presented with another bill by an anesthetist before going up for surgery. That certainly is not the time to do that.

One point that has come out since the Hall report was published this fall is that patients should feel very free to negotiate with their doctors. While this may be an ideal way of tackling a problem, I think it's really quite a ludicrous situation. When people go to see their doctor, they're not about to talk to him first and foremost about his fees before they receive any type of medical care.

As I said, I would like to support this legislation. I hope we will see a positive step in dealing with the very problems that exist in our health care system in Alberta.

MR. MACK: Thank you, Mr. Speaker . . .

MR. SPEAKER: With great respect to the hon. Member for Edmonton Belmont, I believe the hon. Member for Drayton Valley did attempt to get the floor earlier.

MRS. CRIPPS: Thank you, Mr. Speaker. I'd like to make a few remarks on Bill 94. At the outset, I have to say that I believe we have the best health care system I know of. Only people who have had extensive illness would truly appreciate the magnitude of the benefits Albertans receive. When one considers that illness or hospitalization does not also result in financial stress or, as could occur in chronic cases, financial disaster, we must recognize that Albertans are fortunate indeed. When the daily cost of hospitalization is between \$100 and \$200 and medical costs and benefits are above this, I really believe that Albertans should receive a receipt from the province for the full amount of expenses paid on their behalf stamped: Paid in Full by the People of Alberta.

Mr. Speaker, I hope the effect of Bill 94 is to reverse the trend of balance billing. I happen to have one of the towns where all the doctors balance bill. Recently I had a lady call me who had a child with a cut finger. She went in to have it examined. He sewed it up, and she was balance billed. She was to come back the next day for some little measure and was balance billed again. She was balance billed a third time when she went back to have the stitches removed.

MR. KUSHNER: Extra billed.

MRS. CRIPPS: Balance billed, extra billed — it doesn't matter what you call it, it costs the same.

Mr. Speaker, I do have a problem with balance billing. If 12 per cent of doctors in Alberta are balance billing, 100 per cent of the doctors in Drayton Valley balance bill. I checked on that this morning. Now that may not be all that bad. On the other hand, it could cause hardship for some people, and these people don't have a choice.

My understanding is that the legislation introduced by the minister will give the College of Physicians and

Surgeons the ability to perform their self-governing and disciplinary function. I trust they will do it fairly, justly, and with discretion, and hope that balance billing will cease.

Thank you.

MR. MACK: Thank you, Mr. Speaker. I welcome the opportunity of briefly participating in the debate on Bill 94.

I'd like to express perhaps the views of many of the constituents of Edmonton Belmont. The question I posed to them — I think this affects them, therefore I was interested in their views as opposed to my own views or, for that matter, the government's views. The question that was answered when posed to them was, we favor the national health program we currently have; we favor its retention. We recognize it has problems, and from time to time the government will have to address those problems with the medical profession and others who provide health care services to Albertans. But by a very strong and large majority, I think they favored the national health plan.

The other comments that were very freely volunteered were: we also believe and favor that the fees paid to our doctors ought to be fair, and the doctors or those providing health care should not be treated in a niggardly manner. Perhaps some of the reactions we have witnessed and experienced in the past number of months could be directly related to the fact that we have not been as sensitive to the services and concerns of the medical profession as we might have been.

I'm sure it's fair to say that 80 per cent of the medical profession are those doctors who provide primary care to Albertans. They are the ones who spend long hours and have to make numerous calls, be it to emergency or to the office, to provide care to Albertans as they require it. Not many of these get the lion's share of the extra billing. Extra billing could very well be interpreted as a hardship to the individual who is limited in his resources: those who have to cope with a \$700 a month mortgage; with increasing costs in energy, heating, light — we are all very acquainted with some of the difficulties our young people are experiencing — not to say the food costs, the milk and the bread. Although \$2 may not seem a large amount of money to many, it certainly is a fair amount when it's removed from the budget of a young couple attempting to cope with the high cost of living today. I think we should address that.

Secondly, I think extra billing really thumps many people, and it cuts across the board. It's those people who have to have surgery — in many cases it's not elective surgery; it must be performed. I wonder whether this taxing Bill will provide some care to these people. I trust it will. Because now we're not talking about \$2 or \$4; we're talking about \$200, \$300, and \$400, depending on what the procedure might be. So we do have concerns. Under the current federal legislation, we cannot insure that extra billing. So in our province today we can still have people who could become poor because of a health breakdown. That's of concern to us, and I'm sure the minister is very sensitive and cognizant of that.

I do not believe the constituents, in general, support social medicine to the degree expressed by the hon. Member for Spirit River-Fairview. In our judgment, probably the most important professionals in our country today are those people we turn to when the body breaks down and cannot repair the damage or problem that is created. We entrust ourselves to their care. Therefore, I

believe they are and will be respected for the services they provide very, very generously in most cases to Albertans.

I believe there are other areas of upgrading. Perhaps there have been some deleterious effects within the health care delivery system, both in terms of abuse and actual provision for whatever. Whether those two are synonymous is difficult to ascertain in every instance, but we do have concerns with the number of people forced to see a doctor. The dictum comes from the place of employment. They don't have to see a doctor if they have a cold or the flu, but they are commanded to bring in a doctor's note. That is a direct cost to the health care of this province. Those who favor socialistic medicine are also those who are very much responsible for some of the areas that generate, if not abuse, certainly overuse. We have been attempting to deal with that particular problem.

I think there is a great problem, and hopefully the medical profession will address it and rise to the occasion; that is, patients waiting for an hour or two in order to see a doctor. I think that's disgraceful. I really do. I think time is not only very important to the physician but to the patient who goes to see that physician. If they go to see that physician, obviously they or their family are not well. They should not be subjected to sitting in a doctor's office for that length of time without being able to see a doctor.

I trust that with some of the opportunities being extended to doctors by Bill 94, they will clean up their act as well, and their appointments will not be so crowded that they will abuse the time of patients. There are emergencies that we have to address as well, and we understand those. But strictly speaking, I'm addressing the question of appointments made so close together that there's no way a doctor can keep them. They merely get the people in there, then they just sit and are at the mercy of that particular clinic.

I think the availability of health care should receive prime consideration. There should be a responsible approach by all of us in the manner we use health care. Very often if we have no investment in a particular item, by natural reaction we tend to abuse it. So I believe an investment by individuals in some health care to be healthy. Whether it's in the form of a premium to Alberta Health Care — I would prefer that as opposed to extra billing. Extra billing does present hardships, whether we like it or not, and they are not necessarily addressed in the form many would like us to believe they are. For people are not asked. There isn't a determination as to whether you can pay. You must pay. I think that sort of syndrome is around, and must be broken and must be addressed. I'm sure the hon. minister will do just that.

I support Bill 94, because inherent in it are a beginning and an opportunity; a beginning to take other measures if necessary, and an opportunity for the medical profession to do the homework they obviously must do. If a small group of their peers is taking advantage of the less fortunate or those who require their services, we think they will have to address the question of bringing their own professional group into line. With these few remarks, Mr. Speaker, I support the initiative of Bill 94.

MRS. FYFE: Mr. Speaker, I also would like to make a few comments related to Bill 94. I guess we all know that we can't go back to pre-medicare days, and I think people in Canada have generally come to expect the services. In past decades illness was a great problem, a financial disaster for many families. As we moved toward private plans that picked up that concern for many people, there

was still that basic problem for those who were not part of plans subsidized through their employment, or whatever. There is good and bad that comes along with a medical system, but I think the one fact we must admit is that we're not going to go back to a time when we did not have it.

We have a system that can be one of the most emotional issues we deal with. I don't think anything is more emotional for a family than to have to deal with illness. Whether it's a serious or minor illness, there's usually some degree of physical or mental pain. It is an emotional area that each of us has been concerned about over the last number of years, particularly as we see a deterioration, if we can consider that extra billing has grown and that in some ways it has affected the climate within which medicare exists.

Related to the comments the Member for Spirit River-Fairview made last evening, I would suggest to him that I lived in Saskatchewan during the medicare strike. Although he suggested it was only a three-week strike, which seemed to indicate it was not that significant, it was very significant, and feelings were so strong that physical conflict actually developed between factions in that dispute. But the real tragedy from that strike was the long-term negative results to the province of Saskatchewan. It had the effect that many specialists left the province and did not return. To this day in some areas, they still have not been able to recover from only that three-week strike. When we push a profession to the limit, we have to be concerned that the long-term benefits for the people we represent are our ultimate aim and concern.

There's a balance between a profession that must take responsibility, as the Member for Edmonton Belmont just suggested. There has to be responsibility on the part of the profession, a self-disciplining profession, covered by legislation within this government and within this Legislature, that in most cases has been made up of members who are extremely concerned and extremely responsible men and women. The other side of the balance is the users. Related to users, let me say there's no free lunch. As long as people keep using the system, if the users move toward abuse of the system, using it when it's not necessary, obviously somebody has to pay for that. As I said, there are no free lunches; it doesn't just happen. We have a medical system because collectively we have agreed that we wish to contribute funds that will pay for illnesses, for checkups, for the whole realm of medical services that individuals and families are faced with.

There are abuses within the system now. We have to continue to find ways to communicate to our fellow Albertans that we have to treat the system responsibly. The association of pharmacists recently made some communications relating to drug abuse. This comes back to the individual who may go to a number of different physicians in order to get prescriptions. I think this is an ongoing concern this government has, and we are endeavoring to look at ways that can economically and feasibly try to fill some of those gaps which individuals in our society who are less than responsible have taken advantage of.

So there are areas where we can make our medical system more effective. But one thing we cannot do in this great Legislative Assembly is legislate people. We cannot legislate people's attitudes. We see that as a result of a budget that was tabled in the House of Commons, a climate has come that affects investment, a climate that is spreading through our whole country. The same in the

medical field: if we were to bring in measures that the member across the room suggested, I think it would very seriously affect the climate of our whole medical system. We would then have the doctors respond by feeling, well, if you don't want us to get up in the middle of the night and go to the hospital, which we expect and ask them to do, then we'll just work regular hours, and expect to have all the benefits and privileges other public servants have. Is that unreasonable to expect? Unless we maintain a climate in which we can still encourage the initiative of the doctor who really cares about his patient, who will put out that extra, who isn't necessarily concerned, if he gets up at night, that he's going to have to take hours off the next day to compensate, or whatever.

If you look particularly in the weekly newspapers, you will notice more thank you notes to physicians and hospitals than to any other group. I very seldom see thank yous to politicians. But certainly a lot of thank yous and bouquets are given to people in the medical field, because we're dependent on this profession in so many ways. We ask so much; we expect so much. Therefore we must retain a climate that allows flexibility and allows that positive feeling that the profession is working for the betterment of society, and that we are all the beneficiaries.

Mr. Speaker, I hope this Bill will give us the best of two worlds. We will retain a system that I think is working relatively well, where all members of a society benefit; a system that has had costs escalate, but that still offers some challenge for improvement. I am enthusiastic about this Bill, and am very hopeful that members of the profession will feel this is a very positive step to retain the positive climate within our province. I commend the minister for bringing forward Bill 94.

MRS. CHICHAK: Mr. Speaker, I want to make a few remarks. I know that hon. members are perhaps a bit anxious to move on with this Bill and other legislation, but I do want to make a few comments with respect to this Bill. I want to say that I whole-heartedly support the direction the minister has taken with respect to the costs of medical care, and the provision to enable the medical profession to do some internal policing to bring into line any abuses that may exist on the part of members of the profession, and to bring back some honor and respect which may have been diminished in the eyes of some.

Mr. Speaker, I have been the user of some extensive medical services on at least four occasions. Fortunately perhaps, to this time I have not had to face any extra billing costs, even though the services necessary for me were very extensive; I would go so far as to say, beyond that normally expected or usually required. So I had a great deal of concern when the matter of extra billing was under discussion and consideration, perhaps putting the profession into a position where, if they wished to cover costs of additional services, they would be required to move out from under the system of any payment, putting not only the doctors under additional stress, strain, and costs of longer periods of time for collection but, as well, putting patients or individual citizens who justifiably require extensive services of their chosen doctors through a route of paying their account and then recovering if possible.

I want to say this is a step that I particularly welcome, from my point of view, and I know the doctors welcome it as well. I know they have made many representations. I think it wasn't wrong for them to lobby, if you wish to use the word. But I would use it advisedly in this particu-

lar instance: "lobby" in the sense of not simply wanting to gain points for themselves but to gain an ability to do something within their own profession that many of them felt was necessary, but the mechanism to do so was not really in place beforehand. Before the drastic move of opting-out legislation was to come forward, they wanted to have that opportunity to bring their own membership into line.

I want to reflect a few minutes on the kinds of representations I have had from my constituents. A number of questions were raised with respect to balance billing — and there is a difference between balance billing and extra billing. If we simply reflect on the meaning of the two words, it must have a differential meaning. And they do within the medical profession, as put forward to us and as I recognize. The matter of balance billing: the doctors claimed the fee schedules, negotiated or determined between the government and the medical profession and set under the medical care plan, were not adequate. So they're adding a small amount to the costs they can recover under the medical plan to meet additional costs which they interpreted were not being met by the fee schedules. So they were adding this cost.

Then there is the other practitioner, who added a cost which in fact was for providing a service of a particular nature, in treating a particular type of ailment which really called for services beyond what was normally recognized and for which a fee was set. That was the matter of extra billing. Now it seems to me that the matter of extra billing may not totally disappear. The representation I've received from a good number of my constituents was that they do not have quarrel with extra billing where they required, and in fact expected, wanted, and were able to pay for, extra service from their medical practitioners. The only difficulty that arises is with citizens who truly require additional service, but do not have the financial means to pay for it.

My understanding from the medical profession — and I'm sure the same has been presented to the minister — was that in those cases many doctors have taken the positive and dedicated position of their profession in saying, all right, if financial hardship is being caused by this additional cost, they would forego it. Of course it is very admirable and, I suppose, expected that such a position be taken by the professional.

I think the other criticism was that doctors simply want to improve their life styles and observe the pecking order on the professional ladder. On first making that statement, one may think there is something absolutely wrong with that kind of position or attitude. I would simply like to say there surely must be a recognition that citizens, the public at large, ought to hold a particular kind of respect for an individual in the medical profession who practises that profession with a very high degree of discipline, dedication, and competence. Where that kind of interpretation has its proper expectation, I would think that if the members of the medical profession didn't have some degree of concern as to where they stand with regard to the status in our society, then there would not be the same kind of respect for them on the part of the public. So in that regard I think it is important to some degree. We must also recognize that many people in the perhaps more distinguished professions — and I would put the medical profession in that category — give a great deal in the way of community and public service that others do not, in addition to the many sacrifices they make with regard to the delivery of a service they profess to be competent in and have dedicated their life to.

I think there is another concern with regard to the difficulties members of the profession indicate, insofar as the costs of operating their clinics and offices in order to provide service are not being met by the income scale provided through the health plan rates. I suppose there needs to be an examination, as well, of how efficient the particular practice is, and where there is efficiency, how does that income level reflect. I would simply like to say to the hon. minister — and I'm sure he has this in mind and perhaps has already done this, because I have no doubt that negotiations for the next contract are perhaps being carried on. It would be my hope the minister has instructed his negotiating team to look very realistically at the kinds of costs the members of the medical profession face in the provision of services within clinics, within their offices or, in some respects, even in the hospital setting — the constant changes with respect to the cost of manpower and materials that are so necessary in medications and prescriptions — and at the ability to respond in interim periods of time of agreements where there are substantial changes in those real costs. If that kind of approach is being taken and kept in mind at the time of negotiations, I would hope the agreement finally reached will be such that in effect there would be no reason, or very minimal reason, for doctors to continue to balance bill. I would like to see a complete elimination of balance billing.

With respect to extra billing, I think the mechanism being provided under this legislation is to ensure there are no abuses of that particular practice, that they are realistic and applied in areas where people are financially able to meet those kinds of costs without undue hardship.

Mr. Speaker, those were the few remarks I wanted to make on this Bill. I support very much the second reading of this Bill. I think we're moving in the right direction with respect to this particular profession and the health services.

DR. BUCK: Mr. Speaker, I'd like to say a word or two on this Bill. First of all I think we should look back a decade or so when, again through the action of our benevolent federal government, the provinces of Alberta and Ontario were forced to join the federal medicare program. Mr. Speaker, at that time we made quite a significant step down the road to socialized medicine in this country. I would like to bring to the attention of hon. members that if we do not allow the medical and allied professions the opportunity to extra bill their patients, and to have the patients have that freedom, we have gone the second mile to fully socialize the medical practice in this province.

Mr. Speaker, I know some people will feel this is a retrogressive step. I say it is not. When I see some of the bleeding-heart editorials — and I'm sure I'll get one after my speech — saying we are going to destroy medicare, I say we are going to destroy medicare if we do not allow the patient and medical practitioner this type of freedom.

One thing always disturbs me about Canadians. We do not seem to be able to learn from other people's mistakes. We think we have to make the same mistakes, except worse than the original people do. All we have to do is look at that beautiful socialized medical profession in the great socialist state of England. What a disaster: medically, socially, and politically. England, that great commonwealth, has been led down the garden path to socialism in its philosophy, industry, and medicine. If we do not allow this, then we have destroyed medicare, because then we will have the doctors fully servants of the state. I don't

know why we people who believe in the free-enterprise system have not taken a stronger stand than we have. I said to some card-carrying Conservative doctors, your government will be pushed into the corner where they're going to have to make a decision: are they going to socialize the medical profession, or let it operate under the free-enterprise system? I think this is a good compromise. We do want to see the medical profession use some discretion, and we do want the government to compromise a small step.

In looking at other societies, we think the socialized medical system is so great. But I have friends in this country who came from England. One friend in particular had to fly his mother from England to Calgary so she could have a thorough medical checkup. That's how great the fully socialized medical profession in England is. The same thing applies to the dental profession over there. Being a member of the staff of the Faculty of Dentistry at the University of Alberta, [I] know what goes on over there. We know what we teach our students here. We know what they teach their students over there. They teach them very little except the basic necessities of dentistry. I also know that not only do the taxpayers there pay for their medical programs, they are now taking out private insurance. So they are paying double to obtain quality medical and dental care. If we socialize the profession fully, that's when we destroy medicare and the quality of professional care. I suppose I'll be branded as a . . .

AN HON. MEMBER: Conservative.

DR. BUCK: I know who the conservatives are. They're sitting right here, not over there.

I suppose I'll be branded as sticking up for the medical profession. I am not. I am concerned. The professions become destroyed and the quality of service becomes destroyed when we socialize the profession. With a stroke of a pen, the hon. minister could create how many new — how many doctors do we have in this province?

AN HON. MEMBER: Three thousand.

DR. BUCK: Three thousand. We could add 3,000 more civil servants to the payroll. What happens if that comes about? We get that beautiful socialized medical system that England has, where you place your medical people on a treadmill and they run faster and faster and faster. Who suffers? One, the patients; and two, the profession, in that order.

I would like to say that some of the figures — it's really very difficult for the general population to feel sorry for somebody who is supposedly making between \$35,000 and \$150,000 per year. But the statistics are misleading. All you do is take the total number, divide it by the number of practitioners, and arrive at a figure. But that is not a true indicator of what has happened to the medical profession in the last five or six years. I'm not here to defend them. I'm more worried about the quality of care of the patients. That's who we're here to serve, as members of the Legislature and of the healing arts. We are there to look after the patients. So when we see the average figure, nobody asks what it costs to practise medicine. All they see is that magic mean figure, and that is very, very misleading.

I have to indicate to the Legislature what my constituents tell me. I'll bet you that in three years I've had only three legitimate complaints. Three legitimate complaints.

Since we were pushed into the federal medical care program, we all know we destroyed MSI, which had 85-plus people covered and \$5 million to \$7 million in the bank. People were going when they were sick, not just because they'd paid and thought they may as well make use of it. Has our health level increased under this federal medicare program? I say it has not. I say it has gone the other way.

There's one thing I can say to the medical profession: honorable gentlemen of the medical profession, instead of asking people to stick their tongue out and writing a prescription, maybe you should take five minutes to sit down and talk to that patient and convince him he doesn't need any medical treatment. Then we would be practising preventive medicine and dentistry. That is the one criticism I do have of the medical profession. But they will even have less time to sit down and talk to their patients if they get on the treadmill, if we fully socialize the profession.

Mr. Speaker, I have sat silent too long, and I think we as members who have a political philosophy that the free-enterprise system with modifications, with direction, is still the best way to go, had better make a stand. We had better tell the people that if you push any government or any profession into the corner where they must have fully socialized medicine, then you had better remember that the quality and level of health service is going to suffer. I am sick and tired of hearing how we will destroy medicare if we let balance billing go on. If there are people in genuine need, we can help them through the Minister of Social Services and Community Health.

Mr. Speaker, I support this compromise — that's what it is — but I think we would be making a very retrogressive step, and I'm speaking directly to the government, if we fully socialize the medical profession of this province. If we take away the right of the profession to add a dollar or two, or whatever they have to have — and I have not heard of too many instances, as a man is being wheeled into the operating room, that the man is standing there with his hand out saying, pay or I don't operate. That is a myth and a fallacy. I know the medical profession. The people of the medical profession have taken an oath to serve, and that oath is very sacred to them. Money does not come into the picture.

To 99.99 per cent of medical practitioners of this province, the patient is the prime concern. They're not worried about the payment on the car or the kid going to university when they're wheeling that man in for surgery or when he comes into their office. Their prime concern is that patient. So I say to the government, do not destroy that principle. We still have in this province a basically free-enterprise medical profession that is capable of providing services to our citizens. Therefore, Mr. Speaker, I support this Bill.

MR. SPEAKER: May the hon. minister conclude the debate?

HON. MEMBERS: Agreed.

MR. RUSSELL: Thank you, Mr. Speaker. First I want very sincerely to thank all members who contributed to what I think has been a very excellent debate and discussion on a matter that affects all of us and all our constituents.

The words that kept coming through, or the theme, is compromise and responsibility. That's what we're attempting to do here, without taking that final step al-

luded to by the Leader of the Opposition during his remarks. He also alluded to the history of the plan. It's almost 10 years to the date — not quite to the day, but I think it was in the spring session in 1970 that this Legislature passed The Alberta Health Care Insurance Act. In those days I was sitting almost where the Leader of the Opposition is and, by coincidence, I think the Minister of Health was sitting right here. I can remember the reluctance there was during his remarks when he brought in the Bill. The leader's recollection of the history of what led up to where we are today is quite correct.

He asked a question about the present role of the College of Physicians and Surgeons. I think I should clarify that, because as the spokesman for the entire profession — and that's important, whereas the A M A speaks for only three-quarters of the profession who have voluntarily joined that organization — it is true that the college has been dealing to a degree with complaints of exorbitant bills, or bill gouging, which have been brought to them by distressed patients. They've been doing that under the only provision in their Act that permits them even to deal with the matter; that is, conduct unbecoming a member of the profession. I think you can see their concern and also the government's concern with a group like the college, dealing with the matter of assessing bills under that broad range. I think this, in a legislative way, will give the college the specific and added teeth they need to deal in an expanded way with the practice, which they have been up to the present time.

I'm sorry my little friend from Spirit River-Fairview has left the House, because he left some remarks on record that have to be corrected. I don't know if he did it purposely in order to mislead the public of Alberta or not, but I do want to correct them. First — and this is important, because we're talking about Justice Hall and the response of the federal government to his report — he referred to a study that was done: "This is what the study found in a fairly extensive survey across the country". He then quoted from that study he was referring to, to make it sound as if that's what Albertans were saying. That's very misleading.

First, the title of the study was The Effect of Physician Extra-Billing on Patients' Access to Care and Attitudes Toward the Ontario Health System. Even in the eyes of the Ontario Minister of Health, the survey was very poorly done. It represented 1,769 telephone contacts in four counties in Ontario, all within 120 miles of Toronto. I realize that in a philosophical sense my friend from Spirit River-Fairview regards the country as being directed from Toronto and environs. But I think it's quite misleading to say that represents "a fairly extensive survey across the country" — and those are his words — then apply telephone quotations solicited from some Ontario residents and infer that that is what Albertans are saying.

He also alluded to something said by somebody else: Eugene Mitchell, speaking on behalf of the Alberta Federation of Labour, and getting quite exercised. I'm not misquoting him; this is his news release, not as reproduced in the paper. Mr. Speaker, he worked up quite a head of steam when he said, "... virtually makes a heretofore illegal practice of extra-billing patients legal". The Member for Spirit River-Fairview used similar language in his address last night, when he said: "We have legitimized that practice Mr. Justice Hall who is the pre-eminent expert in the field has said is inconsistent with the principle".

I don't really get too excited about what Mr. Mitchell

is saying, but I am concerned at the inference left by a member of this House that the practice of extra billing has somehow been illegal. If the member had taken the time to read the present Act, Section 24.(1), he'd see that extra billing is specifically included in the Bill, and that was done in 1970. So I did want to clear up those two important comments or thoughts left with the public, because they're simply not correct. I want to emphasize again a direct question to Justice Hall, when we said, did you find any evidence of Albertans being denied medical care in Alberta because they either had to pay premiums or because their doctor extra billed them? The answer was no.

In conclusion, Mr. Speaker, I want to repeat again that I appreciate very much the remarks of my colleagues in the House, and their support for this Bill. Let's pass it, keep our fingers crossed, and hope the College of Physicians and Surgeons is able to rise to the challenge they're giving them.

[Motion carried; Bill 94 read a second time]

MR. CRAWFORD: Mr. Speaker, I move that you now leave the Chair and the Assembly resolve itself into Committee of the Whole to study certain Bills on the Order Paper.

MR. SPEAKER: Does the Assembly agree?

HON. MEMBERS: Agreed.

MR. SPEAKER: Before leaving the Chair, although I'm officially not here, the motion having been adopted, may I respectfully request permission for the hon. Member for Red Deer to revert to Introduction of Special Guests?

HON. MEMBERS: Agreed.

head: **INTRODUCTION OF SPECIAL GUESTS**  
(*reversion*)

MR. MAGEE: Thank you, Mr. Speaker. While you might not be here officially, earlier my guests were not here either. So I guess it works out.

I'd like to introduce to you, sir, and to members of the Assembly, 26 students from Eastview high school in Red Deer. They had a little difficulty getting here today, due to some traffic difficulties and road approaches to the Legislature Building, but they've got it all ironed out. I'd like them to rise and receive the welcome of the House, using the old adage, better late than never.

head: **GOVERNMENT BILLS AND ORDERS**  
(**Committee of the Whole**)

[Mr. Purdy in the Chair]

MR. DEPUTY CHAIRMAN: The Committee of the Whole Assembly will now come to order.

**Bill 8**  
**The Service of Documents During**  
**Postal Interruptions Act**

MR. DEPUTY CHAIRMAN: Are there any comments,

questions, or amendments to be offered with respect to any section of this Act? There is an amendment.

[Motion on amendment carried]

[Title and preamble agreed to]

MR. KUSHNER: Mr. Chairman, I move that Bill No. 8, The Service of Documents During Postal Interruptions Act, be reported as amended.

[Motion carried]

**Bill 73**  
**The Public Inquiries**  
**Amendment Act, 1980 (No. 2)**

MR. DEPUTY CHAIRMAN: Are there any comments, questions, or amendments to be offered with respect to any sections of this Bill?

MR. R. CLARK: Mr. Chairman, a couple of questions with regard to Section 8(2) and 8(4), which gives absolute power to the Attorney General to decide if evidence should not be admitted, and the commission should be allowed to appeal such a decision to a court of law. I'm interested in what circumstances have led to the feeling of the government that there's a need for this addition to The Public Inquiries Act. I raise the question because I don't recall a view being expressed publicly by any member of a public inquiry as to not being able to get the kind of information the public inquiry had sought. Frankly I'd be concerned if that had been the case, and would see that as a logical reason for following with this kind of legislation. I'd like to have a bit of information, either from the sponsor or the Attorney General, with regard to the background.

MR. ZAOZIRNY: If I could reply to the query from the hon. Leader of the Opposition. First of all, in terms of the need for the legislation, I would simply advise the Assembly that on review of the provisions of the existing legislation, compared to comparable legislation in other jurisdictions in this country, particularly the province of Ontario, the conclusion was arrived at that there was in fact a gap in our legislation dealing with this question of access to public buildings and documents contained therein. That is the reason the legislation is now before the Assembly.

The member made reference specifically to Section 8, and I would simply point out that that section deals most specifically with the question of privilege, rather than the substantive provision enabling access to public buildings and to documents contained therein. In reference to the question of privilege, I would say that the Bill goes quite a distance in terms of removing the normal availability of Crown privilege *per se*. That is referred to in Section 8(2) of the Bill. In preparing this legislation, however, it was felt that while Crown privilege would be removed to try to ensure maximum access to documents, there should be provision for certain unique circumstances wherein it might not be in the public interest to have disclosure. Those are elaborated in the Bill in Section 8(4).

It should also be pointed out, however, that if the Attorney General determines that disclosure would not be appropriate in a situation, the Attorney General must produce a certificate to that effect. The commissioner, in the course of providing a report in respect to the public

inquiry, is certainly entitled to make reference to the fact that that certificate did issue under the circumstances, so there would be public awareness of that.

It's respectfully submitted to the Assembly that this legislation does in fact fill an existing void in terms of access to public buildings and documents therein, but does so in such a way to ensure there is no infringement of private rights, and with a very fair and equitable arrangement in terms of the question of privilege.

MR. R. CLARK: Mr. Chairman, I appreciate the comments of the sponsor of the Bill. I hope I'm not unkind if I draw three conclusions from them. One is that this legislation is being brought forward not as a result of problems or anticipated problems as far as public inquiries are concerned but basically as a result of looking at the legislation in comparison to other provinces, specifically Ontario, and then saying, Ontario has this in place, and we think this would be a good addition for Alberta.

I have no objection if that's the way, as long as I understand that situation. I'm not totally keen about passing legislation in that manner; I'd far sooner see us in a situation of having the need demonstrated and accordingly deal with it legislatively, especially when, as I say, I don't recall any of those kinds of problems with public inquiries in the province. But I take it that's basically the motivation behind the Act: it's a matter of a review; they're doing it in Ontario, so we think we should do it in Alberta.

MR. GOGO: Thanks, Mr. Chairman. I'd like to ask the Member for Calgary Forest Lawn, who sponsored the Bill — and he could send me the answer later. Under definitions, it deals with a public building "in . . . which the Government makes a payment by grant or under an agreement," and then goes on to describe facilities under the social care facilities Act and the health care facilities Act. If we follow this to the nth degree, it would tend to include day care centres, because dollars flow to them. Does that mean that The Public Inquiries Act can, within the definition of a government facility, requisition or photocopy documents in a day care centre? I'd be quite comfortable if I could have the answer at his convenience. It doesn't have to be in committee.

MR. DEPUTY CHAIRMAN: Is the member prepared to give an answer now, or is it too . . .

MR. ZAOZIRNY: I think the member has raised a fair point, which I would appreciate taking as notice and providing a written answer to the member at a subsequent time.

[Title and preamble agreed to]

MR. ZAOZIRNY: Mr. Chairman, I move that the Bill be reported.

[Motion carried]

#### Bill 84 The Health Occupations Act

MR. DEPUTY CHAIRMAN: Are there any comments, questions, or amendments to be offered with respect to any section of this Act?

MR. R. CLARK: Mr. Chairman, to the hon. minister. We have four amendments we'll be proposing. Unfortunately the amendments are just being finalized in the office of the legislative counsel. Perhaps we could discuss the four areas prior to the amendments coming, if that's agreeable, and deal with the amendments at that time.

The first issue deals with the question of setting up an independent appeal procedure. As recently as yesterday, and again today, we're getting concerns expressed to us by hospital boards and others about the appeal mechanism in the Bill. My understanding of the appeal mechanism is basically that if a decision is made by the board, the only real appeal procedure is in fact for that individual who feels the board has made the wrong decision to go back to the board. The essence of the amendment we want to propose is to set up an independent appeal procedure for those individuals or groups who feel they have been wrongly treated by the board, and it's the kind of feeling all people get with all boards. I think it's a basic principle that there should be an opportunity for some sort of independent appeal from the board, rather than going back to the board itself.

The matter has been raised with me by a number of people, including chairmen of local hospital boards in my own constituency who have some fear that before long a number of their staff people will be included under the broad umbrella of the legislation. On the matter of basic principle, it's their feeling — a feeling that I endorse — that there should be some sort of independent appeal procedure.

I'd be interested in hearing any comments the minister may want to make on that, or if the minister can point out to me frankly how he sees appeals being handled, given the present structuring of the new Act.

MR. DEPUTY CHAIRMAN: Leader of the Opposition, is that the complete essence of the amendments, or are there other amendments for various other . . . [interjection] That's the first of four. So how do we want to carry it?

MR. BOGLE: Go through all four.

MR. DEPUTY CHAIRMAN: The minister would like to go through all four at one time. When they're ready we can distribute them to the members of the committee.

MR. R. CLARK: Frankly, Mr. Chairman, I was hoping we might deal with this matter now. If the minister can satisfy, it would simply be one of the four issues we may not have to move an amendment on.

MR. BOGLE: Mr. Chairman, the only concern I have is that we're debating a proposed amendment before the amendment is actually before us. If the discussions we're going to have now will be repeated when the amendment is here . . .

MR. R. CLARK: Mr. Chairman, that isn't my intention. My intention is simply to ask the minister to outline now what kind of appeal route would be open to groups which are not satisfied with a decision of the board. Then might I say, Mr. Minister, that if you are able to convince us that that's looked after well enough, obviously we wouldn't move forward with the amendment.

MR. BOGLE: Mr. Chairman, this issue is of considerable importance to a variety of organizations. It was primarily

due to concerns brought to the attention of members of this Assembly, the department, and me approximately a year ago that we decided there needed to be an amendment to the Bill — and I covered that in second reading — to ensure that this legislation not affect the normal employee/employer relationship in hospitals, nursing homes, or other institutions designated by the minister. There has been a request by at least some hospital boards, and I believe by the provincial association as well, which would exempt all hospital employees from all the provisions of this Bill. I would be most reluctant to move in that particular direction.

I would like to reiterate, Mr. Chairman, that there is provision in the Bill for Executive Council to accept, alter, vary, or reject regulations as approved by the health occupations board. Therefore the safeguard, in my view, is in place in that particular way. Any particular occupational group or individual of a group has the right to appeal directly to his or her MLA, through the department, or directly to the minister with regard to any aspect that would be covered in one of those regulations.

MR. R. CLARK: Mr. Chairman, to the minister. I can see that route working if there is a clear indication from the board to the groups affected, what their decision is and what the proposed regulations are, so those groups can be guaranteed an opportunity to make representation to the cabinet or the minister prior to the regulations being approved by the government. But, Mr. Minister, I think both of us would likely agree that once regulations are approved, it's far more difficult to get them changed than if one can have an opportunity to have an appeal prior to that decision being made.

MR. BOGLE: Mr. Chairman, before any recommendation would be made by the Minister of the Department of Social Services and Community Health to Executive Council for approval of regulations — and that would be done by order in council — we would first have a recommendation by the health occupations board. If there were a concern with one of the various health occupation committees, all of whom are appointed by the minister, it would be incumbent upon that health occupation committee to notify the minister of their concerns. They could do that in a variety of ways: through their own MLA, through the department, or directly to the minister. Then the concern could be weighed out very carefully and a value judgment decision made as to whether to proceed. In essence, the appeal mechanism would be handled in that way.

MR. R. CLARK: Mr. Chairman, so it's clearly understood, will any group that feels aggrieved by a decision of the board be receiving correspondence from the board indicating what actions the board plans to take? When I say aggrieved by an action of the board, I'm thinking in terms of a specific profession or health service group who have had a matter before the board, they've made a presentation to the board, and the board has made a decision, let's say, contrary to what that particular group wants. Before regulations would be approved by order in council, I take it we have a commitment from the minister that that group would have an opportunity to get to their MLA or the minister. When I say have an opportunity, that means a reasonable period of time. I'm not suggesting six months, but certainly they would know these regulations are impending.

Mr. Minister, what kind of appeal approach or avenue

can we assure those groups they'll have? It's one thing to come and talk to me as an MLA, or to the minister as the MLA for Taber-Warner. I don't think many groups would be very satisfied with having a discussion with me, or perhaps with the minister as the MLA for that area. Where do MLAs or the minister take that matter to have that second look?

MR. BOGLE: Mr. Chairman, I think we have a number of common practices which are now used where people who have concerns, whether they're an individual or part of an organized group, approach their MLA and in turn the MLA, regardless of where the MLA sits in this Assembly, has a frank discussion with the minister. There are occasions when the minister agrees and certain action is taken. It doesn't always happen that way, but that's one of the avenues. I hope that would be the approach we would use.

In my view, it's implicit in this Bill that we have tried very hard to ensure that . . . We're talking about regulations, which is a very important matter. I agree with the hon. member that once regulations are passed, they're not amended or varied that often. So it's incumbent upon us to ensure before they're passed that we work very hard, first through the health occupations board and, second, through the various health occupations committees, to ensure the regulations reflect the views and needs of the public and of the health occupation itself. Before those regulations would be finalized through order in council, I would want to ensure that there would be sufficient input from anybody who had a concern with them. I'm not sure how much further we can go. I hesitate very much at building into legislation any time frame whereby the regulations would be held back for a period of time, because there may be an issue that the occupation, the health occupation committee, and the health occupation board feel needs to move ahead in a very expedient way.

I certainly believe strongly — as I tried to indicate at the conclusion of second reading debate last Wednesday — that there are very important elements in this Bill. In my view, the most important rests on the calibre of people appointed to the health occupations board and their ability to move in a judicious but very fair way in dealing with the concerns of the various health occupation committees and the recommendations they make to Executive Council through the minister.

DR. BUCK: Mr. Chairman, as the minister well knows, I supported the principle of the Bill in second reading because I know there is a need for some type of legislation. But what does concern me, Mr. Minister, is that after being in this place a few years, you somehow develop an instinctive feeling of. I'm just really worried about this legislation. I'm worried about it because I'm afraid it may be just a type of umbrella legislation we sort of throw everything into. When we don't know what to do with it, we throw it into this. We throw it into the big grinder, and the board in its wisdom may say, well, eeny meeny miny moe; this one we throw in, this one we throw out, and away we go.

Mr. Minister, I think this is exactly what the groups who will be affected by this legislation, or who may be affected by the legislation in the future, are really trying to tell the government and us as MLAs. I think the question is basically that we now have 30 potentials, and we're going to put eight under the legislation right now. I guess the message getting through to me as a member of the Assembly, and maybe the message the government is



getting, is that people are really concerned this may be a catchall type of legislation. When we don't know what to do with a health occupation group that is not really self-governing, we just throw them into this catchall. That's the message I'm getting from representations made to me, Mr. Minister. I really wish you could satisfy my instinctive fear that this may be that kind of legislation. Even though I supported it on second reading, I'm really concerned about that.

MR. BOGLE: Mr. Chairman, I tried to make very clear on Monday, November 17 — and my comments are located on pages 1543 and 1544 of *Hansard* — the criteria that must be followed by the health occupations board before it can recommend the designation of any health occupation. In other words, we have tried to tighten up from Bill 30 the things that must be examined as to whether a group is eligible for regulation under this Bill. We do not want the kind of catchall legislation the hon. member has mentioned.

I suppose if I had my 'druthers' and if it were practical, we would have individual legislation for each of these groups and deal with them like we do all others. But, Mr. Chairman, to the hon. member, quite frankly I don't believe that's practical or even possible because of the multitude of groups, some of them very small. For instance, I covered fees, an issue we spent many, many hours wrestling with. Should we treat the health occupations differently than we do professions in terms of providing funding for their regulation and registration through their own membership? We made a conscious decision that, yes, there is a difference between the two. They are not self-regulating in the true sense of the word, as are other professions. I would hope that the criteria we've listed as to what points the health occupation board must look at in determining whether they should recommend that a particular group be regulated, are an important factor.

I must make one more point, Mr. Chairman. At the present time, we have a number of unregulated health occupations. We have practitioners in this province who are not following any regulations, some of whom are currently contravening The Medical Profession Act. I have a real concern about the care and safety of the public and what this means to them. We've tried very hard to ensure that where there are practitioners who are self-taught, if you like, who do not have a particular skill as given through recognized postsecondary schooling, that there be provision for those individuals as well. I appreciate, as the hon. member has indicated, the concerns that are coming in. I've had concerns from my own constituency, as I'm sure many members of this Assembly have, as to how particular practitioners who are currently operating unregulated, will be affected by this piece of legislation. There are some very worried people in that area.

My only response is, through the Chichak report we've tried to develop a policy on professions and occupations. From reading earlier correspondence, I know the struggles the former government had in this entire area. We introduced a piece of legislation a year and a half ago. We had considerable input on it a year ago, when we were at this particular point. And we tried to meet the needs of the variety of groups as well as we could. There has been very little input for the past year. We're now back with the piece of legislation, and I'm the first to admit it's not perfect. But to echo the comments of the

hon. Member for Clover Bar, it's a first step, and it is a step in the right direction.

MR. HYLAND: Mr. Chairman, just a couple of concerns. It seems there's a lot of public misunderstanding about Bill 84. I've received a couple of letters. One accuses the government of stopping people from choosing the method of health care they wish; in effect, saying they can only go to certain medical professions or medical people. I would like the minister to comment on that.

Another one I received asked if Act is stopping people from using health foods, and that they would be forced to use something they feel is harmful to them, feeling this is very discriminatory, and that the medical profession is extending over them an impact they don't wish. It's telling them where to get their health care and the kind of food they can eat. I wonder if the minister could comment on those two subjects.

MR. BOGLE: Mr. Chairman, there has been a considerable amount of misunderstanding, and I think the comments the hon. Member for Cypress is sharing with us today are a good example of that. I appreciate his bringing forward these concerns in the direct way he has.

First — and I'll use as an example a health food store — this Bill is not intended to affect the operations of a health food store. On the other hand, it must be very clear that a person in a health food store should not be providing, as an example, a wheat germ substance as a cure for lumbago. Unless that person has a licence to practise medicine, he has no right providing that kind of advice. There must be some safeguard for the public against abuse of information which is provided, in terms of what can, will, or may cure a particular ailment, disease, or other problem the individual may have.

With regard to the medical profession having control over other occupations, I'm assuming those comments are directed to the make-up of the health occupations board. As I've indicated, we have moved to ensure that at least one, but no more than three, of the nine members on the health occupations board be members of the College of Physicians and Surgeons. In my own mind I have a hard time seeing how that kind of membership is going to dominate the various health occupations. At the very maximum, we're looking at one-third of the members being doctors, and at the minimum, one-ninth. If we take a look at The Medical Profession Act as it now stands, I think the alternative would be to regulate many of these various health occupations under that Act, which would be contrary to our position on professions and occupations and would in fact place a variety of health occupations directly under the supervision of a senior profession.

MR. R. CLARK: Mr. Minister, the second area I was concerned about — and we were considering amendments — was which occupations will be included therein. One proposition I think has some validity and that has been put forward to me is: why not go ahead with the umbrella legislation and then virtually list in the legislation — I guess it would likely be under Section 1(d), wouldn't it? It could be struck out, and 1(d) would say, designated health occupations mean, then list. As my colleague has pointed out, when the minister spoke on second reading of the Bill he outlined the eight groups, I think it was, that are going to be in now.

Mr. Minister, it seems to me that would have gone a great distance towards allaying the fears of a variety of groups. I've had representation, not just from people

involved in the health food business but certainly individuals concerned with hospital boards, about the prospect of health administrators being involved sometime. I'm not suggesting you've got sinister plans to do that this year or next year, Mr. Minister, but those kinds of fears are out there, whether they're totally legitimate or not.

Mr. Minister, I suppose I've met with representatives of close to 10 groups in a variety of periods, primarily over the last couple of months. One thing I've tried on a number of those groups is, how would you react to the idea of spelling out the groups that are going to be included under 1(d)? I know that's somewhat cumbersome, because each year we would come back to the Legislature and there would be a six-month back-up period at the maximum before groups could be added, wouldn't there? To me that appears to be one argument against it. Are there other arguments that I have missed? Because if it's only the six-month argument, I'm not too sure that's valid.

MR. BOGLE: Mr. Chairman, the hon. Leader of the Opposition has a very important point. It's one we have considered and possibly should give further consideration to. One factor that needs to be addressed, as well as the length of time that would be required for any further amendment to the Bill, is the basic question of which groups? We have not attempted to identify in exact terms the occupations that would be included in the 30. I've given 30 as a ballpark figure, as the number we, meaning the department, feel would or could be included. We've tried to set out in a more precise way, under the terms of reference of the health occupations board, the things they must look at. Unless they are satisfied that a group meets the criteria set out, that group would not qualify for inclusion.

Mr. Chairman, I'd like to take that matter as notice and give it further consideration before we conclude our debate at Committee of the Whole stage.

MR. R. CLARK: I'd be very pleased if the minister would. Frankly, I was going to propose an amendment that had the eight the minister outlined in his speech, and put them in the Bill under Section 1(d). But I'd far rather that came from the minister, if the minister would consider that possibility.

The third area I wanted to deal with was the question of representation on the board by members of the College of Physicians and Surgeons. Mr. Minister, I recognize the changes made from one to three. I really don't think that's gone very far to allay many fears. One of the amendments I plan to make is simply that we make that one member of the College of Physicians and Surgeons. What are the problems with doing that? I said earlier in the House today in another debate that the College of Physicians and Surgeons is a very effective lobby, likely the second most effective in Alberta, next to the petroleum industry. But I could be persuaded to . . .

AN HON. MEMBER: Next to your profession.

MR. R. CLARK: Frankly, I think the teaching profession has lost some of its impact over the past number of years, not just because the hon. minister and I have left it.

But to get back to the matter at hand. Even if we were to put two in the Bill. I'm not very keen about this idea of saying, well, we'll make it from one to three, because that doesn't help the minister arrive at a decision. I'm in-

terested in knowing what factors are going to determine whether it's going to be one, two, or three on the board.

MR. BOGLE: Mr. Speaker, I dealt with that issue in my concluding remarks on second reading. I indicated that in my view — and I'm speaking now as an individual member of this Assembly — I would like to see three members of the college on the first board. I would be opposed to an amendment which restricted the membership of the College of Physicians and Surgeons to one.

I would consider removing that clause completely and leaving to discretion, as with all other groups, how many members of the College of Physicians and Surgeons are on the board. It's a nine-member board. That's something we might want to consider. Maybe take the provision out completely, and that way it could be any number. Under the present legislation there is nothing stopping the other six members on the board being from the dental profession or some other group.

The difficulty is when you begin to build in safeguards — and that's what this clause was intended to do, to safeguard that there be at least one but not more than three members of the College of Physicians and Surgeons on the board, and for the obvious reasons. Again, looking at the primary objective of the Bill, to safeguard the public, and also looking at the very, very heavy load the board will have in the initial years as they are assisting the various health occupations that are designated in their development and establishment — but that's an issue which, when the hon. member brings the amendment forward, I'd have no alternative than to oppose it for those reasons. If the hon. member wishes to put forward a much broader proposal, that could be considered.

MR. R. CLARK: Mr. Chairman, I appreciate the minister's willingness for me to bring forward a motion to say we will take out that portion that limits the membership of the medical profession to three and simply say we'll leave that to the good offices of the minister and his ability to convince his cabinet colleagues.

If we were to do, on the sober second thought — as nice as it might be to get an amendment through — we would all be really raising once again a number of the fears some of the professions have, whether well founded or not. I don't think they are well founded, but they are certainly there. If we were to become so agreeable as to take that together, I think the minister would have more problems than as he now has.

I take it, from what you said here, Mr. Minister, that as minister you will be recommending three members to the board, despite the fact that the appearance in the Act is that the government — and I think the government is seen as the minister on this occasion — has mellowed or changed its position somewhat to move down to two or one, but the minister, who will be responsible for preparing the order in council and bringing it to the cabinet, will be recommending three. I suspect that not all that often would an order in council that comes from the minister be changed at the last minute. If that isn't the case, I'd be glad to hear how the process works.

MR. BOGLE: Mr. Chairman, it might be helpful if we refresh our memories as to Bill 30. The clause was struck in such a way that some professions and occupations argued that in fact there could be more than three members of the College of Physicians and Surgeons on the board. We made a commitment a year ago that that was not the intent, that we did not believe there should be

more than three members of one particular profession on the board. Therefore government caucus discussed the proposal of at least one but not more than three.

We put one further safeguard in the board. Normally the quorum of a nine-member board would be five. The concern was raised and discussed that if five members were present and three were from one profession, that in itself could leave an imbalance. So the further amendment was made to make the quorum six rather than five.

I indicated in response to the hon. Member for Clover Bar that it was my view that in the initial years there was a need for three members of the College of Physicians and Surgeons, but it could well be that in later years that need would not exist and those numbers could drop. In fact, I think it would be a very healthy sign, as we move on and various health occupations become regulated under The Health Occupations Act, if there would be greater opportunity for individuals who are members of those occupations and other professions or occupations to serve on the health occupations board.

MR. R. CLARK: Mr. Chairman, to the minister. Perhaps another way of going about this question of allaying some of those fears — I take it the minister is pretty firm on this question of three. Mr. Minister, one of the points of view that has been made to us and that has some validity, is that there are people in the medical profession who frankly have been pretty actively involved with a number of these groups we're attempting to put under the umbrella legislation. Some doctors have been quite actively involved in development of the paramedic group in the province; some medical people have been actively involved with the occupational therapists, and so on.

It would seem to me then, that if in making the appointment at least one of the three doctors being put on the board had experience with some of the groups that are being put under the board — now I know that causes a great problem for the minister, because if you pick the doctor involved with the occupational therapists and you don't pick the doctor involved with some other groups, that's a problem. But I guess the real thrust of the suggestion is that if one of the doctors who is appointed — ideally two, but at least one — has a feel for health occupations, has been involved in helping those occupations get to the point of professionalism they are today, I think that I for one would be prepared to say, okay, let's leave the three in there, as long as there is that kind of intent.

With great respect, there are some archrivalries within the medical community. For example, I'd hate for us to see a couple of doctors appointed — I'm not suggesting the College of Physicians and Surgeons would recommend to the government two doctors who might be, let's say, very, very narrow in their view as to the role these health occupations could play.

MR. BOGLE: Mr. Chairman, the hon. Leader of the Opposition is making an excellent point. The same point was made by several members of the government caucus; that is, various health occupations should be encouraged to nominate people to the board not only from their own occupation or profession but from other professions or occupations.

My own view is that if a nomination is submitted by, say, the occupational therapists, where they are nominating a particular doctor, and a number of other individuals from other professions or occupations support that, that's certainly going to weigh very heavily. We would want to

ensure that the individuals appointed to the board have the broadest possible base of support in terms of their own working knowledge and relationship with those occupations. I can only reiterate that if we were to appoint a board that did not have that kind of respect and rapport with the various health occupations, I think we would seriously impair the ability of the board to do its very important work. Therefore, I think it's incumbent upon us to ensure that we receive nominations from as wide a variety of groups and organizations as possible and screen them very, very carefully to ensure that we're coming up with the best possible candidates for the positions.

MR. R. CLARK: I might say, Mr. Minister, that likely on two counts you've allayed some of my fears. Certainly on the question of board membership I'm prepared not to proceed with the amendment to one member of the College of Physicians and Surgeons. I'm very hopeful the thing can work out as the minister indicated. On the question of the appeal, I'd like to do what the minister is going to do on the question of designating possible groups in the legislation: I'd like to think that one over on the weekend and come back to that on Monday.

The fourth area I wanted to discuss is the role of organizations now involved in these health service groups. I've had concern expressed to me that basically, with the breadth of the Bill — and I know the minister alluded to this somewhat in the course of his remarks. But even having had the benefit of reading those remarks, individuals have come back and said, but what really becomes the role of our professional group? If professions aren't careful, the professional organization could virtually go down the tube, not at the intention of this legislation or of the committee itself, but the end result is, why should people pay \$25 or \$50 a year to belong to the XYZ organization, when in fact all it does is report to a committee and the committee to the board kind of thing? What kind of role does the minister see these groups playing? I think it's really important that we don't have the organizations die on the vine after a year or two, once they come under the umbrella of the legislation.

MR. BOGLE: Mr. Chairman, we're dealing with a wide variety of health occupation groups now. Some have associations which represent the majority of members within that particular discipline, well-organized and mature groups that have had some years of experience and practice. Others are still in the developmental stage, where there is a professional association that represents a fairly good cross section, but it's still developing and growing. There are yet other health occupations that have two or more associations, none of which represent a majority of the members in that particular health discipline. Still other groups, to my knowledge, do not have professional associations as such.

In the Bill we try to ensure that it is our intent, wherever practical, to recognize an association. As an example, the physiotherapists have a fairly well established professional association. My understanding is that they represent the majority of the occupational therapists in the province. It would be my intent to recommend that the health occupations committee be drawn from the executive of the occupational therapists.

In the Bill there is further provision that once any association has a membership that represents at least 50 per cent of the total membership, future members of the health occupation committee be drawn from that associa-

tion. In other words, Mr. Chairman, to the Leader of the Opposition, we are trying to strengthen the roles of the associations: firstly, by recognizing, wherever possible and practical, those associations as the legitimate vehicles of that particular health occupation; and secondly, leaving the door open so that if and when that opportunity does arise through development of the association, the same privileges extend to the groups at that time. So it is certainly our intent to try to build upon the successes and strengths of the health occupation. One of those ways has to be through recognition of a particular association, and the encouragement of the members of that association, if not satisfied with that vehicle, to find another so there is an association that speaks for all, or at least the majority of members of that health organization.

MR. R. CLARK: Might I just ask the minister how he would react to the idea of asking the organizations for appointments to the various committees? I think in terms of the paramedics, for example, a rather new organization in the province which, from what I see anyway, is very conscientious and trying to do a very good job. It would seem to me that if we were going to that organization and saying, who are you recommending, as long as that organization is responsible in making the recommendation, it really becomes a fact that the minister accepts that recommendation. That seems to me to go at least some additional distance in seeing that the organization has a role to play.

MR. BOGLE: Yes, Mr. Chairman. If there is a clear enough line whereby a particular group or association represents all or the majority of the members of that particular occupation — the paramedics were used as an example by the Leader of the Opposition — I think that approach should be and in fact would be used as long as I were the minister.

May I use another example, to cite a more complex issue: the area of masseurs and some of the physiotherapists where, I believe, there are as many as four associations. I stand to be corrected on that figure, but I understand that a number exist. We would attempt to gain input from all those professional associations, whether four, six, or how many, so they would feel that we want to work with them. If there's any way they can be encouraged to look at ways of merging or amalgamating into associations that speak more clearly for their health occupation, that is desirable. Wherever associations currently exist, whether or not those associations have a membership which would represent 50 per cent or more of that health occupation, we would intend to work with those associations. It's going to be more difficult where there is a multitude of associations in a particular field not as clearly defined. But we would certainly intend to follow that philosophy.

MR. R. CLARK: Might I simply say before we adjourn that it would seem to me, when we have a situation like that, that one would almost be tempted to say to the groups: now look, there are four groups: if you people can't get together and sort out your own situation, the minister is going to have to appoint someone if you as an organization can't come together and attempt to pull together the various concerns across the province, so in

fact we have only one organization. If you can make suggestions to us on who the individual should be, we're prepared to accept that. But as long as your profession is fragmented, that is something we're going to have to do on your behalf. That may very well be a way of encouraging various groups to come together. I know some people will think that's heresy. But on the other hand it certainly could be seen as a way of helping that kind of thing develop.

MR. BOGLE: Mr. Chairman, it would certainly be our intent, as I've indicated, to ask for nominees from those groups. If at all possible it would be our intent to follow the recommendations by any or all those professional associations dealing with the health occupations. I would reiterate the point that under the present legislation the selection still rests with the minister. Therefore it's not a *carte blanche* approval given to an organization in terms of naming who will be on the health occupation committee. We would certainly intend to follow the principle of following the recommendations made by the associations, and working as closely as possible with them so that in turn professional development will occur within those various associations.

MR. CRAWFORD: Mr. Chairman, I move that the committee rise and report.

[Motion carried]

[Mr. Speaker in the Chair]

MR. PURDY: Mr. Speaker, the Committee of the Whole Assembly has had under consideration the following Bills: Bill No. 73, Bill No. 8 with some amendments, and reports progress on Bill 84.

MR. SPEAKER: Having heard the report does the Assembly agree?

HON. MEMBERS: Agreed

MR. CRAWFORD: Mr. Speaker, on Monday I expect the debate on the motion of which oral notice was given today will probably take both the afternoon and evening. A number of members have indicated to me their intention to speak. If that doesn't happen and there is time by Monday evening, we would probably return to committee study of Bill 84.

Mr. Speaker; I've indicated that the House would sit Monday night, and maybe at the same time I could just indicate, if it hasn't come to the hon. leader's attention, that Tuesday afternoon for the one hour has also been designated. We would be continuing with committee studies and second readings on the Order Paper.

Mr. Speaker, I move we call at 1 o'clock.

MR. SPEAKER: Does the Assembly agree?

HON. MEMBERS: Agreed.

[At 12:59 p.m., pursuant to Standing Order 5, the House adjourned to Monday at 2:30 p.m.]