## Legislative Assembly of Alberta

Title: **Wednesday, April 5, 2000 8:00 p.m.**
Date: 00/04/05
[Mr. Tannas in the chair]

THE DEPUTY SPEAKER: Please be seated or find your way to that.

head: Government Bills and Orders
head: Second Reading

### Bill 11
### Health Care Protection Act

[Adjourned debate April 4: Dr. Nicol]

THE DEPUTY SPEAKER: The hon. Minister of International and Intergovernmental Relations.

MRS. McCLELLAN: Thank you, Mr. Speaker. I am pleased to enter into the debate on Bill 11 at second reading. This is obviously a very interesting piece of legislation that people from across the province and in fact from across the country have been talking about for many weeks.

Mr. Speaker, it's not surprising that many people are talking about it. Albertans cherish their health system. They take it very seriously. As a former minister of health I understand how seriously they do take it, and as a former Minister of Community Development I know how important this is to our seniors population. Albertans want good, quality medical care for themselves and their loved ones. I would suggest that every member in this Assembly wants good, quality health care for their loved ones.

That's why it's important that we discuss this bill rationally, logically, and seriously, without resorting to exaggerations and misinformation. Unfortunately, Mr. Speaker, in many cases that has not happened. In the last months I've heard dozens of inaccurate statements made in this Assembly and outside about Bill 11, and I'd like to address just a few of them tonight.

One such statement is that the goal of this bill is a two-tier health system and private, for-profit hospitals, quoted December 12, 1999, Edmonton-McClung. Wrong. This bill specifically outlaws private hospitals, queue-jumping, and physicians charging patients for insured services.

Under this legislation there will be no so-called second tier of health care designed to cater to those willing to pay out of their own pocket. The legislation bans such a system from developing. I find it interesting that an apparent quote from the Leader of the Opposition actually would put in a second tier if private, for-profit hospitals were allowed to operate in this province outside of the public system, doctors opted out. You would have under that scenario the ability to have a second tier. This bill, Bill 11, clearly outlaws a second tier in health care.

Another hon. member suggested that Albertans would need to purchase private health insurance as a result of this legislation. This was Edmonton-Centre in March of this year. In her speech last night the Leader of the Opposition continued this fear mongering by saying that patients will be required to pay for enhanced services with either a credit card or by purchasing private insurance. This legislation clearly prohibits anyone forcing or coercing patients into paying for enhanced services. It lays out solid guidelines for how enhanced services could be presented to the patient.

There is also no indication that this bill in any way would expand the need for private health insurance. In fact, it affirms the Alberta government's unequivocal commitment to the Canada Health Act, and it prevents physicians from charging patients or making people pay for medically necessary health services. To suggest to our seniors, many of whom are on fixed income, that they should adjust their financial plans because they will need to purchase private health insurance is completely irresponsible.

Equally irresponsible was the suggestion that seniors are being used as a scapegoat for Bill 11. This government has demonstrated clear commitment to our seniors. That's why we have the most extensive seniors' benefits in Canada. That's why seniors are moving to our province in very large numbers. That's why in two years running we had almost 2,000 seniors move into this province. That's net, Mr. Speaker.

However, we can't ignore changing demographics. To ignore changing demographics would be irresponsible. [interjections]

### Speaker's Ruling
### Decorum

THE DEPUTY SPEAKER: There's a bit of confusion this evening. We have two people who want to enter into a dialogue or a debate, and we've only one hon. member who's been officially recognized. So if the others could go outside the Chamber and carry on their debate, we'll be able to hear better the Minister of International and Intergovernmental Relations.

### Debate Continued

MRS. McCLELLAN: Thank you, Mr. Speaker. As I said, to ignore the changing demographics in the province would be irresponsible. We need to prepare for those changing demographics. That's why this government led a study to review the impact of an aging population on our society, so that we could plan in areas of health, in areas of housing, many other support areas for those changing demographics. That's responsible.

I find it interesting that members of the opposition, I understand, are passing out Friends of Medicare brochures, which contain many erroneous statements, grossly inaccurate. For example, it says that under Bill 11 major surgeries will be performed in private hospitals. Bill 11 clearly says that they will not. Private hospitals, first of all, are banned by this legislation. Secondly, the bill clearly says that major surgeries will only be performed in a public institution.

The brochure also says that the government is assuming that private health care delivery is cheaper than publicly delivered health services. That's not the case. Bill 11 simply gives our regional health authorities one more tool to deliver important health services to the people they serve. That's why they have to decide if they will use a private contractor for a service on a cost analysis as well as show that there's a need for the service.

This brochure also stated that cataract surgery waiting times were longer in Calgary than other parts of the province. On a per capita basis – and these are facts; this isn't fantasy. The fact is that on a per capita basis there are more cataract surgeries done in Calgary than there are in Edmonton. The fact is that Albertans living in regions where more surgeries are contracted out do not wait longer than other regions. These are facts, Mr. Speaker, and you know we're willing to back our facts up.

Many other inaccurate statements have been made in this Assembly: for one, that private surgical clinics would be subject to less cost controls, assertions that Bill 11 won't lead to cost savings, suggestions that the Premier has backed away from saying that this legislation would result in cost savings. This is simply wrong. It is very clear in the legislation that no regional health authority will be allowed to establish a contract with a private surgical facility without

a clear, demonstrated cost saving. That is fact, Mr. Speaker, not fantasy, not whimsy. It also makes it very clear that through Bill 11 there'll be firm cost controls on private surgical facilities. The accountability is there and so are the savings if indeed this occurs.

Another statement is that Bill 11 would put in motion the privatization of health care in our province and that the government wouldn't be able to control it. Wrong again. In fact, this legislation puts very strong measures in place so that government can regulate and control the role of the private sector in our health system, something that was not done by the Leader of the Opposition when many of these private clinics came into being under her watch when she was health minister. [interjection] Oh, yes, it did happen under me. An hon. member mentions this. [interjections] Yes, I was the health minister when the federal government fined this province, took precious health dollars away from us because that activity had not occurred. We did address the issue, and we did come to an agreement with the federal government that agreed to 12 principles under which they would operate.

8:10

This inaccurate statement was made by the Leader of the Official Opposition in the Assembly on February 28 this year, and I'm going to quote it directly because this is a serious inaccuracy, I believe.

> This is the government that inherited a cost-controlled health . . . system in this province when they took over in '92, this is the government that rapidly cut . . . close to 20 percent of that health care sector, and this is the same government that now, realizing the error of their ways, is throwing money back at health care, trying to buy back support from the people of this province.

Well, there are several inaccuracies in that one statement. Firstly, the costs that we inherited in 1992, I can tell you, were increasing at an alarming rate: 10 to 12 percent a year, far beyond our population growth and inflation rates. There were over 200 administrative health boards scattered across this province with overlapping borders and responsibility, hardly what you would call inheriting a cost-controlled health system.

Secondly – and this is most important – health budget reductions from 1993 to '95 were never 20 percent, and they certainly weren't 30 percent as the Leader of the Opposition incorrectly stated in her speech last night. The most the health budget was reduced was just under 13 percent, and that funding was quickly restored and grew from there. Restored by this provincial government.

How can you trust . . . [interjections]

**Speaker's Ruling**
**Decorum**

THE DEPUTY SPEAKER: Hon. Minister of Health and Wellness. Hon. Member for Edmonton-Glenora. [interjections] No, no, no, no. He did; she did. Whatever. Let us just sit here and listen to the speaker that is speaking at the moment. The only one that's recognized is the hon. Minister of International and Intergovernmental Relations. If you have a point of order, rise on the point of order when the opportunity reaches you, but in the meantime let's keep our counsel to ourselves and listen to the speeches. If you feel the need to vent, then go out on the balcony and do so there.

The hon. Minister of International and Intergovernmental Relations.

**Debate Continued**

MRS. McCLELLAN: Mr. Speaker, I again ask how you can trust an opposition that can't get facts that are so readily accessed right. How can you trust an opposition that would use those figures so inaccurately?

If you want to talk about health funding, maybe the finger should be pointed at the federal government. Federal spending on the Canada health and social transfers has been reduced dramatically in recent years, to the point that federal transfers today pay for 13 percent, 13 cents of every dollar that we spend in this province. Alberta has absorbed these federal reductions. We didn't pass them on to our health authorities and to our citizens, and we've managed to boost our health spending significantly in those years. I wish the opposition in their tabling of letters every day would table the letters they've written to the federal minister, Mr. Rock, requesting him to fully restore the CHST to 1994 levels.

This government is not throwing money at the health system. Our health spending is being done carefully with clear plans to real demands, and we're doing it without the support of the federal government.

Mr. Speaker, there are so many inaccuracies that we're going to have to deal with some of them, to debate this at another time, but I want to talk just briefly about the one where they're talking about Bill 11 amounting to a taxpayer subsidy of the private sector. Wrong again. This shows not only a fundamental misunderstanding of our health system but also of our economy. Every doctor's office in this province is essentially a private clinic. It is a private business, and it is paid on a fee-for-service basis by the Alberta government. This doesn't seem to be considered a taxpayer subsidy by the opposition. It works the same way when government uses the private sector for any services. That's where we get into the little economics lesson. It's tax dollars going to a private business to perform a service, and that's what it would be and is today as private surgical clinics are contracted to perform services.

I wanted to get into the issue of the definition of a hospital and a surgical suite. That has been covered in this Legislature so clearly by our Premier and our health minister over the past days and weeks that I don't want to take the precious time I have, but I would again repeat the invitation that if you don't know what a hospital is, go visit one. If you don't know what a surgical suite is, go visit one. Get informed and then tell Albertans the facts.

There are no code words for private hospitals because there will be no private hospitals under this government's watch. Article 2(2) of Bill 11 quite clearly says that "No person shall provide a major surgical service . . . in Alberta except in a public hospital." Very clear. The first article in the bill says that no person in Alberta shall operate a private, for-profit hospital. What could be clearer?

There is another error or inaccuracy that was in a Liberal news release. I don't usually read them. I don't know what drew me to that one. It stipulated that the bill stipulates that once the provincial government makes a decision, no one can challenge it. Well, I have to suggest that this possibly comes from the privative clause in Bill 11. I don't understand why people who have been in this Legislature this long and have dealt with as many statutes as we have in this Legislature over time don't understand what a privative clause is.

It is a common clause that's used in many, many pieces of legislation, but let me tell you what it does in this legislation, because that's what's important. It ensures that if the minister of health rejects a contract because it might have a negative effect on the public health system, the courts could not force the minister to approve the contract. Are the opposition against that? Do they not understand that recourse to the courts continues to be available if the minister doesn't follow the requirements of the act or makes a decision that's unsupportable? Ministerial discretion can always be reviewed when a minister exceeds their jurisdiction. I understand them not understanding ministerial jurisdiction, and I hope that they never have the opportunity to.

There's been a lot of discussion in the Legislature about Saskatch-

ewan law. Statements have been made comparing their legislation and ours. The one that really caused me to have a lot of concerns for the opposition's ability to understand this legislation was the one that said that Saskatchewan's law protects medicare and Alberta's Bill 11 would undermine it. I believe that statement was made by Edmonton-Glenora, and that shocked me. In fact, the two laws are very similar. Peter Lown, chair of the Alberta Law Reform Institute, did an independent review of both pieces of legislation and found that they did do similar things and that in many ways, many ways, Mr. Speaker, our legislation is even more detailed and more explicit. Our legislation expressly prohibits the operation of private hospitals while the Saskatchewan legislation does not.

**Speaker's Ruling**
**Decorum**

THE DEPUTY SPEAKER: Sorry, hon. minister. There are some people on the front benches of both sides who seem to anticipate their opportunity. One has not yet had his opportunity. The other has already spoken. We wish them both now to respect that only one member gets to speak on this at a time, and that member is the Minister of International and Intergovernmental Relations.

8:20 **Debate Continued**

MRS. McCLELLAN: I could talk about NAFTA and the inability to understand NAFTA, but I tabled a NAFTA review in the Legislature. I want to tell you what this legislation does. I want to talk about what it actually does without rhetoric, without emotion. It does several things. First, it affirms the Alberta government's solid commitment to the principles of the Canada Health Act. These are principles that Albertans hold dear, and we have no intention of violating them.

Secondly, it puts a strong legal framework for us to regulate private health care deliverers, the legislation that has never been in place. It allows the minister to review and approve or deny any private health clinic. The College of Physicians and Surgeons has told us we need that. The federal minister has told us they need that.

Thirdly, this legislation gives our regional health authorities one more tool to use in managing health care delivery in their region. One more tool.

THE DEPUTY SPEAKER: I believe Calgary-McCall is rising on a point of order.

**Point of Order**
**Questioning a Member**

MR. SHARIFF: Under *Beauchesne* 482 I'm wondering if the hon. member will entertain a question.

THE DEPUTY SPEAKER: The hon. member only has to say yes or no and doesn't have to give any reasons in the 10 seconds that may remain in her time.

MRS. McCLELLAN: Mr. Speaker, I'll be pleased to answer the hon. member's question immediately after I conclude.

**Debate Continued**

MRS. McCLELLAN: I want to tell you again how important it is to debate this bill fairly and reasonably. Albertans deserve that, and we who should hold the respect of the people who put us in this Legislature should abide by that.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Riverview. [interjections]

The chair has been called upon to stop the interruptions a number of times and would appreciate it if the people who are showing sort of a gamey attitude to try and join in this would restrain themselves until their proper turn.

Right now we have recognized the hon. Member for Edmonton-Riverview.

MRS. SLOAN: Thank you. Twenty-two years ago, Mr. Speaker, I fell in love. From our first introduction I was hooked. The intricacies of this living entity bonded me to her. From the complexity of human anatomy to pharmacology to the simplicity of holding a hand and making a bed I was destined to share a journey with our health care system that has led me to hospitals, health units, cities and communities, and finally to the Legislature of this province.

As a registered nurse and MLA I have seen the system inside and out and know intimately her strengths and weaknesses, complexities and vulnerability. We have shared and witnessed so much together: the ecstasy of birth, the peace and agony of death, the unpredictable power of the human spirit. During my journey with her I have gathered data, written briefs, followed individual cases, acted as an advocate for health care workers and patients alike, and debated the issues of health care around boardroom tables and in the Legislature of our province and country. What this system has taught me cannot be summarized in this short debate.

Recently, as many of you know, a tragedy in our family took me back to the bedside of this great system, and once again I experienced the great compassion and caring of the public health care system. To the staff at the Medicine Hat and Foothills hospitals and the paramedics who cared for our niece Tara and our family in the final days of her life, I want to formally express our gratitude and deepest appreciation. With these reflections on our journey together being made, it is of no surprise that fundamentally I believe the public health care system is as vital and sacred to our society in this province and country as the system of democracy each of us is here entrusted to preserve.

I have also come to believe and learn that sometimes, perhaps most times, Mr. Speaker, the politics of an issue can be a consuming beast, and in this sense I cannot say this evening that I have come to love this system the same way in which I loved the health care system. In health care when we were focused on a problem and were required to stabilize a patient, all members of the team pulled together to find that solution or cause and make the plan work. That is not the case when it comes to dealing with the complexity of issues and problems that face the system as a whole. Even though I'm an experienced health care professional, the barrage of government announcements accompanying the release of Bill 11 have left me feeling overwhelmed by rhetoric. Underneath the polished words of ads and news releases Bill 11 prompts more questions than solutions, more complications than clarity, more politics than sound public policy. Bill 11 if passed will rock the foundations of our public health care system, both Alberta's and Canada's. Of this I am certain.

In my conversations with constituents and citizens at rallies, meetings, town halls, on sidewalks, and in homes across this province I've encountered a great deal of unease in Alberta from many who are waiting for the other shoe to drop, people who have more questions than answers, more trepidation than anticipation. As I contemplate this bill and look ahead to a crucial year for our health care system, I feel this challenge is one I have been preparing for all of my professional life.

Let me make the following general observations about Bill 11. Observation one: there is madness in the method. Access is a critical issue in our current health care debate, but there are no provincial or

regional figures available as to how many Albertans are currently waiting for surgery or consults, because the province does not require regions to publish these numbers. Furthermore, there are no published figures on how many public hospital beds are currently closed and could be opened with the funds proposed to flow to the private health facilities. Without this data Albertans are kept in the dark about how accessible our public system truly is or could be.

Over the past year Edmonton-Riverview has fielded many calls from citizens that feel frustrated by the public health care system. Many complain they've been denied access as they wait for many months to see specialists or have surgery. Others feel they are being manipulated at their most vulnerable state, when they are fearful for their own health or the health of their loved ones. An accident victim or cancer patient can wait two weeks for a hospital MRI or pay hundreds of dollars to have one done immediately by a private provider. This is just one example of many. A weakened system is vulnerable for change, and now that the government has destabilized the public health care system and a growing number of Albertans cannot access it, the stage is set for the introduction of a private tier of care. There is madness in the method, Mr. Speaker.

Observation two: things are not as they seem. The government maintains it is committed to the public health care system despite the savage, unplanned cuts it implemented in the system between 1993 and 1996. Thirty percent of the public hospital budget in Alberta was cut during this period according to Dr. Robert Evans, a renowned health researcher with the University of British Columbia. Now what they propose is a private health care policy in accompanying Bill 11 so that we can regulate facilities that are able to do surgeries requiring an overnight stay, as stated in the government's own brochure.

8:30

Bill 11 is titled the Health Care Protection Act, but neither the bill nor any of the accompanying government press releases or brochures actually tells Albertans what the mandate or scope of the bill's application will be or how it will achieve true reform of the system, how it will address the critical and growing shortage of qualified health professionals, including registered nurses, registered psychiatric nurses, licensed practical nurses, and physicians. Nothing in this bill or in the materials released conclusively proves how this bill will save money or be more efficient than the public delivery of surgical services.

Commitments that Bill 11 signifies this government's support of the Canada Health Act also ring hollow when you contemplate that the definition of what is medically necessary is being redefined as we speak. Would advancements in medical care in the future only be offered as enhanced services for extra charges? The government determines by an order of the cabinet what services will be deinsured. No public consultation and no debate. Such services could then be offered by a private facility as an enhanced service under Bill 11. The fact is, Mr. Speaker, that this government has never had nor do they have today a long-term plan and vision for a sustainable public health care system. Things are not as they seem.

Observation three. It is our system. I am committed to working towards a health care system that will serve all Albertans equally well. Achieving this will take vision, courage, commitment, and dedication from all elected representatives regardless of their party affiliations. Bill 11 does not achieve reform of the system, and Bill 11 is not a comprehensive plan. This government does not have nor have they ever had a comprehensive plan for the preservation and reform of our public health care system. Bill 11 simply offers a narrow option on how to contract surgical services.

**Speaker's Ruling**
**Decorum**

THE DEPUTY SPEAKER: I'm sorry to interrupt you, hon. Member for Edmonton-Riverview. Edmonton-Riverview is able to speak on her own behalf and needs no prompting from any quarter, particularly the quarter it's coming from. Several of the members who are moved to make comments have not yet spoken and will await their turn. Please, you wait your turn. Right now the turn is the hon. Member for Edmonton-Riverview's without interruption.

**Debate Continued**

MRS. SLOAN: Thank you. Bill 11 offers a narrow option today on how the contracting of surgical services would occur. Its application and interpretation in the future, particularly given the statutory authority of the minister to decide what to approve and the explicit denial of any legal appeal of his decision, will have much broader implications.

It is our system, and it is in its interest that I would like to work with this government to truly strengthen, sustain, protect, and preserve our public health care system in ways that Bill 11 cannot. It is our system, Mr. Speaker.

Observation four. We need a plan. More than ever before we need a plan to guide our priorities, planning, and budgeting of health care in Alberta. Every day inside the system professionals discuss, debate, and implement comprehensive plans for the patients in their care. Meanwhile, we who are entrusted to care for and be the stewards of the system as a whole focus on an ill-conceived bill that in the end doesn't strengthen the system but only distracts us from addressing what the system really needs. To use an analogy, the government's suggestion that Bill 11 is a solution to the system would be like a doctor suggesting that the splinting of a fracture on a patient who is hemorrhaging from a femoral aneurism will save that patient's life.

Priorization and planning for the current and future needs of the health care system is what we need to be debating this evening, not Bill 11. We need a plan. To this end let me outline the fundamentals of what such a plan would have to address, fundamentals which Bill 11 does not.

Number one, information. Concise, consistent collection and public release of information relative to Albertans' needs and the utilization of health care: including the number of citizens waiting for consults, diagnostic tests, procedures, and surgery; the geographical distribution of poverty, disabilities, mental health illnesses, and environmental hazards, and the accompanying utilization rates of health care services as a whole; the number of operational beds, both real and potential.

We have had since 1995, when the government cut Alberta health care and dramatically reduced the collection of information, a substantive decrease in the amount of information that can be utilized for decision-making in our system. This must change. Bill 11 does not enable us to have at our access any better information for decision-making. In fact, it restricts us, Mr. Speaker, from the information necessary by making these private clinics not accessible to the public under FOIP.

Number two, Bill 11 does nothing to increase the democratic accountability of governance in the system. What is required is the election of not only governance bodies but the monitoring, investigative evaluation of standard committees governing our public health care system, and the accompanying elimination of a long-standing practice of this government to appoint partisan MLAs to chair committees. Bill 11 does nothing to take us in that direction, Mr. Speaker.

Bill 11 further does nothing to address the need for a comprehensive long-term plan for the health workforce, including five- to 10-year commitments at least for educational seats in the faculties of nursing, medicine, pharmacy, psychology, and psychiatry. Bill 11 does nothing to assist us in developing labour union strategies that would assist the system's negotiation and mediation mechanisms for the successful and timely negotiation of collective agreements and the resolution of labour/management issues. Bill 11 does not provide us with comprehensive commitments or strategies for the prevention of workplace injuries.

Bill 11 does nothing to establish equitable mechanisms that would formalize and facilitate the utilization and accessibility of alternative health practitioners such as chiropractors, massage therapists, herbologists, and acupuncturists. Bill 11 does not provide concrete strategies and mechanisms that would focus on the reduction of illness and the promotion of health at both macro and micro levels, such strategies that could target issues like the high incidence of illness, disabilities, low birth weights among our aboriginal population; the growing incidence of mental illness in our child, adolescent, and adult populations; the environmental hazards that continue to grow in our province, like intensive livestock operations and herbicide use and the accompanying health impacts; and poverty, the addressment of its roots and impacts on health care and other public programs Bill 11 does nothing to address.

Bill 11 does not provide a concrete plan for the construction, demolition, and sale of our public health care facilities.

Bill 11 does not provide concrete strategies that offer tangible evidence on how to strengthen the provision of public health care, home care, palliative care, and the accompanying impact on the utilization of our acute care system. Bill 11 does not provide strategies for the full disclosure and cost containment of pharmaceutical and diagnostic costs, an area that has consistently risen and which the government chooses to do nothing to address.

Bill 11 does not provide for the full disclosure of the government's position and submissions relative to health care at the social union, internal trade, NAFTA, and MAI negotiations. On this point let us be clear. It is not the federal government or the Alberta government's interpretation of NAFTA that is in question. It is the interpretation under NAFTA by the U.S. trade representative's office that must be sought. If the government really wants to reassure Albertans that American companies will not be able to utilize Bill 11 to set up shop, they should get a letter from the U.S. trade representative's office that explicitly relinquishes their right to apply or utilize Bill 11 to expand the American market share in the Canadian and Alberta health care system. That is what is needed.

8:40

In conclusion, Mr. Speaker, there is madness in the method. Things are not as they seem. It is our system. We need a plan. If the government is prepared to scrap Bill 11 and commit itself to establishing a comprehensive plan for the public health care system, which I dearly love, they will have my commitment to work to help them achieve this goal.

Thank you, Mr. Speaker, for the opportunity this evening to provide my thoughts at this initial time on this bill.

THE DEPUTY SPEAKER: The hon. Member for Red Deer-South.

MR. DOERKSEN: Mr. Speaker, since the election of 1997 health care has been the predominant area of calls, letters, and concerns received in my constituency office. I have remarked often to people that health care policy will be the most important policy item for governments for the next 20 to 30 years. I want to say from the outset that there's a lot of reaction and concern that has been expressed to me with respect to Bill 11, and I hope to give some information on those specifics in my comments.

From my perspective, the most positive aspect to come out of the debate on Bill 11 is that it has caused Canadians to think and to talk about where health care is going in our country. Health care issues are not unique to Red Deer or to Alberta but to all of Canada. Health is a very personal issue, because ultimately our health is the most important thing to us as individuals. As governments we dedicate enormous amounts of resources to health care and prevention of illness.

I want to make several points this evening. The first point is obvious, yet we often forget it. The point is that delivery of health care has changed since the inception of medicare some 30 years ago. In 1978 my wife was pregnant, and the doctor suspected twins. At that time we lived in Brandon, Manitoba, and the doctor suggested we should go for an ultrasound two and a half hours away in Winnipeg because it was the only ultrasound in the province. We opted not to go, and yes, we did have twins. Today ultrasound tests are performed routinely in every centre, and in fact parents often want to have pictures of the ultrasound for their albums.

A recent *Maclean's* article noted that 38 years ago the system did not have to pay for CAT scans, cardiac surgery on people in their 70s, or expensive and complicated chemotherapy treatments for cancer patients. These technologies and abilities just did not exist. Today all these technologies are available. Not only are CAT scans available in every hospital, but we now have magnetic resonance imaging, or MRIs, available as diagnostic tools. Where 10 years ago we made do without MRIs, today we have lineups waiting to use them. Not long ago cataract surgery required several days' stay in the hospital. Today it's over in 20 minutes and you go home.

Not only has delivery changed, our attitudes have changed as well. That same *Maclean's* article refers to the McDonaldization of medical care. People today demand convenience, 24-hour service, and prompt cures. The second point is that health care delivery is going to continue to change. Not only has it changed over the past 30 years, but also it will continue, and the rate of change will accelerate. For instance, gene therapy is only in its infancy, but with a human genome mapping almost complete, this will lead to therapies that most of us cannot begin to predict.

The main reason I am making these two points is that the way health care will be delivered in the future is going to change. For any government or organization or association to suggest the status quo should be maintained is simply not being realistic. We need to continue to discuss the issues because of the changing dynamics.

As we discuss Bill 11, I think it would be useful to review some legislation and terms. It starts with the Canada Health Act. The Canada Health Act is all about cash contribution to the provinces from the federal government. It sets out the criteria the provinces must meet in order to qualify for a cash contribution from the federal government. These criteria include the five principles often talked about with respect to medicare; namely, public administration, comprehensiveness, universality, portability, and accessibility.

The Canada Health Act also sets out some of the services that are considered medically necessary that the provinces must provide. There is a lot of confusion around the terms "medically necessary" and "insured services." Basically, the provinces must provide medically necessary services and pay for them on behalf of their citizens. The provinces may insure services that are not medically necessary, and in fact Alberta does just that.

Under the Canada Health Act the federal government may withhold money from a province if it deems that the province is not complying with the act. At one time the federal government

contributed 50 cents out of every dollar to the provinces for the delivery of health care. In Alberta they now contribute 13 cents out of every dollar. The Alberta government is responsible for delivering health services within Alberta. For this budget year we have allocated $5.6 billion to Health and Wellness. That represents 30 percent of our entire budget. That is more than $15 million per day. Of the $5.6 billion, the regional health authorities and cancer boards get $3 billion. Payments to physicians for their services are an additional $1 billion.

It is important to have an accurate picture of how the money flows. The provincial government through Alberta Health sends the money to the regional health authority to provide the services in their region. They make the determination within parameters provided by Alberta Health as to how that money is spent. Physicians are paid from Alberta Health, not the regional health authority. The David Thompson health region, in Red Deer, which I am from, will receive a total of $166 million this year, an increase of $12 million from the 1999 budget year. This past year they also received approval to replace the Richard Parsons auxiliary hospital, plus capital funding to add an additional 15 continuing care beds in our region.

This background is important because it is often not part of the debate, but it is fundamental to some of the points that are being made, and the context is important in understanding Bill 11. There are many other activities and plans and developments going on that are probably far more important than Bill 11 itself, yet this gets lost in the discussion.

With respect to Bill 11 I am going to refer to the petition which I presented in the Legislature on March 1. It contained more than 5,000 names, mainly from the central Alberta area. I want to read the wording for you. It says:

> We, the undersigned residents of Alberta reaffirm our support for the five basic principles upon which Medicare was built: accessibility, universality, portability, comprehensiveness and public administration. We urge the Government of Alberta to uphold the letter and spirit of these principles.
>
> We also oppose two-tier health care and urge the government of Alberta to maintain an adequate system of public hospitals and to not permit the development of private hospitals in the province of Alberta.

The petition has three main points. First, the signers reaffirm their support for the five principles of the Canada Health Act. The Alberta government has on many occasions confirmed its support for the principles of the Canada Health Act, and it does so again in the preamble to Bill 11.

The second element in the petition is the opposition to two-tier health care. In section 3 of Bill 11 it reads:

> No person shall give or accept any money or other valuable consideration for the purpose of giving any person priority for the receipt of an insured surgical service.

Simply put, the province will pay for all insured and medically necessary surgical services regardless of where that service is delivered. You will not have to pay extra for that service. Where the debate gets confusing is going back to the definition of medically required services and insured services under the Canada Health Act. If you want to receive non medically necessary services such as hair removal or chelation treatment, you will have to pay for those yourself, but again, if it is medically necessary, you will not have to pay other than through your taxes of course.

8:50

The third element of the petition encourages the government to not permit the development of private hospitals. Section 1 of the bill reads, "No person shall operate a private hospital in Alberta." From my reading it seems clear that all elements of the petition are complied with. There may be some disagreement on what some of the definitions mean, but it is my opinion that the principles are clear.

So then the question becomes: what is the purpose of the legislation? First and foremost, it provides the government with legislation that will permit us to regulate private surgical facilities. Currently we have no legal way to regulate and control private surgical facilities or private hospitals. We had three options: one, do nothing and let happen what happens; two, totally ban surgical clinics from ever doing anything in Alberta, including those already in operation such as those doing cataract surgery; or three, regulate and control private clinics so that they only operate when it is a benefit to Albertans and to the publicly funded system. We chose the latter option.

By regulating and introducing clear rules for operations, we have given the regional health authorities another option for the delivery of health care services in their region. Do I expect to see this happen in Red Deer in the near future? I don't think so, but as I indicated earlier in my comments, delivery models will change, and we must be prepared to act with these changes. The growth in our population will demand ever more resources, ever more innovation. Bill 11 makes sure they happen within the confines of the Canada Health Act.

I must address one other aspect that is frequently discussed, and that is the consequences under NAFTA. I have read Mr. Hepburn's paper regarding his concern about NAFTA. He points out that the North American free trade agreement contains a reservation for health care as follows:

> Canada reserves the right to adopt or maintain any measure with respect to . . . the following services to the extent . . . they are social services established or maintained for a public purpose.

That includes health. The concern arises from whether the operation of a private facility is in fact for a public purpose or if it is for a commercial activity.

This is where my comments about the flow of money are important. Money flows from the Alberta government to the RHAs for the express purpose of providing a public service. Whether this service is contracted to a profit provider or a nonprofit provider, it is still for the public purpose and therefore meets the criteria of the reservation. The services are insured at the same rate, so necessary insurance services are provided at any facility at no cost to the patient. While lawyers seem to be able to challenge anything, we have had contracted services for probably the entire time free trade has been in existence, and we have not yet faced a challenge.

While some will disagree with the direction of Bill ll, I hope I have given some things to think about. I don't stand here with all the answers, nor do I suggest that everything our government has done has always been the best, nor do I think a government should merely ignore changing times and try to retain the status quo, because that is not an option. It may be okay for our generation, but it will not be okay for our kids and grandkids. We must continue to look for innovative ideas that will improve the delivery of health care services within the context of the Canada Health Act.

Thank you.

THE DEPUTY SPEAKER: I was just hoping I could convince a few people to carry their joyous conversations to the lounges out back.

Edmonton-Mill Woods.

DR. MASSEY: Thank you, Mr. Speaker. I appreciate this opportunity to have a chance to join the debate at second reading on Bill 11. As is the custom and the procedure of the House, I'll try to confine my remarks to the principles that underline this bill.

I think that no bill we've had before us in this Legislature has

generated more interest on the part of constituents of Edmonton-Mill Woods than has Bill 11. I suspect, from the number of e-mails I get that are copied to government members, that the same may be true of them. In Edmonton-Mill Woods we have a group of citizens who are acutely attuned to changes in the health care system. They first sounded the alarm when the Grey Nuns hospital was turned into a community health centre and stripped of its emergency ward and intensive care units. Fortunately, the protests of those citizens and the good sense of the Capital health authority saw the reinstitution of the Grey Nuns as a full-service hospital, although, we have to all admit, at great, great expense. The staff had been disbanded, the equipment had been dispersed, and it was at tremendous expense that that hospital was restored to a full-service facility.

At a number of different points since I was elected in 1993, we have sent short surveys to the constituents in Edmonton-Mill Woods. The first survey asked for their opinions on the recall of members of the Legislature, whether that should be in legislation. Since then we've had surveys about education, the provision of education services, the kinds of cuts that were made to the budget, their opinions on those cuts, the changes to the education system, and with each of those surveys we pretty well know the number of people who will take the time to phone, e-mail, fax, or send us their response.

We recently put out a similar survey on the provisions of Bill 11 and the move to more privatization being made available to patients. Never have we had such an overwhelming response, and on no question have we ever had such agreement from those constituents. Over 97 percent of them indicated that they did not want public dollars spent on private facilities. I don't think anything could be clearer.

I don't pretend, Mr. Speaker, that the surveys would meet the standards of a research faculty. They are distributed to households, and people send them back as they will. I have some confidence, though, that what people in Edmonton-Mill Woods believe is more reflective of the general population when you compare their results with the results of polls by commercial firms such as Angus Reid. I do have some confidence in that survey, that feeling on the part of the people in Edmonton-Mill Woods that they value very much the public health care system and that any tinkering with that system had best be done with their approval, because they're watching.

As you try to examine the goals of the underlying principles in Bill 11, what strikes you immediately is the conflict in the principles in the bill. There's a conflict between the goals that seem to uphold the letter and the spirit of the Canada Health Act by having those provisions of the Canada Health Act in the preamble, yet the provisions in the bill, the principles, seem to support the furtherance of a for-profit health care system.

9:00

They list in the preamble the five principles of the Canada Health Act. As I think all of us know, if you ask a number of Albertans to give you the five principles of the Canada Health Act, many of them would be at a loss to do so. I think unless you've been in this Legislature or been concerned with the health care system, many of us would have been in this same position. They may not know the details, but they certainly know the spirit and the intent. That they know very, very well, and that they prize.

[Mr. Herard in the chair]

So here in this act we seem to have a set of principles that support that spirit of the Canada Health Act and a one-payer, publicly tax supported system. At the same time, while endorsing the act, it furthers the patient-pay principle by making possible patients paying directly for enhanced services in so-called surgical clinics.

We've been over the problem of the definitions of private hospitals and surgical clinics so often in this Legislature. I took a call before 5 o'clock this afternoon from a constituent who, having watched the debate last night, asked the same question: what's the difference between a private hospital and a surgical clinic? Having watched that debate, he certainly was no clearer.

We know that right now, for instance, you can pay for enhanced services in a public hospital. You can pay for a television set, you can pay for a telephone line to be put in for your stay, but I think there's a huge difference between paying for those kinds of enhancements and paying for a list of medical enhancements in a private, for-profit surgical clinic. It's that tension between the principles underlying those goals that I think plagues Bill 11.

There's a conflict between adhering, again, to the spirit of the Canada Health Act and adhering to the legalistic interpretation of the text of the Canada Health Act. On one hand, Bill 11 lists the provisions, as I've said, of the Health Act, and one might assume that the thrust of Bill 11 would be in support of a publicly funded, one-payer public system. But at the same time, the bill seems to take advantage of the general nature of the Canada Health Act that lacks these kinds of specific articles of prohibition to stop patients paying for services in a for-profit, private, two-tier health care system. We see that tension in the taunting of government officials, taunting federal officials to interfere in Bill 11. If it violates the Canada Health Act, they challenge them. I think it reflects the government's retreat in Bill 11 to the legalism that they're using to further the provision of private health care services in the province and enabling that sector of health care to grow through the provisions of Bill 11.

Most alarmingly, Mr. Speaker, there have been comments about the bill by public officials that would seem to endorse the merits of moving to a pluralistic health care system or growing a pluralistic health care system to a much greater extent than we have in the province at this time. I think the statements by those public officials is at the root of much of the alarm surrounding the bill, because while they are told and they're assured by government and by elected officials that the bill will not in any way compromise public health care, they see former members of this Legislature now occupying positions in the health care system making statements that would seem to make those assertions suspect at least.

The alarm is with foundation. I had an opportunity to look at some of the materials provided in the United States by the Physicians for a National Health Program. Those physicians in that country are arguing very hard and trying to organize to bring to the United States a health care system similar to the one we have been able to create in our country. Those physicians, commenting on privatization, warned that "the winners in the new medical marketplace are determined by financial clout, not medical quality." So the dismissal of concerns about privatization and that we have no business voicing our concerns and that to do so is to fear monger I think is a disservice to Albertans and doesn't allow the full exploration of the issue.

I think there are more conflicts in the so-called altruistic, harmless goals of the bill that support universal health care than those provisions contained in the preamble. You see that seeming support for the public system again in the preamble, yet we get a list of very, very detailed provisions for more privatized services and how those privatized services, those enhanced services must be provided, the rules those providers must follow in approved surgical facilities. There's a list of almost specific regulations in terms of what they must do, and it can't help raising suspicions of why there is need for all that detail and that concern with the provision of those services by private providers if there isn't the intent that that's the direction

the government is going to go in the provision of health care services. So that conflict again is another conflict that beleaguers the principles of the bill.

There's underlying conflict with respect to values. The values of community and compassion for others in the Canada Health Act reflect so much about what we are as Canadians and are in conflict with the survival of the fittest and the values of an unfettered free enterprise market in this bill. You see it again in the words that seem to support the Canada Health Act and public health care. You look at the Canada Health Act, and even though those values aren't made explicit, they are certainly implicit. Canadians a long time ago decided that we're better off creating a safety net, that we're better off looking after each other than leaving each to his or her own devices in terms of health care, yet the inclusion of principles that support private, for-profit health care facilities seems to put forward the values of individualism and the survival of the fittest that unfettered free marketers would support.

You see those values in operation south of the border when you look at some of the descriptions of the private operators and their ability to decide who does and who doesn't get service, their ability to exclude doctors, to decide who will practise, their ability to decide what will be included and to really leave patients, to put patients in the role of victims. It's really quite alarming, yet those conflicting values can be found in the provisions of the bill that we have in front of us.

9:10

There are other value conflicts. The values of the equity and fairness in take-your-turn philosophy that we have developed and that are characteristic of our public health care system conflict with the preferential treatment and queue-jumping made possible by expanding patient opportunities to buy services privately, and there's no way around it. In the last number of years, whether or not Bill 11 says it can't happen, queue-jumping is now a fact of life in our province. It hasn't been a concern until the last half-dozen years, but the growth of private clinics has changed all that. Clinics like MRI clinics now make queue-jumping possible. Patients buy a diagnosis at a clinic and then return to the public system and are able to get in line ahead of others who are still waiting for MRIs at the public clinics and have their surgery performed.

It happens with cataract surgery. We had an experience with a member of the family who was told by a physician that they would have to wait six weeks in a wait line for cataract surgery, but if they wanted to go to the physician's private clinic and pay a fee, the work would be done immediately. Given the age of the family member, there was no choice at all. So we have queue-jumping already, and the provisions of this bill have the possibilities of expanding that kind of behaviour. The insurance in Bill 11 that queue-jumping won't be allowed with the advent of private surgical clinics rings hollow when citizens are well aware of what happens right now without the bill.

I think there are broader conflicts in the bill, Mr. Speaker, that are disturbing. We've seen the same conflict in much of the legislation put forward by the government. The conflict, at least to an outsider, seems to be the result of ideological tensions that arise when a group in government, as Jeffrey Goldfarb describes them, believes in the fundamental proposition that government is part of the problem, not the solution, that government saps free entrepreneurship and individual initiative. This tension, I think, within government results in bills like Bill 11, a bill which seemingly tries to accommodate both those in government who believe in the more altruistic principles underlying the Canada Health Act and those in government who would reject those values in favour of more self-centred goals. The latter group seems fervently attached to a new right-wing Conservative ideology and, one must conclude, would support more privatization given the nature of Bill 11, this ideology that according to Goldfarb has them behaving outside of reason. I quote: when one thinks ideologically and acts ideologically, opponents become enemies to be vanquished; political compromise becomes a kind of immorality.

We've seen that with Bill 11. Opponents are labeled as left-wing nuts, members of special interest groups and, worse, malicious spreaders of misinformation. Such statements, Mr. Speaker, make me pessimistic that the changes that are needed to make Bill 11 a bill that all Albertans will feel comfortable with are almost impossible. If compromise is considered immoral, then what are the prospects for change?

Thanks very much.

**Speaker's Ruling**
**Decorum**

THE ACTING SPEAKER: Hon. members, before I call on Calgary-Montrose, I just want to remind all hon. members that we're not in committee, and therefore the conversations and the interruptions we're hearing should probably be dealt with outside the Chamber.

Thank you.

**Debate Continued**

THE ACTING SPEAKER: The hon. Member for Calgary-Montrose.

MR. PHAM: Thank you, Mr. Speaker. It is a pleasure for me to join second reading debate of Bill 11 today. This debate is very important for many of my constituents. Most Albertans for the past few months have received many conflicting interpretations of Bill 11. On one side are the Liberals and the NDs, the Friends of Medicare, the union of public employees. They portray Bill 11 as public enemy number one. They claim that this bill will destroy the public health care system we have here in Alberta. They also claim that this bill will open the door for a two-tiered, Americanized health care system.

To counter that negative campaign, the government of Alberta sent out the actual text of the bill with a very modest request. We asked all Albertans to read the bill for themselves and tell us what they thought of the bill. Some of my constituents actually took the time and went through the bill, and they called me and expressed surprise, genuine surprise. They told me that they went through the bill many times, and they couldn't find any section of the bill that could hurt our public health care system. They could not find any section that would allow queue-jumping. They couldn't find any section that forced Albertans to pay for basic medical services.

Mr. Speaker, they are absolutely right. Bill 11 begins by committing Alberta to the principles of the Canada Health Act. It says right in the preamble that

> the Government of Alberta is committed to the preservation of the principles of universality, comprehensiveness, accessibility, portability and public administration, as described in the Canada Health Act.

That's the foundation of the health system in Alberta.

In part 1, section 1 it clearly spells out that "no person shall operate a private hospital in Alberta." With that section we outlaw private hospitals not only today but forever in Alberta.

This Bill also forbids queue-jumping. It makes it illegal for anybody to make or take payments in order to jump ahead in line for surgery. No individual can be charged a facility fee for insured surgery, and this surgery must be paid for by the health system. Therefore, all Albertans need is their health care card, and all the

services that they receive will be paid for by our system, our publicly funded system.

MS LEIBOVICI: Point of order.

THE ACTING SPEAKER: The hon. Member for Edmonton-Meadowlark on a point of order.

**Point of Order**
**Questioning a Member**

MS LEIBOVICI: Thanks, Mr. Speaker. As the Member for Calgary-Montrose indicated that he would like to debate with me in second reading . . . [interjection]

SOME HON. MEMBERS: Citation.

MS LEIBOVICI: Citation 482.

That was the letter he tabled in the Legislative Assembly just a couple of days ago. Would he be willing to entertain some questions, and we could get into a debate in the next 20 minutes?

MR. PHAM: I'd be more than happy to after I finish my speech, Mr. Speaker.

THE ACTING SPEAKER: Go ahead then, please.

**Debate Continued**

MR. PHAM: Mr. Speaker, I already see some excitement on the other side. I think people will begin to jump up and down, because when they hear the truth, sometimes it can hurt.

Mr. Speaker, this bill also gives the authority to the College of Physicians and Surgeons to define which surgical services are major and which are minor. All the major ones must be done in a public hospital. Only the minor ones can be done in accredited surgical facilities, and the bill clearly spells out that all the surgical facilities will have to be accredited by the College of Physicians and Surgeons. Not only that, the facility can only provide the kind of service that they're approved to perform.

9:20

Mr. Speaker, this bill, when it is passed, will not force anybody to do anything. It is an enabling piece of legislation. All it does is allow the regional health authorities to have one more option, that they can choose to contract with some private facilities to provide some of the minor surgical services if they see there is a benefit from it. The bill clearly spells out the conditions under which the regional health authorities can enter into a contract with these surgical facilities.

First of all, those contracts have to comply with the Canada Health Act. Second, the health authority will have to demonstrate a need for the service and that a contract is a better alternative than providing the service in a public hospital. Also, the health authority has to show that the contract will not harm the publicly funded health system. Furthermore, the health authority will have to show how the contract will provide a net benefit to Albertans as patients and as taxpayers, and the contract must set out the result the surgical procedure will be expected to achieve.

Mr. Speaker, that is not all. The most important requirement this bill will force the regional health authorities and these private surgical facilities to go through is that the terms of all these contracts have to be made public. Because of that, everyone in Alberta, including the media, including the opposition, can go through these contracts and see for themselves if the regional health authorities have met the conditions that were spelled out in this bill.

Mr. Speaker, that is the reason why many of my constituents were surprisingly happy to find out that this bill is far from what the opposition is trying to portray, and they compliment this government for bringing in this bill because it is truly a mechanism to protect the health care system that we have in Alberta.

They also asked me the question: how come there are so many people willingly spreading misinformation about this bill? And now I would like to focus on some of that misinformation that is out there, because it affects not only the debate on this bill but how our constituents are thinking regarding this issue.

First, I want to focus on the federal government and its involvement with Bill 11 and health care in general. Not long ago funding for the health care system was a cost-shared project between the provincial government and the federal government. This started out as 50-50. The federal government of Canada has chosen to diminish itself from that responsibility, and that ratio has continuously gone down, especially in 1994-95, when the federal Liberal government in Ottawa made a significant reduction to provincial transfer payments. Today the ratio of contribution that the federal government makes to our Alberta health care budget is 13 percent.

That is not only affecting Alberta. It affects every province in Canada. That's why we have the health care crisis in Canada today. For the first time that I can remember in the history of Canada, all 10 ministers of health and all the ministers of health in the territories, too, agreed unanimously that the federal Health minister should restore funding immediately, not two years from now but immediately. The crisis that is being faced today is because of the money the federal government is taking away from sick and old Albertans, and anybody who suggests that that is okay for them to do should be ashamed of themselves. [interjections]

THE ACTING SPEAKER: Hon. members, we were doing quite well for some time there. Maybe we can revert to the normal process during Chamber, please.

MR. PHAM: I can see that some opposition members are trying to defend their cousins in Ottawa, Mr. Speaker, but the numbers are there. Nobody can dispute the fact that the federal government has significantly reduced transfer payments to the province to pay for health care and education in Alberta, and when faced with the challenge of how to cope with the severe cutbacks in funding, the province has to come up with innovative ways to deal with the limited resources we have.

Instead of giving us a hand, the federal Minister of Health decided to immerse himself in a drive-by smear campaign. When we asked him to give a simple answer to whether or not our Bill 11 violates the principles of the Canada Health Act and, if it does, to tell us which sections violate the act, surprisingly, Mr. Speaker, he was deathly silent. All he could come up with was rhetoric. Until today nobody in the federal system could point to any section in this bill that violates the Canada Health Act. Either they should put up or shut up. I think it is very, very clear that our health care protection bill is clearly within the intent of the Canada Health Act.

You know why the Liberal federal government is trying to attack our government on this health initiative? I want to read this reason into the record so that our constituents at home understand it too. Of course, it is a lot easier to shift public attention from the real cause. The real cause of the public health care crisis is a shortage of funding caused by the federal government. They want to pick Alberta as the public enemy. They want to ride high in public opinion polls as the defender of the public system. Mr. Speaker, guess what? Talk is cheap. They should put their money where their mouth is.

Now, I want to focus on the opposition party, on the Liberal Party, the party that has committed to a negative campaign through misinformation and fear mongering to Albertans on this issue. They have slipped so far from telling the truth that now they've become a group of – I hate to use the words – political opportunists. They've become a one-trick pony, as the Premier indicated today.

Take the leader of the opposition party as an example. At the beginning of this session she came into the Legislature with a document with many blank pages which she obtained through the Freedom of Information and Protection of Privacy Act. She knows and all members of the opposition party know that that is a piece of legislation that we passed in this House with the support of everybody. The information they requested through that act is sent to the department, and the information had to be given according to the terms of that legislation. So there should not be any surprises for them when they receive blank pages, because this information is protected under the legislation. What they're asking us to do is break the law, to give them information they're not authorized to see.

MR. LUND: They've got no respect for the law.

MR. PHAM: They have no respect at all for the law. Thank you, Mr. Minister.

It makes things even worse that without actually seeing the bill, the Leader of the Opposition indicated she was opposed to that bill, no matter what was in there. She is on record as saying that. I think that is very irresponsible, Mr. Speaker. When we are opposed to something, at least we have to have the courtesy to read it in order to decide whether we disagree with it or not. Right?

We could have put in there that we want to eliminate, you know, half the ridings in Edmonton. If the opposition member is saying that she is going to oppose or support that idea, she has to read the bill in order to find out exactly what she's supporting or what she is voting against. [interjections] Again, Mr. Speaker, I begin to hear, you know, some noise from the other side.

9:30

THE ACTING SPEAKER: You know, it's interesting that when the debate focuses on the bill, things tend to go reasonably well, but when they start focusing on individuals, then you get what you get. So let's cool it.

MR. PHAM: Mr. Speaker, the last thing I want to do is bring up individuals in this debate, but if you remember, for the past two months this Liberal Party has engaged themselves in a very, very nasty campaign. They call into question the credibility of our Premier. They want to link this issue with the credibility of our Premier, and I just want to point out to my constituents at home the kind of credibility of the people that are bringing those negative campaigns to the Legislature.

[The Deputy Speaker in the chair]

Mr. Speaker, the tactic didn't stop at that. She went on and attacked Mr. Jim Dinning, the chair of the regional health authority, a very, very good friend of hers, and when I use the term good friend, that is the parliamentary language that I'm trying to use here. Anyway, Mr. Dinning could have defended himself, but he was not in the House, and therefore that kind of attack was very cowardly.

Mr. Speaker, last night the Leader of the Opposition stood in this Legislature in front of a TV audience. She claimed that the health care funding cutback in 1994-95 was 30 percent. Thirty percent. That was a lie, because the record speaks for itself.

**Speaker's Ruling**
**Parliamentary Language**

THE DEPUTY SPEAKER: We're likely to be on Bill 11 for a long, long time. There are differences of opinion as to what is truth, but we assume that all hon. members are indeed that, honourable members. So I think perhaps you should reconsider those words and withdraw them and then address the rest of your speech without that.

MR. PHAM: Thank you. Mr. Speaker, maybe I should use another word. According to *Beauchesne,* I should use that is false, that is inaccurate, that is misinforming, that is malicious, that is misrepresentation, and the list can go on, go on, go on.

**Debate Continued**

MR. PHAM: Anyway, the point is very, very simple. You have the public accounts information every year. [interjections]

THE DEPUTY SPEAKER: Hon. member, what we're talking about is that you speak through the chair. If you want to get angry at the chair, please do so. But speak to the chair.

MR. PHAM: Maybe the opposition member didn't hear it properly so I will repeat it. Instead of using the words "that was a lie," I will now say that it is false, it is inaccurate, and according to *Beauchesne,* it was misrepresentation, a malicious attack, misinforming, misleading Albertans, and the list goes on, Mr. Speaker.

MS LEIBOVICI: A point of order under 23(h), (i), and (j).

THE DEPUTY SPEAKER: I don't know whether the hon. member is rising on a point of order that may deal with repetition, but the quotation that you're giving is 23(h), (i), and (j).

**Point of Order**
**Imputing Motives**

MS LEIBOVICI: Imputing false motives. [interjection] No, I can't say that unfortunately. The reality is that if he's indicating that the Canadian Institute of Health Economics is false and misleading with regards to their figures as to the drop in hospital expenditures in this province, in actual fact he's saying that Don Mazankowski . . .

THE DEPUTY SPEAKER: Order. Once you start elaborating on it, then you're into the debate, hon. member, as opposed to dealing with precisely what we're talking about. The chair interrupted the hon. member a few moments ago about the use of unparliamentary language. That's one thing.

Presumably you're defending the Leader of Her Majesty's Loyal Opposition on the issue of whether it's 30 percent or 20 percent or whatever. In my admonition to the hon. member the chair reminded him that we have different views of what is truth, and if anybody wants to use statistics to change things, they certainly are able to do so.

I wonder if the hon. member could get on with his speech and not have any further interruptions by those who are eager to speak or by using inflammatory language that's likely to cause other members to get up and raise points of order or to refute your arguments.

**Debate Continued**

MR. PHAM: Mr. Speaker, all I'm trying to do is bring the truth and the true facts to the debate.

MS LEIBOVICI: Point of order, Mr. Speaker.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Meadowlark on another point of order.

**Point of Order**
**Questioning a Member**

MS LEIBOVICI: Briefly. It's 482. Will he entertain a question now?

AN HON. MEMBER: *Beauchesne*?

MS LEIBOVICI: I'm sure it's *Beauchesne* 482. Will he entertain a question? Because he . . .

THE DEPUTY SPEAKER: Order. We did have an attempt earlier by one hon. member to ask a question of an hon. member. All you have to do is say yes or no. You do not have to give any reasons nor should any reasons be given in terms of your asking the question.

MR. PHAM: Thank you, Mr. Speaker. I will give my answer once and for all. I would like to keep my speech uninterrupted from now until the end. I would not want to take any questions until I have finished the speech.

**Debate Continued**

MR. PHAM: All I'm trying to do is bring the truth and the true facts to this debate, Mr. Speaker, because when somebody is claiming that we cut 30 percent out of our health care budget, that is not true, and that fact can be verified very easily. Every year we publish a thing called public accounts; right? How much money we spend every year, from year to year to year, is already recorded. It's public information. All they have to do is take the amount of money we spent in 1993-94 and compare the amount of money we spent in 1994-95, and if they can come up with 30 percent, maybe they should go back and take math 10 or math 9 or whatever. I could not understand that. They spend millions of dollars on research, and last night they stood up in this House trying to mislead Albertans, trying to scare, trying to fear monger my constituents. I find that unacceptable, Mr. Speaker. [interjection]

Now I see the Member for Edmonton-Riverview is joining the debate. Just a few days ago I received this document from the Member for Edmonton-Riverview. Almost the entire document talks about health care and Bill 11. I was so amazed, so amazed to read this information being presented to her constituents, and I feel sorry for her constituents, Mr. Speaker, because the information stated in here is very bizarre. It says, and I quote: "the recent announcement of $3 billion in health care funding over three years takes us to 2002. Yet the government must call an election by March 2001, at which time earlier funding commitments are no longer binding." [Mr. Pham's speaking time expired]

Mr. Speaker, can I ask for unanimous consent to continue?

9:40

THE DEPUTY SPEAKER: The hon. member has asked for unanimous consent to let him continue his speech.

[Unanimous consent denied]

THE DEPUTY SPEAKER: I know it's getting late for all. We have a member that wishes to speak, and it's now his turn.

The hon. Member for Edmonton-Glenora.

MR. SAPERS: Thank you very much, Mr. Speaker. When I left my approved domestic residence this evening and got into my approved personal transportation device to make my way to this approved legislative facility, I was wondering exactly how I might begin my remarks. Then I got here, and I heard nothing but personal attacks from members of the government. I heard the minister of health, from the relative safety of being off mike, call the Leader of the Official Opposition a liar. Then I heard the Member for Calgary-Montrose talk about how the opposition is lying and misleading.

Then I was reminded, of course, of that old adage in law that when the facts are with you, argue the facts, and when the facts are against you, pound the table and yell like hell. That's about all we've heard out of the government tonight, because they have no facts to back up their position. They have no substance to back up Bill 11. All they have to argue, of course, is calling people who are opposing the government left-wing nuts and special interests and liars and malicious. [interjections]

THE DEPUTY SPEAKER: We're trying to hear, hon. members. Hon. Member for Edmonton-Glenora, people that are encouraging you are only encouraging others to demonstrate.

Edmonton-Glenora.

MR. SAPERS: Thank you. So let's get on to talking about the substance of Bill 11. Let's get on to introducing some fact and truth into this debate. Let's start off, first of all, with the difficulty in understanding the government risking so much on such superficial arguments, with no analysis, no understanding of how the system really works, no understanding of the implications of what it is they're saying, and being willing just to read the bill or, in the case of some members, not even read the bill yet blindly defend it as they would blindly defend the party line. Mr. Speaker, that's just not good enough when it comes to medicare.

Now, in committee I will take some time to do a section-by-section analysis to expose some of the gaps and contradictions in Bill 11. During second reading debate I'll stick to the principle of the bill, but I do want to make comment on one of these gaps or contradictions that the government is exploiting and misrepresenting, and it was most evidenced in the arguments just put forward from Calgary-Montrose when he talked about the fact that all Albertans will be able to see contracts, that it says so in the bill.

Now, I don't have the Blues in front of me, but I listened carefully to that member, and he said that all Albertans will get to see the contracts. Well, that's not what the bill says. The bill uses a very different word. The bill says that agreements will be released. It says "agreement." Let's say for the sake of argument, Mr. Speaker, that the agreement between a regional health authority and one of their private hospitals is that we will keep the contract secret. Then all that Albertans will see is the agreement to keep the contract details secret. So when you talk about misleading and shaving the truth, there is an example, and there is a section of the bill which will not serve the public interest.

Let's take a look at what exactly Bill 11 does. Bill 11 allows doctors to sell enhanced services and products, some of which are now available to Albertans without any extra charge. No other province has a law which provides for so-called up-selling. Not one other province will allow this up-selling to patients who are receiving a medically necessary procedure.

Bill 11 allows for queue-jumping. By excluding diagnostic procedures such as MRI scans from the law, people who have the money can buy a diagnostic image and then get to the front of the surgery line. Bill 11 will reduce capacity in public hospitals. There are a limited number of surgeons in Alberta. We already don't have enough doctors in some specialty areas. Having some doctors work in private clinics splits resources, not adds to them. Not only will

this add overhead costs to the system, but it will increase the downtime for doctors, because they're going to have to do more traveling, more marketing, and more accounting. They're going to have to do more paperwork, and they're going to have to spend more time competing for business. Fewer doctors doing work in public hospitals means longer waiting lists, not shorter.

Mr. Speaker, Bill 11 puts the minister of health above the law. Section 23 makes it impossible to seek a legal remedy if anyone suffers as a result of how this government policy is implemented. This amounts to a provincial notwithstanding clause that limits the legal rights of Albertans, not a surprise from a government that wanted to limit the legal rights of those who were forcibly sterilized.

Now, Mr. Speaker, let's look at some of the definitions. I don't know about you and I don't know about your constituents, but where I come from, if my doctor sends me to a place where I'm going to be put under anesthetic, laid out on a stretcher, have my body cut open, be fed through a tube, be stitched back up, and then be supervised by doctors and nurses around the clock to check on my healing – where I come from that's called a hospital. It's not called anything else. An approved surgical facility is a hospital. The government has been playing games with definitions for quite a while. Remember when our downsized hospitals became health centres?

Governments use words quite on purpose. Words can illuminate or they can obscure. Defining something by what it isn't or by what you don't want people to think it is is misleading and intellectually dishonest. A government shouldn't do that. A government should tell the truth, the whole truth all the time. A government that tells a half-truth is a government that lies. I want my government to tell the truth, Mr. Speaker. Yes, it is my government. I may not be part of it, but I am an Albertan, and I don't want my government to lie to me.

Mr. Speaker, private surgical centres, these approved facilities, these private hospitals that the government would have set up under Bill 11, to be efficient must have profit as their number one goal. Their investors and their bankers wouldn't have it any other way. Private surgical centres will have to pay property taxes, GST, business tax, all kinds of other overhead and infrastructure costs, extra administrative costs, bill collecting, et cetera, and on top of all that they're going to have to provide a profit. Public hospitals don't have any of these expenses. All of the extra costs will be passed along to the taxpayer because they will be included in the contract negotiated with regional health authorities.

Now, we've heard from the Premier on down and every supporter of this bill that all these costs are going to be borne within the public system. What that really means is that all these extra costs, which the health care system does not have to bear today, are going to be paid for with tax dollars, taking money away from the provision of patient care. It is malicious misinformation to claim that Albertans will not have to pay extra for private clinics. They may not have to take a dollar out of their wallets at the clinic, but they will have already contributed their tax dollars to support private enterprise in the form of these private hospitals.

Mr. Speaker, the government will face many extra costs as a result of these contracts. Somebody has to pay the bureaucrats whose job it will be to negotiate and monitor the private contracts. Bill 11 calls for policing and enforcement of violations of contract and other legal conditions. This will require new government spending. There will be increased audit costs for the regional health authorities, and the Auditor General has already raised concerns about sloppy and inadequate bookkeeping for over half a billion dollars worth, that's $500 million, of contracts between the RHAs and private suppliers. If you take a look at the United States, if you take a look at the United Kingdom, if you take a look at Australia, what you see are all kinds of law enforcement and criminal justice costs that have escalated because of prosecutions to do with fraud in private health care. Why would we want to import that experience into Alberta?

All the increased costs incurred by private operators and by the government will be paid for with tax dollars, the sweat-soaked loonies that the former Provincial Treasurer loves to talk about. This means less money being spent on patient care.

9:50

While we're talking about less money being spent on patient care, let me just set the record straight. When the Leader of the Official Opposition put on the record the fact that hospital spending decreased by 30 percent by this government, she was quoting a paper that was tabled in this Assembly, that I would have thought the Minister of Health and Wellness would have taken the time to read. It's a paper called Private Highway, One-Way Street: the Deklein and Fall of Canadian Medicare? by Evans, Barer, Lewis, Rachlis and Stoddart. It says, "Alberta cut provincial hospital spending by 30% between 1992 and 1995." So if he wants to call the Leader of the Official Opposition a liar, then he's calling these well-respected academics liars as well, Mr. Speaker.

Not only that. Earlier today in the Assembly the Leader of the Official Opposition tabled statistics compiled by a national recording organization, based on numbers provided by that minister's department, which pegged the same hospital spending cut at 27 percent. So is he now doubting his own staff in his own department who supplied those numbers, Mr. Speaker? I think not. If he has the courage, I will leave my space and he can stand and apologize. But I don't think he'll do that.

While we're talking about misinformation, let's take a look at what this government is saying that is wrong about the federal government role. The federal government contributes $2.4 billion to this province through tax points in the Canada health and social transfer. This province as well as other provinces went to the table and said: give us block funding; remove some of the strings. This Premier praised block funding. What block funding means is that the money comes in a lump sum. They can spend it as they choose. If they choose not to spend it on health care, then they can't say that the federal government isn't carrying its weight. It's a provincial government choice, and they've got to be accountable for it. It's not the federal government that cut hospital spending by 30 percent. It's this provincial government that did it.

It's not the federal government that said: please, take away some tax room. It's this government in 1997 that with other provincial governments went to the federal table and said: please, give us more tax collection room; modify that 50 percent contribution. So how can members of this government now stand up and complain that the federal government did exactly as they asked them to do? It is dishonest to make that kind of argument. The federal government right now contributes far in excess of the 13 cents on the dollar that they claim it does. They know that it's misleading, and they should stop telling those kinds of stories.

Now, the biggest problem with the money argument is that if this is all about money, Mr. Speaker, then why does the government's own Bill 11 information web site say it's not about money? Why does the government's own Bill 11 web site say that private clinics will not cost the system less money and that that's not the purpose of these private contracts? Why would it say that? Why would this government make the argument that it's all about money and it's the federal government's fault and they should give us more money, when they're saying that it's not about money? They can't have it both ways.

Now, let's take a look at this notion about competition and the role of doctors and doctors' offices. Competition works well within a defined market with the characteristics of supply and demand, informed consumers, and minimal regulation. That's the best market model. Let's see if that applies to health care, Mr. Speaker. Health care is characterized by nearly insatiable demand, huge variations in supply, consumer choices most often driven by need and made based upon circumstance, not necessarily careful comparison shopping and not research. Many, many layers of regulation and accountability quite properly exist within health care. Hardly that perfect model of competition.

Now, doctors operate businesses, but they are all paid the same for similar work, receive income from a single government payer, and they do not have to worry about collecting their bad debts. Hardly the model of private enterprise, Mr. Speaker. Scarcity of doctors does not necessarily drive up costs or produce more profit. Doctors earn a living from the practice of medicine, but nondoctors are prohibited from doing so. Private investors cannot control or own medical clinics because the profit motive would conflict with clinical judgment and decision-making. As one observer, Christopher Levant, has said, medicine is about mercy, not money.

Mr. Speaker, now let's take a quick look at some of these arguments, these curious arguments, about other jurisdictions. The Shouldice clinic has come up. The Shouldice clinic in Toronto has been operating since the 1940s. It pioneered one type of surgical procedure to correct hernias. It operates on a private, not-for-profit basis, and it charges the Ontario government a legislated 6 percent surcharge on top of professional fees.

It still only provides one type of surgery, and it cherry-picks its patients. If you are obese, diabetic, have high blood pressure, or present in any way a complicated medical profile, you will not be treated at the Shouldice clinic. The procedure used at the Shouldice clinic is no longer unique, and there is no appreciable waiting list for hernias in the province of Alberta. This is not about the Shouldice clinic, Mr. Speaker.

Now, the Cambie clinic in Vancouver is another example that has been trotted out. The Cambie clinic in Vancouver provides a variety of surgical services, including some which require overnight stays, but none of them medically necessary, according to the clinic. However, it operates entirely outside of the public system. It does not receive one single penny of public money from medicare. Not one. It's outside. The legislation in British Columbia prohibits private insurance coverage for benefits for eligible residents. It also prohibits practitioners or facilities from charging fees beyond those in the fee schedule for insured services. The ministry officials in B.C. consistently indicate that there are no private hospitals in British Columbia, even though this government and this Premier would have us believe that their legislation would allow them.

Now, let's take a look at Saskatchewan. In Saskatchewan facilities that provide insured diagnostic or therapeutic medical procedures other than facilities operated by the minister, a health district, or an affiliate are covered under the Saskatchewan Health Facilities Licencing Act. They are prohibited from charging a facility fee, they are required to follow stringent standards, and they are subject to public inspection at all times. Most importantly, no funding is provided by either Saskatchewan health or the health districts for facility fees. Not a single penny. No facilities have been licensed yet under this act, and the act regulates only the provision of insured services. If the Minister of Health doubts that, maybe he should hire some better researchers in his department or at least some better briefers in his own ministerial department, because these are the facts, Mr. Speaker.

Now, Manitoba. The Manitoba government passed changes to the Health Services Insurance Act to prohibit private clinics and surgical facilities from charging extra fees to their patients. To prohibit, not to allow, Mr. Speaker. In Manitoba the new surgical facilities regulation was created under the Health Services Insurance Act. The regulation declares insured medical and related services provided by any facility that provides endoscopic, ophthalmological, or orthopaedic procedures outside of a hospital. They are only for outpatient services. That means day surgery. That means no overnight stays. A huge difference between what this government is trying to impose on Albertans, a huge difference.

Mr. Speaker, there are some other areas of misinformation that I think need to be cleared up here tonight. Let me talk in my closing couple of minutes here about what this government has done and not done to provide some balance to the debate in health care.

Recently the Member for St. Albert was at a public meeting in St. Albert, and at that public meeting in defending Bill 11 that member used the example of the craniofacial reconstruction program at the Misericordia hospital, called COMPRU, as an example of a private clinic operating within the public system. I cannot tell you just how absurd that assertion is. COMPRU is an outstanding example of public innovation within the public system paid for by public dollars. That's what COMPRU is. It has nothing to do with private care. When the chairman of the board of the Caritas group pulled the member aside and corrected her misapprehension about COMPRU, did she take the opportunity to correct the public record? No, she did not. That's the kind of misinformation that members of the government's so-called truth squads are spreading about health care in the province of Alberta and the role of Bill 11.

10:00

Now, I was recently down in Calgary, and I was visiting the constituency of Calgary-Glenmore. I believe the MLA from Glenmore is another one of the captains of the truth squads. As I was driving through the constituency, I came across a portable sign. The sign said: public information meeting on Bill 11; phone to register. Do you know what? I phoned, and I was told, "You know, these meetings are really just for residents of the constituency." I said, "Well, I was under the impression that this member was appointed by the Premier to be on his health information panels, or what he called truth squads, so as a member of just the concerned public shouldn't I be able to go?" "Well, you know, why don't you go back and contact the minister's office?"

Then I happened to get a copy of an e-mail that was sent to a constituent of mine from the Member for Edmonton-Mill Creek, who is the junior Minister of Health and Wellness. Now, my constituent wanted that member to provide some answers to specific questions about Bill 11 and his role in the government creation of this policy. Do you know what he was told in that e-mail message that he got back? My constituent was informed that even though this truth squad captain, junior minister of health, member of the Executive Council of government, whose job it is to defend public policy, even though that's his role, he was told: sorry; my office is way too busy to answer those questions; please redirect your inquiries back to the senior minister of health or to the Premier's office.

So here we have these members of the truth squad, Mr. Speaker, who don't even want to answer questions.

**Speaker's Ruling**
**Reflections on Members**

THE DEPUTY SPEAKER: The chair would express disappointment that some speakers in the last little while have gone to personality

attacks and not entirely to the bill itself in their speech, and I think that's unfortunate. If we could get off the personalities of the individuals involved and get into the issues, that would be more helpful.

The hon. Member for St. Albert.

MRS. O'NEILL: Mr. Speaker, in light of the hour I would move adjournment of the debate for this evening.

[Motion to adjourn debate carried]

[At 10:03 p.m. the Assembly adjourned to Thursday at 1:30 p.m.]