

Legislative Assembly of Alberta

Title: **Thursday, April 6, 2000**

1:30 p.m.

Date: 00/04/06

[The Speaker in the chair]

head: Prayers

THE SPEAKER: Hon. members, welcome.

Let us pray. Our divine Father, as we conclude for this week our work in this Assembly, we renew our thanks and ask that we may continue our work under Your guidance. Amen.

Please be seated.

head: Statement by the Speaker

Decorum

THE SPEAKER: Hon. members, before I call on the first member for a petition, I'm going to appeal to all hon. members again today to try and dig down and exercise the greatest form of decorum that we possibly can in this House.

In reviewing the *Hansards* of the last several days, I noticed that on Tuesday night, when we sat for some 3 hours and 20 minutes, there was not one interjection required by the chair. In reviewing the *Hansard* last night, when the House sat beyond 10 o'clock, there were 19 required interjections by the chair.

We know what the rules are. We know what decorum is. We know what the word inflammatory means. We know what the utilization of intent and motive is. Today I'm appealing to all members to exercise the greatest degree of decorum with respect to this. I am, however, prepared to interject as and if required. The last thing in the world that I would want to see is today's question period being referred to as Mr. Speaker's interjection period, so I'm appealing to you for your co-operation.

The hon. Member for St. Albert.

head: Presenting Petitions

MRS. O'NEILL: Thank you, Mr. Speaker. It's my pleasure today to table in the Legislature a petition signed by, again, a number of young Albertans who are in favour of Bill 11.

THE SPEAKER: The hon. Member for Lac La Biche-St. Paul.

MR. LANGEVIN: Thank you, Mr. Speaker. It is my pleasure today to table a petition from people from the communities of Plamondon and Lac La Biche. They're urging the government "to pass a Bill banning . . . for-profit hospitals in Alberta."

Thank you.

THE SPEAKER: The hon. Member for Redwater.

MR. BRODA: Thank you, Mr. Speaker. It's my pleasure to rise today and present a petition signed by residents of Alberta supporting Bill 11.

Thank you, sir.

THE SPEAKER: The hon. Member for Edmonton-Manning.

MR. GIBBONS: Thank you, Mr. Speaker. I have a petition supporting public health care in Alberta urging "the government to stop promoting private health care and undermining public health care." This is on behalf of 252 residents.

THE SPEAKER: The hon. Member for Edmonton-Ellerslie.

MS CARLSON: Thank you, Mr. Speaker. Two hundred and fifty-four people from Edmonton and the surrounding area have put forward a petition urging the government of Alberta "to stop promoting private health care and undermining public health care" in this province.

THE SPEAKER: The hon. Member for Edmonton-Glengarry.

MR. BONNER: Thank you, Mr. Speaker. I have a petition signed by 408 Albertans from Edmonton, Sherwood Park, Gibbons, St. Albert, Redwater, Leduc, Spruce Grove, and Fort Saskatchewan. They are urging "the government of Alberta to stop promoting private health care and undermining public health care."

Thank you.

THE SPEAKER: The hon. Member for Edmonton-Strathcona.

DR. PANNU: Thank you, Mr. Speaker. I rise to present a petition signed by another 302 Albertans from Beaumont, Bonnyville, Jasper, Edmonton, Provost, and Willingdon. They are requesting the Legislative Assembly of Alberta "to pass a Bill banning private for-profit hospitals in Alberta so that the integrity of the public, universal health care system may be maintained." This brings the total number of people signing this petition to close to 11,000.

Thank you, Mr. Speaker.

head: Reading and Receiving Petitions

THE SPEAKER: The hon. Member for Edmonton-Glengarry.

MR. BONNER: Thank you very much, Mr. Speaker. I would ask now that the petition I tabled on the floor of the Legislature be now read and received.

Thank you.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government of Alberta to stop promoting private health care and undermining public health care.

MR. WHITE: Mr. Speaker, I too rise to ask that the petition I tabled yesterday in support of public health care be now read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

THE SPEAKER: The hon. Member for Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Thank you very much, Mr. Speaker. I would ask that the petition I presented regarding the undermining of public health care in this province be now read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

THE SPEAKER: The hon. Member for Edmonton-Gold Bar.

MR. MacDONALD: Thank you, Mr. Speaker. I wish that the petition I presented to the Assembly on Wednesday, April 5 from 325 Edmonton and area residents requesting that the promotion of private health care and the undermining of public health care be stopped be now read and received.

Thank you.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the Government of Alberta to stop promoting private healthcare and undermining public healthcare.

MR. GIBBONS: Mr. Speaker, I'd like the petition with respect to public health care that I presented yesterday to be now read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government to stop promoting private health care and undermining public health care.

THE SPEAKER: The hon. Member for Edmonton-Riverview.

MRS. SLOAN: Thank you, Mr. Speaker. I am pleased today to rise and ask that the petition I tabled yesterday in support of public health care be now read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government of Alberta to stop promoting private health care and undermining public health care.

THE SPEAKER: The hon. Member for Edmonton-Glenora.

MR. SAPERS: Thank you, Mr. Speaker. With your permission I request that the petition which I tabled in this Assembly yesterday urging the government to stop undermining our public health care system now be read and received.

THE CLERK:

We the undersigned citizens of Alberta petition the Legislative Assembly to urge the government of Alberta to stop promoting private health care and undermining public health care.

THE SPEAKER: The hon. Member for Edmonton-Strathcona.

DR. PANNU: Thank you, Mr. Speaker. I request that the petition I presented yesterday be now read and received.

THE CLERK:

We the undersigned residents of the province of Alberta hereby petition the Legislative Assembly of Alberta to pass a Bill banning private for-profit hospitals in Alberta so that the integrity of the public, universal health care system may be maintained.

THE SPEAKER: The hon. Member for St. Albert.

MRS. O'NEILL: Thank you, Mr. Speaker. I ask that the petitions that I tabled in the Legislature on Tuesday, April 4 and Wednesday, April 5 be now read and received.

THE CLERK:

We the undersigned residents of Alberta petition the Legislative Assembly of Alberta to urge the Government of Alberta to provide respective Regional Health Authorities with the flexibility necessary

to provide the delivery of publicly funded, publicly administered overnight surgical services cost-effectively and efficiently through the contracting-out of such services if deemed necessary.

We the undersigned residents of Alberta petition the Legislative Assembly of Alberta to urge the Government of Alberta to provide respective Regional Health Authorities with the flexibility necessary to provide the delivery of publicly funded, publicly administered overnight surgical services cost-effectively and efficiently through the contracting-out of such services if deemed necessary.

head: Notices of Motions

THE SPEAKER: The hon. Member for Edmonton-Strathcona on a Standing Order 40 application.

DR. PANNU: Thank you, Mr. Speaker. As you said, pursuant to Standing Order 40 I wish to inform you and my colleagues in the Assembly that today, Thursday, April 6, 2000, I will move to adjourn the ordinary business of the Assembly to deal with the following matter of urgent and pressing necessity.

Be it resolved that the Legislative Assembly urge the government to respect the right of journalists to freely join trade unions and to condemn any infringement of this basic human right.

Thank you, Mr. Speaker.

head: Tabling Returns and Reports

MS EVANS: Mr. Speaker, it's my pleasure today to table eight copies of the responses of the Ministry of Children's Services to the questions from the designated subcommittee of supply.

Thank you.

MR. JONSON: Mr. Speaker, first of all, I would wish to table on behalf of the minister of federal and intergovernmental affairs copies of a letter sent to the Hon. Allan Rock, federal Minister of Health, regarding Bill 11 and its NAFTA implications.

Secondly, Mr. Speaker, I would like to table with the Assembly five copies of a current interprovincial listing of private surgical facilities across Canada.

1:40

THE SPEAKER: The hon. Minister of Human Resources and Employment.

MR. DUNFORD: Thank you, Mr. Speaker. I'd like to table the answers to the questions from the designated supply subcommittee meeting of March 13, 2000.

THE SPEAKER: The hon. Member for Calgary-Bow.

MRS. LAING: Thank you, Mr. Speaker. I'm very pleased today to table with the Assembly five copies of the Declaration of Arbroath, which is in recognition of Tartan Day.

Thank you.

THE SPEAKER: The hon. Minister of Infrastructure.

MR. STELMACH: Mr. Speaker, I'm pleased to table seven copies of the response to Written Question 10 that was passed yesterday in the House.

Thank you.

THE SPEAKER: The hon. Member for Edmonton-Meadowlark.

MS LEBOVICI: Thank you, Mr. Speaker. I have two tablings this

afternoon. The first is a report by Steven Shrybman, an international trade lawyer, entitled *Alberta NAFTA Opinion Says a Lot of Nothing*.

The second is a letter from Dr. Walley Temple from the University of Calgary, Faculty of Medicine, departments of oncology and surgery, asking that Bill 11 be eliminated.

Thank you.

THE SPEAKER: The hon. Member for Edmonton-Strathcona.

DR. PANNU: Thank you, Mr. Speaker. I have several tablings today. The first one is the requisite copies of a report in the *Edmonton Journal* today, April 6, 2000, with the headline *Klein Critical of Journalists' Labour Disputes*.

The second tabling is a press release and a NAFTA related legal opinion which says: *Alberta NAFTA Opinion Says a Lot of . . .*

THE SPEAKER: Fine. You've given the title. It's tabled.

The hon. Member for Edmonton-Ellerslie.

MS CARLSON: Thank you, Mr. Speaker. I have three tablings today. They are from Jeffrey Anthony of Canmore, Dave Sutherland of Lac des Arcs, and also from Jill Briscoe. They are all to the Premier in opposition to the Genesis development in Kananaskis.

THE SPEAKER: The hon. Member for Edmonton-Mill Woods.

DR. MASSEY: Thank you, Mr. Speaker. With permission I would table five copies of *Must Be Tough*, one of three postcards protesting tuition charges distributed by students from the University of Calgary for forwarding to the Minister of Learning.

THE SPEAKER: The hon. Member for Edmonton-Centre.

MS BLAKEMAN: Thank you, Mr. Speaker. I would like to table five copies of a resolution passed by the Alberta Public Health Association in favour of women's organizations and women's health policy.

THE SPEAKER: The hon. Member for Edmonton-Gold Bar.

MR. MacDONALD: Thank you, Mr. Speaker. Today I would like to table for the benefit of the House a letter on behalf of a constituent, Therese Beaudoin. She has a great deal of concern about Bill 11.

Thank you.

THE SPEAKER: The hon. Member for Edmonton-Glenora.

MR. SAPERS: Thank you, Mr. Speaker. I have three tablings this afternoon for the Assembly. The first is an analysis of the government's pension plan prepared by Mr. Ken Smith, which points out a discrepancy between the 2 percent promised return and the 1.4 percent actual return on that pension plan.

The second tabling is actually a package of correspondence. One is an e-mail from a constituent; the other two documents are an exchange of letters between myself and the Minister of Justice regarding the Young Offenders Centre visitation policy. The package clears up a misunderstanding.

The last tabling is a facsimile copy of a letter received by the department of economic development and tourism on May 19, 1994. The correspondence is from Mr. Nader Ghermezian, and it relates to private-sector refinancing of West Edmonton Mall.

THE SPEAKER: The hon. Member for Calgary-Buffalo.

MR. DICKSON: Thank you, Mr. Speaker. I'm tabling one document. It's a Treasury document that shows a 17.5 percent decrease in health expenditures from '92-93 to '95-96.

Thank you.

THE SPEAKER: The hon. Member for Edmonton-Riverview.

MRS. SLOAN: Thank you, Mr. Speaker. I have two tablings today. The first is a letter which I wrote to the provincial Ombudsman in January of this year asking him to investigate the inaccessibility of our public health care system.

The second tabling is five copies. It's about an upcoming rally that is scheduled to demonstrate citizens' opposition to Bill 11. The rally is being held both here in Edmonton and in Calgary.

THE SPEAKER: Okay. Hon. member, please sit down.

head: Introduction of Guests

THE SPEAKER: The hon. Minister of Gaming.

MR. SMITH: Thank you, Mr. Speaker. It gives me great pleasure today to rise and talk about my favourite town – I think actually named after a Scottish deer by the name of Red Deer – and to recognize three individuals from that town who were from Joffre. They are actually seated in your gallery, Mr. Speaker, and if you'll notice, the female side looks suspiciously like one of our members, that member being the Member for Calgary-Lougheed. The father, Mr. Don Graham, has had the confidence to be in your gallery and wear a kilt, which I think is an amazing feat. It gives me great pleasure to ask Don Graham, Colleen Graham, and Audrey Graham Thievin to please rise and receive the formal and warm welcome of this Assembly on this important Tartan Day, recognizing that Mr. Graham is adorned in the clan Graham tartan.

THE SPEAKER: The hon. Minister of Environment.

MR. MAR: Thank you, Mr. Speaker. I wish to introduce to you and through you to members of the Assembly a man who sits in the members' gallery. He's a proud father. He is the father of the hon. Member for Livingstone-Macleod. I'd like to ask Mr. Jim Coutts to please rise and receive the warm welcome of this Assembly.

THE SPEAKER: The hon. Member for Little Bow.

MR. McFARLAND: Thank you, Mr. Speaker. A couple of months ago I had the pleasure to visit with the next group that I'd like to introduce to you and through you to members of the Assembly. It's rather a distinction, I think, that for nine straight years Vauxhall elementary has taken part of their social studies course to come up to visit with us from some distance away. Today there are 34 students, three teachers, and seven parents. I'd like to introduce to each and every one of you here parent helpers Mrs. Glenna Pepneck, Mrs. Paula Olfert, Mrs. Paula Dumonceau, Mrs. Joanne Farnsworth, Mrs. Sue Skidmore, Mr. Dean Egeland, Mr. Richard Pepneck; the 34 students; teachers Mrs. Lori-Jo Plotzki, Mr. Terry Olfert, who's been here nearly every one of the trips, if I'm not mistaken, and last but not least – and he's not from Barrhead – the newest teacher on staff, Mr. Chris Ward, who hails from Scotland, joined the British army, was shot accidentally on manoeuvres in Suffield, was recovering in the Medicine Hat regional hospital when he met his Florence

Nightingale who became his wife, Jane. He had a change of careers. Chris studied at the U of L and just recently took on a job at Vauxhall elementary. I would like all my guests to stand up and receive the warm traditional welcome of this Assembly.

THE SPEAKER: The hon. Member for Bonnyville-Cold Lake.

MR. DUCHARME: Thank you, Mr. Speaker. It gives me great pleasure to introduce to you and through you to all members of the Assembly 53 bright, energetic H.E. Bourgoin school students from Bonnyville. They are accompanied by teachers Mrs. Kelly Trepanier, Miss Rhonda Castle, Mrs. Linda Orr, Miss Dara Green, and parent helpers Mr. Lydon Harley, Mr. Phil Kushnir, Mr. Roger Turcotte, Mrs. Carrie Scott, Mrs. Susan Smith, Mrs. Myra Layton, Mr. Daryl Luchynski, Mrs. Shelly Hutchison, Mrs. Patricia Michaud, Mrs. Kim Sydora, Miss Susan McLean, and Mrs. Heather Jankauskas. They are seated in the members' and the public galleries. I ask that they now rise and receive the traditional warm welcome of this Legislature.

THE SPEAKER: The hon. Associate Minister of Aboriginal Affairs.

MS CALAHASEN: Thank you, Mr. Speaker. It gives me great pleasure today to introduce to you and to Members of the Legislative Assembly five wonderful people who have come all the way from High Prairie. Four of these go to school at St. Andrew's school and are in grade 10, and they are accompanied by their teacher, Mr. Chris Bouyea. The students are Ernest Patenaude, Harlen Patenaude, Jerry Caudron, and Quentin Bellrose. They are seated in the members' gallery. I ask that they rise and receive the warm welcome of the Assembly.

THE SPEAKER: The hon. Member for Edmonton-Rutherford.

MR. WICKMAN: Thank you, Mr. Speaker. It's my privilege to introduce two individuals in the public gallery. Susan Thompson works in my constituency office and has been there from day one 11 years ago. She's accompanied by a young fellow from Thunder Bay, Ontario, the home of Bobby Curtola, Paul Schaefer, and Myrna Lorrie. If Rob Corbett and Susan Thompson would stand and receive the warm welcome of the House.

1:50

THE SPEAKER: The hon. Member for Edmonton-Mill Woods.

DR. MASSEY: Thank you, Mr. Speaker. It's my pleasure to introduce to you and through you to members of the Assembly the executive members from the students' union at the University of Calgary, the past year's executive: Rob South, Heather Clitheroe, Nassr Awada, Jared Lorenz, Amanda Affonso. They are accompanied by next year's group: President Toby White, Mark Hoekstra, Duncan Wojtaszek, Alix D'Archangelo, Matt Lauzon. They are either in the gallery or will be in for question period, so I would request that they receive the traditional welcome of the Assembly.

head: Oral Question Period

THE SPEAKER: First main opposition question. The hon. Member for Edmonton-Ellerslie.

Private Health Insurance

MS CARLSON: Thank you, Mr. Speaker. All of my questions today are to the Acting Premier. On March 15, 1994, the Acting Premier told this Assembly:

There isn't a government operation, a government business, a

Crown corporation that is as efficient as the private sector, and indeed they're 20 to 40 percent less efficient.

Given that 159 private insurance companies are now registered with this government to underwrite sickness, or health insurance, is this a signal that his government intends to gradually replace Alberta health insurance with private insurance because of his government's philosophy that the private sector is always more efficient?

THE SPEAKER: The hon. acting leader of the government.

DR. WEST: It's going to be quite an act, Mr. Speaker.

I would say that that was a question that was directed towards health, and I would ask the minister of health to perhaps respond to that.

MR. JONSON: Mr. Speaker, the answer is no.

MS CARLSON: Once again, Mr. Speaker, to the Acting Premier, who should be able to answer these questions: given that just a few years ago almost no health insurance was offered in Alberta, why is there a sudden proliferation of private insurers advertising that their insurance bridges the gaps in the Alberta health care plan? Isn't it because Alberta health care insurance is no longer adequate for people in this province?

DR. WEST: I will keep referring it to the minister of health. This is a tactic that they always use. They go to our leader when they should be addressing the minister responsible for these areas. I'm sure that the minister of health will answer this one.

MR. JONSON: Mr. Speaker, I think it should be noted and emphasized that Alberta provides coverage for health care services to its population directly through the health budget and through the various other provisions that we have; for instance, for chiropractors and for providing physiotherapy. We provide a very wide range of coverage out of the taxpayers' pool of money that is available to us. We're right there at the top as far other provinces are concerned.

As far as the reference to the taking out of private insurance, this is an individual Albertan's decision. I think it is probably an indication that many Albertans plan to travel. They want to have coverage in other locations, Mr. Speaker. They want to have insurance coverage for a wider and wider range of optional treatments. That is, I think, a sign of the strength of the economy and the vitality of the economy and the travel that takes place in our society.

I would like to repeat that as a government the government of Alberta provides the widest range of coverage for services in this country.

MS CARLSON: My final question is once again to the Acting Premier, who is the person who made the quote. Given that insurers only enter a market when there is a demand for their insurance and an opportunity for profit, will the minister confirm that his government's delisting of medical services creates the demand for private health insurance in this province?

DR. WEST: Mr. Speaker, no, it does not.

THE SPEAKER: Second Official Opposition main question. The hon. Member for Edmonton-Riverview.

MRS. SLOAN: Mr. Speaker, when the Trans Global Insurance Company approached this Assembly through private health lobbyist Gerald Chipeur in 1997, the Official Opposition proposed an

amendment to Bill Pr. 3 to ensure that this insurance company would not offer private health insurance. Here we are two years later, and the Alberta Treasury now lists Trans Global Insurance as being listed to offer accident and sickness insurance. To the Acting Premier: given that the government's majority rejected our amendment in 1997, will the Acting Treasurer confirm that it was their intent all along to allow Trans Global to offer sickness insurance?

MR. SMITH: Acting leader, Acting Treasurer. Holy smokes.

DR. WEST: I don't know what I'm doing now, Mr. Speaker.

At any rate, this is another health issue, and the minister of health will answer.

MR. JONSON: Well, Mr. Speaker, I'm assuming that this particular company met the criteria for offering accident insurance and life insurance and so forth. That is a process, as I understand it, that a proposal for a private insurance company can go through to meet the legal requirements to provide that extra type of insurance. It has absolutely nothing to do with Alberta Health and Wellness in terms of the priority that we place on a wide range of quality health care services in this province. I think it is demonstrated in our business plan, our budget, and the comparisons with other provinces that we are leaders in terms of providing coverage to Albertans.

MRS. SLOAN: Mr. Speaker, given that government members promised that this company would not offer sickness insurance, yet two years later the company is offering exactly that, why should Albertans trust any of this government's promises about health care?

MR. JONSON: Well, Mr. Speaker, I can assure you that I didn't promise Trans Global or whatever it is anything with respect to their coverage or any relationship with the health care system. It's obviously an insurance company. It obviously went through the regulatory approval process.

Mr. Speaker, what we're interested in in Alberta Health and Wellness and in the government is quality health care services and treatments for Albertans in this province, and our commitment is well demonstrated in our budget documents and in our business plan.

MRS. SLOAN: Mr. Speaker, will the Acting Premier or acting health care minister confirm that this government's plan will lead in just a few short years to ads like this one in New Zealand that reads, "This is a \$12,000 hip replacement operation [and] it's yours from \$21.34 [per] month." Isn't that the real agenda that's at work in this province?

2:00

MR. JONSON: Mr. Speaker, the trend that we have in terms of our provision of health care services is that of providing higher quality services, more services than before. We can take, for instance, the whole area of transplant surgery or angioplasty, where we're providing thousands more treatments in those areas than we did years ago. That's where our priority is.

With respect to an activity of a particular insurance company, Mr. Speaker, this is really a stretch in terms of trying to link it to some policy of Health and Wellness.

THE SPEAKER: Third Official Opposition main question. The hon. Member for Edmonton-Meadowlark.

Private Health Services

MS LEIBOVICI: Thank you, Mr. Speaker. Proposed changes to the

government's health care policy could open the province to foreign health care providers. Steve Shrybman, an international trade lawyer, says, "The province's [most recent] legal opinion is a house of cards perched on a foundation that's shaky at best." My questions are to the Minister of Health and Wellness. Given that several U.S. investors have already invoked expropriation procedures under NAFTA to challenge Canadian measures, what guarantees can the minister give that the government's proposed private health care policies will not open the door to any further challenges?

Speaker's Ruling Legal Opinions

THE SPEAKER: Hon. minister, please. *Beauchesne* section 408 says that "such questions should . . . not require an answer involving a legal opinion." If there's a legal opinion requested in here, it does not have to be responded to.

Private Health Services (continued)

MS LEIBOVICI: Well, I guess the minister isn't prepared to give any guarantees.

THE SPEAKER: Hon. member, please sit down. That is incorrect. The chair ruled the question out of order. The chair ruled on it. Look at the response.

You have the floor, hon. Member for Edmonton-Meadowlark. Please proceed.

MS LEIBOVICI: As this is not a legal opinion that I'm asking of the minister, what I'd like to know is: as even the lawyers commissioned by the government have indicated that the provision of annex 2 may not necessarily apply to the government's new health care policy, what assurance can the minister give that Alberta will not be forced to allow U.S. and Mexican companies the same access as Canadian providers of health care services? That's not a legal opinion.

MR. JONSON: Mr. Speaker, first of all, that basic question has been posed several times before in this Assembly during recent weeks. There have been thorough answers given in the Assembly by the Hon. Shirley McClellan, the minister of federal and intergovernmental affairs.

Mr. Speaker, the point here is that we have consulted lawyers. We have contacted the federal government. We have determined that the provisions of Bill 11 are within the rules of NAFTA, and we have the ability to control and protect our health care system.

MS LEIBOVICI: Thank you, Mr. Speaker. Well, in your role as minister can you give Albertans a hundred percent guarantee that foreign health care providers will not be allowed in under NAFTA? Yes or no. Are you willing to do that as minister?

MR. JONSON: We have taken the responsible steps and acted responsibly with respect to this matter. We have consulted the best legal advice. We have – and I think this is very important, Mr. Speaker – contacted the federal government, whose legislation it is, who's in charge of that legislation. They are responsible for its application. We have had no negative ruling there, so I think we've acted very thoroughly and responsibly with respect to this matter.

THE SPEAKER: Before recognizing the leader of the third party, hon. Minister of Health and Wellness, it's totally inappropriate to

refer to an hon. member by her real name in this Assembly. It's titles only.

MR. JONSON: My apologies.

THE SPEAKER: The leader of the third party.

DR. PANNU: Thank you, Mr. Speaker. Yesterday I delivered to the Premier's office over 4,000 cards from Albertans opposed to private, for-profit hospitals. These continue to come to my office at the rate of at least a hundred a day. Many of these Albertans are supporters of the government who are ready to abandon the government because of its policy of expanding for-profit health care. Today we learned that the Premier yesterday found it necessary to whip his caucus into line to make sure that the government's scheme to legalize private, for-profit hospitals in Alberta has their support. My questions are to the minister of health. Why is the government refusing to listen to some of his own MLAs whose constituents are overwhelmingly opposed to legalizing private, for-profit hospitals?

MR. JONSON: Well, Mr. Speaker, as the government caucus we meet regularly. The views of MLAs are listened to by caucus and the leader, which is the governing party of this province. We discuss things thoroughly, and we make decisions on behalf of the best interests of Albertans.

DR. PANNU: Thank you, Mr. Speaker. My next question is also to the minister of health. Why hasn't the government grasped what individual Albertans, both opposition parties, and some government MLAs seem to understand; that is, that private, for-profit hospitals cost more and deliver less?

MR. JONSON: Mr. Speaker, in terms of the government caucus we made that decision some time ago, and it's reflected in Bill 11, and that is that Bill 11 clearly prohibits the establishment of private hospitals.

DR. PANNU: Mr. Speaker, my final question to the minister. What aspect of the government's for-profit hospital scheme is causing its own backbenchers to oppose the policy: the fact that it will drive up costs or the fact that it will destroy medicare?

MR. JONSON: Mr. Speaker, first of all I reject the contention that is the first part of this question.

As far as the second part of his question, Mr. Speaker, neither.

THE SPEAKER: Hon. members, we have nine additional members who would like to participate today, so let's go quickly.

The hon. Member for Calgary-West.

Children's Services

MS KRYCZKA: Thank you, Mr. Speaker. There are a number of reports and reviews under way in government. Some of these include the government's response to the Children's Forum, the report of the Task Force on Children at Risk, the child welfare caseload review, and the office of the Children's Advocate. My question is to the Minister of Children's Services. How are we going to measure progress in these areas?

MS EVANS: Thank you, Mr. Speaker. Children's Services provides a co-ordinating function for all the partnering ministries from the Alberta children's initiative, and we do share the common vision that

children should be well cared for, safe, successful at learning, and healthy. In terms of our joint accountability we will be responding collectively within the next few weeks on both the children's task force, the Task Force on Children at Risk, as well as on the forum issues, but a report card later, prior to summer, will be released on the state of Alberta's children which will clearly identify the measurements of what we believe are significant for children in Alberta and the status of how they're doing.

Relative to the Children's Advocate review and the caseload review, Mr. Speaker, we intend to follow through with the knowledge we gain on the scope and sequence of the findings and incorporate those into best practices for Alberta so that children are truly well cared for.

MS KRYCZKA: Mr. Speaker, given that the government is not in a position to do it all and has to work in partnership with the private sector and the community, can the same minister tell us what government is doing to ensure that community partners are at the table and participating in a spirit of co-operation?

MS EVANS: Mr. Speaker, we will never forget that the primary partner for the child is the parent, and the primary opportunity for government and other community agencies is to nurture the parent/child relationship wherever possible. Beyond that, through the child and family services authorities partnerships have been enhanced, I believe, with many potential partners. I would use as examples the tutorial with the police in the communities on the FAS/FAE initiative, as well as on family violence and protection, the work that we have been doing with universities and with the university through Dr. Margaret Clarke, particularly through pediatricians in work that will again hopefully improve the results and prevent FAS/FAE.

We have partnerships beyond with other ministries and corporations. Just yesterday, Mr. Speaker, we arranged for a partnership between the University of Alberta and two of the school jurisdictions that have similar interests in early intervention for the care and protection of children.

2:10

MS KRYCZKA: Mr. Speaker, my final question is to the same minister as well. Given that one of the most sensitive and critical issues within the Ministry of Children's Services is the number of children who die while in care of government, can the minister tell us how the ministry is going to report this as a measure of its ability to protect children?

MS EVANS: Mr. Speaker, every death of a child is tragic, and it is particularly tragic when a child in the care of the province through some guardian is obviously dead with explanations sometimes difficult to contemplate. In those cases, a special case review process is in order. This year in the annual report we intend to release the figures on the death of children in care and publish them, probably, for the first time.

If I may, Mr. Speaker, I want to make something very clear. *The Public Manager* periodical in an article in the winter of '98-'99 stated:

For government agencies administering to clients . . . who do not have a . . . freedom of choice . . . [performance] measures may distort an understanding of how these agencies are truly performing.

I would contend that the publishing of figures of death of children or particular trauma related to children does not constitute the most appropriate performance measure. Therefore, I would claim and offer that the Ministry of Children's Services will do over this next year a renewed effort to in fact ensure that the performance measures

successfully and independently acknowledge those children that should be even freer of abuse and neglect, et cetera.

THE SPEAKER: The hon. Member for Edmonton-Manning, followed by the hon. Member for Redwater.

Private Health Services (continued)

MR. GIBBONS: Thank you, Mr. Speaker. A review on government private health care policy from a member of the Health Ethics Centre at the University of Alberta has stated that the government's policy

offers no improvement in services for residents of rural or northern communities. Private, for-profit surgical centres would open only in urban areas with sufficient population to ensure steady patronage and profits.

My questions today are to the Minister of Health and Wellness. Will the minister confirm that the government's private health care policy will result in varying health care between regions to the detriment of rural Alberta?

MR. JONSON: No, Mr. Speaker. I would like to add – and perhaps the hon. member is not aware – that highly specialized procedures with high volumes are now provided mainly in our two major cities and our regional hospitals across the province, although he does allude to the northern part of the province. Certainly there is a regional health authority serving that area in Grande Prairie, also other good hospitals, one with quite a range of services in Peace River. So the government is supporting quality health care in the northern part of this province.

With respect to specialized, high-volume services, Mr. Speaker, I think it is logical that those would in most cases be located in centres of population where you have the efficiencies and the demand.

Certainly across this province, Mr. Speaker, through our air ambulance system, through our overall ambulance system we have a very good transfer capacity, whether it's an emergency or a necessary medical transfer, in terms of reaching northern Alberta and providing good service to it.

MR. GIBBONS: Thank you. Given that the Premier said back on December 12, 1993, that health care could vary between regions, why should Albertans believe this minister when he says that his private health care policies will ensure that rural Albertans receive the same level of treatment as in urban areas?

MR. JONSON: Mr. Speaker, first of all, an overall principle or policy of our approach to health care in this province is that we make the highest quality of health care possible available to every single Albertan. As I said, through our overall transportation system in health as far as emergencies are concerned, in terms of the strategic location of regional hospitals, we provide that service to all Albertans.

There are certain basic practicalities with respect to distance in this province. It's a large and great province with much activity going on from the southern border to the northern border. We place no less priority on the people of High Level getting quality health care service than we do on the people of Edmonton. There are just very practical considerations with respect to travel and the time involved and the concentration of populations that mean that you have to do certain procedures, have certain programs in certain places, Mr. Speaker.

MR. GIBBONS: Is the minister asking Albertans to believe that

private facilities that can make more money setting up in Edmonton and Calgary will choose instead to open up in rural Alberta?

MR. JONSON: Mr. Speaker, quite frankly, I don't think that anybody could understand that question. I certainly didn't.

Thank you.

THE SPEAKER: The hon. Member for Redwater, followed by the hon. Member for Calgary-Buffer.

Health Ministers' Meeting

MR. BRODA: Thank you, Mr. Speaker. Health ministers from across Canada met in Markham, Ontario, last week to discuss their provincial health concerns. To the Minister of Health and Wellness: in your discussions with other health ministers, what was their reaction to Alberta's Health Care Protection Act, Bill 11?

Speaker's Ruling Anticipation

THE SPEAKER: Whoa. Whoa. We've got an anticipation rule, and this afternoon on the agenda we have a debate on Bill 11. Now, we're not talking about health policy. The hon. member is asking for a direct response with respect to a bill on the agenda of the House this afternoon. So I don't think that's going to fly in this question period.

Do you have a supplementary?

Health Ministers' Meeting (continued)

MR. BRODA: Thank you, Mr. Speaker. I apologize for that.

I will ask the health minister: did the health ministers make any progress in their agenda at their meeting with the federal minister, and did the federal minister have any suggestions to ensure the sustainability of the publicly funded health system?

MR. JONSON: Well, Mr. Speaker, I think that progress was certainly made on the part of provincial ministers in that we were unanimous in recommending a request that the federal government restore the money that had been cut from the federal contribution through the CHST, the Canadian health and social transfer. That message was very strongly conveyed to the federal minister; that is that at a very minimum we want that funding restored given the financial health of the federal government, the large surplus that they are running.

Mr. Speaker, we also indicated that in addition to the restoration there should be an escalator clause so that it is adjusted for costs into the future. This was done in the context, when you look back, of medicare originally being supported by the federal government on a 50-50 basis with the provinces. I think that without going through all of the very good arguments that we had, we should realize that now the contribution by the federal government is about 15 percent of health care expenditures across the provinces.

MR. BRODA: Thank you, Mr. Speaker, my final question to the same minister: given that media reports have suggested that some provinces are threatening to deinsure some services currently covered by their provincial health care plans, will Alberta be deinsuring any services?

MR. JONSON: No, Mr. Speaker, there are no plans for deinsuring services.

THE SPEAKER: The hon. Member for Calgary-Buffalo, followed by the hon. Member for Calgary-Currie.

Advanced Education Tuition Fees

MR. DICKSON: Thank you, Mr. Speaker. The government is creating an incredibly complicated patchwork quilt of loans, bursaries, and scholarships and remission to deal with the simple problem of high tuition, and further it's time for this government to acknowledge there's a problem with tuition levels in this province and do something about it. Those aren't my words. Those are the words of students at the University of Calgary who gave the minister such a raucous reception when he attended a senate meeting just a couple of months ago. My question is to the Minister of Learning. Does this minister agree with the students I've quoted and two-thirds of those Calgarians who in a recent survey confirmed that they believe tuition fees are too high in this province?

2:20

DR. OBERG: No, Mr. Speaker.

MR. DICKSON: Given that students dispute the government claim that no student graduates with more than a \$20,000 debt, what specific steps has this minister taken to investigate the student assertions of excessive debt loads?

DR. OBERG: Thank you very much, Mr. Speaker. And thank you to the hon. member for asking me that question. As the hon. member is fully aware, in Budget 2000 there were significant steps taken to ensure that the net debt of students was decreased. We increased the student finance awards through bursaries, through loans, through remissions by 22 percent. Over three years that will be increased by a total of 50 percent. Included in that was a \$3 million new scholarship that will go to students purely as a scholarship.

Mr. Speaker, the other thing that we have done in conjunction with CAUS, which is the university students' association, is to undertake a study to look at accessibility and see exactly if there is the so-called price shock that is stopping university students from coming into university. We certainly want to have every child, to have every student, to have every person in Alberta have the opportunity of going to university. We feel that that is absolutely essential.

MR. DICKSON: Given the government claims of being open and accessible, why has this minister refused to meet with students at the University of Calgary to specifically address their problems and their issues around tuition?

DR. OBERG: Thank you very much, Mr. Speaker. First of all, there were a significant number of students at the university senate about two months ago. I have met with the president of the students' union probably about three or four times in the last three months. As a matter of fact, the president of the students' union, Rob South, was actually in my office on budget day as the budget was coming down. He received a prior briefing just before the budget, which obviously was embargoed.

Mr. Speaker, I'll just go through a previous meeting I had with CAUS, which, as I say, is the association that represents all university students. This was on August 13, 1999. What they did was put forward their concerns about student finance.

If I could go through them, the first was credit checks. CAUS was concerned that the federal loan regulations may have an impact on Alberta students. Mr. Speaker, we looked into that. Needs assessment: the maximum allowable amount that students are permitted to

earn a year without penalty was increased in this budget. The \$1,600 maximum earnings and the \$800 scholarship exemption: that was increased; the \$800 scholarship exemption was doubled to \$1,600.

MRS. SOETAERT: Nothing to do with tuition, Lyle.

DR. OBERG: Mr. Speaker, obviously there is someone over there yelling or yipping or whatever.

The bottom line is that the issue is not tuition; the issue is net debt.

THE SPEAKER: The hon. Member for Calgary-Currie and then I gather it's the hon. Member for Spruce Grove-Sturgeon-St. Albert.

MRS. BURGNER: Mr. Speaker, building on the previous question, not only are the students from the University of Calgary here today expressing their concerns, but I also represent Mount Royal College in my constituency, so the students' concerns are very important to me. My questions are also to the Minister of Learning. The students are questioning the need to freeze tuitions. Will the minister please respond to that request?

DR. OBERG: Mr. Speaker, as the hon. member realizes and knows the whole idea of tuition is a board of governor's decision, and the board of governors at the University of Calgary has decided on a tuition increase. That is certainly within their mandate.

Mr. Speaker, we have mandated that tuitions cannot be more than 30 percent of the expense of the universities. We have also mandated that university tuitions cannot go up more than \$243.50 on average per year.

Mr. Speaker, I'll give you a little bit of an anecdote if I may. At the University of Alberta there was recently a discussion about having differential tuition fees. What this would mean is that some university departments would go up higher in tuition fees and some would actually see a decrease. One of those faculties that would see a decrease was the Faculty of Arts. The students of the Faculty of Arts complained, put forward a huge protest saying that they did not want their tuition fees decreased because it would decrease the value of their degree. I found that extremely interesting.

MRS. BURGNER: Thank you, Mr. Speaker. My first supplemental is to the same minister. Could the minister please respond to students who say that Alberta students pay higher than the national average for their tuition and university costs?

DR. OBERG: Well, Mr. Speaker, I think the answer is reasonably obvious. I think we have excellent universities here. We are probably about the sixth or seventh of the top universities when it comes to tuition. Our average tuition is around \$3,500 or \$3,600, which is very comparable across Canada. The only ones where there are decreases in tuition is British Columbia, where tuition has been frozen for several years.

Interestingly, though, in British Columbia the net debt of students has been rising at a rate that has been a larger proportion than Alberta. In Alberta the net debt of students has actually decreased by \$1,000 over the past year. We see the net debt going down even further in Alberta despite the fact that tuition fees have gone up.

So, Mr. Speaker, I'll reiterate my answer. The whole issue about tuition fees is not tuition; it is net debt.

MRS. BURGNER: Thank you, Mr. Speaker. My final question to the same minister: given that the government is responding to the issue of tuitions by their remission policy, will the minister please comment on the high cost of transferability for students as they move through the system.

DR. OBERG: Yes, certainly, Mr. Speaker. Transferability is probably one of the main issues that I have to deal with on the postsecondary side. We have colleges that are not accredited by universities. We have universities that have differing degrees of transferability between the universities. Quite frankly, we have issues from high school to college, high school to university, university to college, and indeed college to college. The unfortunate part about all this is that it costs the students. When a student has to take two or three statistics courses just to keep his options open, it is a cost to the student.

When I first became minister, the first thing I did was set up a task force with the presidents of universities, and I told them that I wanted the transferability issue stopped, an end put to this transferability issue by September of 2001. They are moving on this, and we're certainly looking at it. This certainly is a priority for this department.

THE SPEAKER: The hon. Member for Edmonton-Calder, followed by the hon. Member for Calgary-Fort.

Private Health Services (continued)

MR. WHITE: Thank you, Mr. Speaker. Albertans, especially citizens with chronic illnesses and seniors, have watched and tried to cope with this government slowly, methodically, systematically delisting medical procedures and health supplies from its Alberta health care and Blue Cross insurance programs. From eye exams to dental work, from vitamins to laxatives, each year the government delists and chips away little by little the public health system in de-insuring services. Each time the province delists these services and products, it increases the demand and creates an even larger market for private health care insurance. My questions are to the minister of health. Before this government goes any further in its privatization policy, will it come clean with Albertans and inform them exactly what procedures and supplies are slated to be deinsured and delisted over the next five years, sir?

MR. JONSON: Well, Mr. Speaker, first of all, we have absolutely no plans to delist coverage for necessary medical services.

I think that buried in the preamble, Mr. Speaker, might be an issue that can be responded to. Let us take the whole area of coverage for drugs or for pharmaceuticals. Part of the process that is gone through there, of course, is that through our expert drug committee, which reviews new products that are approved to come onto the market, they look at the list of proposed new products, and where they find that there's a new product on the market which is more effective, some type of a pharmaceutical product, a pill that is more effective, then they will recommend to us and we will approve the coverage of that new pharmaceutical product and delist the old one, which is not as effective. That's all that goes on there.

MR. WHITE: Mr. Speaker, again to the same minister: will the minister confirm or deny that any further delistings are to occur in the next year at least?

2:30

MR. JONSON: Well, Mr. Speaker, I think we're acting very responsibly, for instance, in the whole area of Aids to Daily Living and the whole area of pharmaceutical products. We want to be focusing our financial resources on paying for the most effective, the most reasonable piece of equipment or pharmaceutical product. So certainly we are going to be approving new products, giving new authorizations to new advanced drugs. When that particular product

replaces or is better in most cases than one that was previously used, yes, we would probably be delisting some of those pharmaceutical products as far as coverage is concerned. They're still on the market if people want to purchase them, but our priority and our funding goes to the newer and better product.

MR. WHITE: Thank you, Mr. Speaker. In that the Acting Treasurer has the superintendent of insurance reporting directly to his office, why would he not respond to the questions about health insurance from the members for Edmonton-Riverview and Edmonton-Ellerslie?

DR. WEST: Mr. Speaker, if the hon. members would like to write me a letter with all their concerns, I'll be happy to pass it on to the superintendent of insurance.

MRS. SLOAN: Read the transcript.

DR. WEST: They asked me if I want to read *Hansard*. Certainly, but I think it's much better if they would personally write it down and put their signature to it so they can be accountable for what they've said.

THE SPEAKER: The hon. Member for Calgary-Fort, followed by the hon. Member for Edmonton-Glenora.

Calgary Herald Strike

MR. CAO: Thank you, Mr. Speaker. Recently I met with constituents who are on the staff of the *Calgary Herald* newspaper. A lot has been said about this government intervening in the dispute at the *Calgary Herald* to end the strike. My question is to the Minister of Human Resources and Employment. Are there any steps that the government can take to establish the first agreement in this dispute?

MR. DUNFORD: Well, first of all, Mr. Speaker, I want to make it very clear that this dispute is really a private matter between the unions and the management of the *Calgary Herald*. Of course, as the minister responsible I have to be very, very careful that I remain neutral. It's my job to ensure that our legislation protects both the unions and the employers. Part of those rights include the right of a worker to engage themselves in a legal strike, and that in fact is what they're doing.

To answer the question specifically, there are no provisions to force the parties to give up their rights to negotiate, and certainly as minister it won't be me that would be using such a heavy-handed method.

MR. CAO: Thank you, Mr. Speaker. My supplementary question is also to the same minister. Is Alberta the only jurisdiction that does not have first agreement legislation?

MR. DUNFORD: Mr. Speaker, Alberta is not alone in this situation. It's my understanding that neither Nova Scotia nor Prince Edward Island would have legislative provisions to impose a first agreement. Most jurisdictions, however – and this would include Alberta – insist that parties bargain in good faith. So any questions that either party might have about the other in terms of their position during the collective bargaining process of course can be handled by the Labour Relations Board.

MR. CAO: Thank you, Mr. Speaker. My last supplementary question is also to the same minister. Are there any provisions in our labour relations legislation that could end this strike?

MR. DUNFORD: Well, yes, the labour relations code does provide that a government could declare an emergency and impose a binding arbitration type of provision, but normally we would only use that heavy-handed method if damage to health or property was likely to be caused, if health services were to be impacted, or if an unreasonable hardship was being caused to others who weren't a party to the dispute. I would use as an example in that case students in the case that there was a teacher's strike. I think clearly, Mr. Speaker, and to all members of the Assembly, we can see that none of these factors exist in the current strike involving the *Calgary Herald*.

THE SPEAKER: The hon. Member for Edmonton-Glenora, followed by the hon. Member for Edmonton-Rutherford.

Access to Medical Services

MR. SAPERS: Thank you, Mr. Speaker. The Alberta Partnership for Health, a coalition of 68 health charities and community agencies which provide services to Albertans living with chronic, progressive, and/or disabling conditions and illnesses, recently released a position statement. This position statement referred to current government health policy and how it fails to address and protect the needs of their many clients. My questions are to the Minister of Health and Wellness. How will this government address the delays in timely access to diagnosis and treatment of diseases as diverse as cancer, mental illness, and arthritis, delays that further impair these individuals and occur in urban and rural areas particularly where the retention of family practitioners is a problem?

MR. JONSON: Well, first of all, Mr. Speaker, with respect to the rural areas of the province we have taken a major initiative starting actually over two years ago to make sure that there is an adequate supply of general practitioners in rural areas of this province. We developed the rural physician action plan. In co-operation with the physicians that were part of that committee through the AMA, we worked on an overall recruitment program to bring some rural physicians to this province and to get others to go into rural areas. We were successful in that regard, as I recall, placing some 70-plus people in needed areas of the province.

We also negotiated through the AMA and government the rural on-call program, which helped a great deal to make the workload more attractive in terms of providing on-call in rural areas. So we've certainly worked in that particular area, Mr. Speaker.

In a broader sense across the province we are providing more services than before. I can quote to you a series of measures that are reported via our business plan and our annual report in terms of the expansion in services, both in terms of quality and quantity, which apply to both rural and urban areas of the province, Mr. Speaker. So we're certainly working hard as a government in performing in that area.

MR. SAPERS: Given that the current government plans and programs fail to meet identified need, when will health funding adequately provide for the home care and therapeutic needs of Albertans with long-term, chronic, and degenerative diseases and conditions?

MR. JONSON: Well, Mr. Speaker, first of all, I think we have demonstrated our priority and our focus on the whole area of long-term care and home care. We have had a very, very thorough plan developed, the report *Healthy Aging*, which was chaired by the Member for Redwater, and we're following through on those recommendations. The recent budget reflects a number of initiatives

in that area, additional funding specifically for home care, some 50 millions of dollars, as I recall, on top of the overall increase to regional health authority budgets.

In addition, we have taken certain initiatives in the capital construction area in terms of a program for innovative approaches to seniors' housing. Overall, we are demonstrably supporting the whole aging in place philosophy for our seniors population.

There was more to the question, I know, but I will stop at that point. I think I could certainly go on, though, and provide other information that the member should be aware of.

THE SPEAKER: The hon. Member for Edmonton-Rutherford, followed by the hon. Member for Edmonton-Glengarry.

2:40

Private Health Services

(continued)

MR. WICKMAN: Thank you, Mr. Speaker. In its policy statement on the delivery of surgical services the government claimed that there will be no two-tier medicine. However, the report prepared by the Institute of Health Economics for this government states that if there is no regulation to prevent the offering of enhanced services in private facilities, two-tierism will be the result. My question is to the minister responsible for Health and Wellness. Why won't the minister simply admit it is the policy of his government not to prevent the offering of enhanced services in private facilities but to encourage it, despite what the report from the Institute of Health Economics says?

MR. JONSON: Well, Mr. Speaker, I seek your advice here, because I can certainly categorically answer his question, but it requires quoting a section of Bill 11. We have demonstrated very clearly, first of all through the overall policy announcement that was made some days ago with respect to controls on pricing, et cetera, for enhanced services through our regional health authorities and, secondly, in Bill 11 with the specific clauses that put in place the mechanism, the legislative ability to make sure that people do not have to purchase enhanced services needlessly, to make sure that they are informed ahead of time of their availability. That is very clear in the legislation. It's very much demonstrated in the legislation which is before the House. It was demonstrated previously with the policy that we established for regional health authorities, and that is clearly a priority of government.

THE SPEAKER: Hon. Member for Edmonton-Rutherford, I'm going to recognize you for a supplementary, but please note that I did rule out a question from the hon. Member for Redwater in anticipation of something this afternoon, so govern yourself accordingly.

MR. WICKMAN: Dealing with government policy, Mr. Speaker, how much longer can the minister continue to ignore the overwhelming evidence that his private hospital policy will lead to two-tier, American style medicine in Alberta?

MR. JONSON: Mr. Speaker, in response to his second question, the legislation that is before the Assembly and under debate currently is, I think, a clear demonstration of the fact that we are not privatizing the health care system. We do not have private hospitals in mind. We are wanting a single tier of quality health care in this province where people have their insured services paid for no matter what their particular income or status in life might be. I could go through the provisions of Bill 11, but I'm sure the hon. member will have a

copy, and I would invite him to perhaps read the bill at some point in time.

MR. WICKMAN: Mr. Speaker, my final question: why doesn't this government simply do the honourable thing and scrap its ill-conceived notion of allowing for-profit hospitals?

MR. JONSON: Mr. Speaker, the legislation clearly bans for-profit hospitals. In the provisions of the bill, yes, there is provision under a very much controlled contracting process where very strict criteria have to be met. The contemplation of having specialized, narrowly focused surgical service clinics in this province is part of the bill – the hon. member knows it – and this I think is done on a very sound basis.

head: Members' Statements

THE SPEAKER: Hon. members, in a few seconds from now we'll call upon the first of three members to participate in Members' Statements.

The hon. Member for Calgary-Lougheed.

Tartan Day

MS GRAHAM: Thank you, Mr. Speaker. Today, April 6, is Tartan Day across Alberta, Canada, and many parts of the world. Tartan Day is celebrated for two reasons. It recognizes the tartan as a symbol of Scottish culture and Scottish clans, and in keeping with that, my family members and I are wearing the tartans of our clan, the clan Graham.

Tartan Day also commemorates the signing of the Declaration of Arbroath, also known as the Scottish Declaration of Independence, on April 6, 1320, at Arbroath, Scotland. It was there that Scottish nobles, including four Grahams amongst them, gathered at the Abbey of Arbroath and pledged to defend Scotland from persecution and foreign domination. This document is now recognized as one of the earliest expressions of the right of humanity to a peaceful and productive life free from oppression. With the assistance of my colleague the Member for Calgary-Bow, I have circulated to all hon. members a copy of this document, which is written in the form of a letter to the Pope in a very poetic and passionate language. I hope you all take the opportunity to read it, as it speaks to important principles of freedom.

Tartan Day also has personal meaning for my family and I as members of the clan Graham. We remember with great affection my grandfather, my father's father, Alexander Christie Graham, who emigrated from the town of Arbroath, where the declaration was signed, to Lacombe, Alberta, in 1920. We visited Arbroath and the abbey as well, and this is in the midst of lands on the east coast of Scotland which are traditionally occupied by the clan Graham. My grandparents and my parents as well have always encouraged a love of Scottish culture and tradition and pride in our clan. History suggests that our clan is known for leadership, particularly in battle.

I ask all members of the Legislature to join me in recognizing Tartan Day for its meaning for Scots and non-Scots alike.

THE SPEAKER: The hon. Member for Edmonton-Riverview.

Tartan Day

MRS. SLOAN: Thank you. Mr. Speaker, the contributions of Albertans and Canadians of Scottish descent are invaluable and monumental. Today across North America parliaments and citizens will celebrate Tartan Day by recognizing the anniversary of the

declaration of the independence of Scotland, or Arbroath, and celebrating our Scottish roots. The declaration was signed on April 6, 1320. The connection between Scotland and Canada dates back to the 16th and 17th centuries, with thousands of members of the great clans emigrating to our country and province. Central to life in the early years was the kirk, with both the Presbyterian and United Church of Canada arising as living memories of the Scottish immigrants today. Early Scots dominated the fur, timber, and banking industries, and the first two Prime Ministers of Canada, John A. Macdonald and Alexander Mackenzie, were born in Scotland.

Today Scottish contributions past and present continue to touch every facet of our society. For being leaders in government, economics, science, technology, architecture, medicine, and literature, accompanied by the enriching pastimes of golf, curling, and Highland dancing, we are deeply indebted to our Scottish ancestry. I am proud today to honour our family's Scottish roots by wearing the Morrison tartan. On behalf of all Members of the Legislative Assembly may I wish all Alberta Scots a happy Tartan Day.

2:50

THE SPEAKER: The chair would be happy to accept from any Scot an invitation to play 18 holes anytime.

I'm going to just interrupt a bit. We've had an identification from the hon. Member for Calgary-Lougheed about what tartan she's wearing. May we ask what tartan the hon. Member for Edmonton-Riverview is wearing?

MRS. SLOAN: I am wearing the tartan of the Morrison clan.

CFB Calgary Development

MRS. BURGNER: I should say that I was born in England, and I'll let it go at that.

Mr. Speaker, it's a privilege to rise in the Assembly this afternoon and bring some information about a community initiative in Calgary-Currie. The citizens' advisory roundtable that has been appointed through the community to look at the development of CFB Calgary has brought forward a couple of proposals which I think the community would be quite pleased to participate in. In the first place, they are looking at an affordable housing policy in the city of Calgary with respect to CFB Calgary lands.

Mr. Speaker, the community group recognizes that we have much to be thankful for in our community, and given the huge amount of land that is now available to us through the federal government for the development of housing, the community has asked that a certain portion of that land on the west side of the Crowchild Trail be set aside and be developed in response to the needs of those who find housing a difficult opportunity in our community. In addition to that, they would like to recognize the work that's being done on the east side of Crowchild, where a portion of property has been dedicated in their proposals for this very unique purpose.

Mr. Speaker, it takes leadership in the community to identify that the citizens of Calgary, particularly in our area, are interested in finding solutions to the housing problems that we face. They draw on the work that's been done by the community of Calgary, the report that was written in conjunction with my colleague from Calgary-Bow, and members of city council. This initiative will be watched and supported by myself as the chairman of the intergovernment liaison committee, and I would encourage all colleagues in the Assembly to support this initiative as it moves forward.

Thank you.

head: Projected Government Business

THE SPEAKER: The hon. Acting Opposition House Leader, in this case the hon. Member for Edmonton-Riverview.

MRS. SLOAN: Thank you. Under Standing Order 7(5) I would ask the order of government business to be brought forward to the Assembly for next week.

THE SPEAKER: The hon. Government House Leader.

MR. HANCOCK: Thank you, Mr. Speaker. On Monday, April 10, in the afternoon under Government Bills and Orders for second reading we anticipate dealing with bills 7, 14, 15, 16, 17, and 11, and as per the Order Paper. In the evening at 8 o'clock under Government Bills and Orders for second reading bills 11, 3, and 13, and as per the Order Paper.

On Tuesday, April 11, at 4:30 p.m. under Government Bills and Orders for second reading and Committee of the Whole, as the case may pertain, bills 20, 22, 23, and 11, and as per the Order Paper. Tuesday evening at 8 p.m. under Government Bills and Orders for second reading or Committee of the Whole, as the case may pertain, bills 11, 18, 19, and 20, and as per the Order Paper.

On Wednesday, April 12, at 8 p.m. under Government Bills and Orders for second reading or Committee of the Whole, as the case may pertain, bills 10 and 11, and as per the Order Paper.

On Thursday, April 13, in the afternoon under Government Bills and Orders for second reading or Committee of the Whole, as the case may pertain, bills 21 and 11.

THE SPEAKER: The hon. Government House Leader on a point of order.

Point of Order Anticipation

MR. HANCOCK: Yes, Mr. Speaker. With respect to the relevant section of *Beauchesne* and under the Standing Orders wherein it's inappropriate to ask a question relating to a matter which is on the Order Paper for discussion. In particular in this case, while I'm delighted and I know my colleagues are delighted to have the Minister of Health and Wellness answer the questions of the opposition relating to Bill 11 at any given time because there needs to be a lot of clarification for the misinformation they have, it is inappropriate under our rules to raise questions when a matter is clearly on the Order Paper.

There's been a certain subterfuge and attempt to get around those rules, and I know, Mr. Speaker, it puts you in a very, very difficult position to exercise your authority in that respect when people purport to ask questions under government policy when they know full well that that policy has been translated into a bill, that the bill is Bill 11, and it's on the Order Paper. So I would ask you to call to order the Member for Edmonton-Rutherford when he raises a question purporting to ask about the policy of the government on surgical facilities, which he clearly knows has been translated into a bill, and when there's a bill before the House on that very same matter. You can't answer that question, as the hon. Minister of Health and Wellness indicated, without dealing specifically with the provisions of Bill 11, which puts the Minister of Health and Wellness in a difficult position in abrogating the rules of the House by responding.

THE SPEAKER: The hon. Member for Edmonton-Ellerslie on this point of order.

MS CARLSON: Yes, Mr. Speaker. Clearly today he is fishing for ideas to rise on a point of order. He would have more appropriately risen on a point of order for his own member, the Member for Redwater, who did ask a specific question on Bill 11.

The Member for Edmonton-Rutherford was very clear in terms of the outline of his policy question for the minister of health, and it is appropriate to ask policy questions at this time on all aspects of health policy because they are still, even in light of Bill 11 being on the Order Paper, running hospitals, still making decisions. So it's very appropriate for us on behalf of the people of this province to ask those kinds of questions.

THE SPEAKER: Hon. members, I really do appreciate the co-operation received from hon. members to the plea that the chair made at the beginning of the Routine today. He's been listening very attentively, so I think he's starting to really see through this and really understand what's going on here.

Essentially what's going on is that one hon. member stands up and says: you said that. Then the hon. member on the other side stands up and says: no, that's not what I said. Or one hon. member says, "This is what you're doing," and the other hon. member stands up and says: no, this is not what I'm doing. That essentially is the basic theme for the most part in question period.

So here we now have this scenario. We have been in this session for a period of time. Health seems to have been one of those interesting questions for the question period, and this week on Tuesday we started in on the phase known as second reading of Bill 11. Then after the admonitions that did come from the chair about anticipation, consultation was made with the House leader of the Official Opposition, who advised the chair that basically there would be great clarity and attention to the drafting of the questions that would come from the opposition members with respect to health. They would relate to the official policy of the government as outlined in a policy paper in the latter part of 1999. They have informed me that they've drafted their questions in such a way so it's on the edge. Now, today the House leader of the government has basically said: but now we've translated the policy into a bill. So we're getting right on the edge here with a lot of this stuff.

I would like all hon. members to take the next several days to look at two skill developments. Good work today, by the way. This was good. Just spend a little more time refining the merit of the questions before Monday. For those who are responding, perhaps just spend a little more time refining brevity in terms of the response. This would really be good. Today we had 13 sets of questions, and yes, acting leader of the government, you got through it okay.

The hon. leader of the third party on a Standing Order 40 application.

head: Motions under Standing Order 40

THE SPEAKER: The hon. leader of the third party on a Standing Order 40 application.

Journalists' Trade Unions

Dr. Pannu:

Be it resolved that the Legislative Assembly urge the government to respect the right of journalists to freely join trade unions and to condemn any infringement of this basic human right.

DR. PANNU: Thank you very much, Mr. Speaker. I will be speaking to the urgent and pressing necessity of the matter. The necessity for debate in this Legislature on the motion arises from some events and statements that happened yesterday. Some of them

are reported in today's *Edmonton Journal* in a report by Dean Bennett of the Canadian Press and in statements made by the Premier in his press availability yesterday afternoon, an availability at which I was present. So this motion addresses in my judgment a highly urgent matter and needs to be debated today in this Assembly.

3:00

Yesterday 30 journalists who had been on a legal strike against the *Calgary Herald* visited the Legislature. They met with me and with members of the Liberal opposition. However, the Minister of Human Resources and Employment, who is responsible for labour relations in the province, refused to meet with the journalists. The journalists were also told that other members of the government caucus were discouraged from meeting with them. Now, I have four reasons, Mr. Speaker, that will lay out considerations which raise . . .

Speaker's Ruling Standing Order 40 Motions

THE SPEAKER: Hon. member, I want to caution you that under this particular kind of application, this is a nondebatable application. Now, that means that this is not a debate offered, so when the hon. member chooses to invoke other members of this Assembly, they have no opportunity to participate, and they have no opportunity to provide an alternate view of the matter or correct it if they believe that a mistake has been made.

I'm not suggesting here for a moment that the hon. Member for Edmonton-Strathcona is doing such a thing, but there has to be a great deal of care to deal with the urgency of the Standing Order 40 application. Please remember that no other member can participate unless the Assembly gives unanimous consent to a debate. So, please, let's go with the urgency of the motion.

Journalists' Trade Unions (continued)

DR. PANNU: Well, Mr. Speaker, I'm in complete and total agreement with your direction, and I respect the very spirit of Standing Order 40, so I would very much respect the understanding that I share with you with respect to what I should say. I certainly am open to your direction at any moment when you think that I may not be so doing.

Speaking to the urgency, Mr. Speaker, I have to draw attention to some facts. The owner of the *Calgary Herald*, Conrad Black, recently said that he plans to wait for two years and then to decertify the union. Doesn't this fact make it imperative that the minister listen to the concerns of the employees who are legally on strike against an employer who so clearly refused to bargain? Doesn't the minister's inaction, combined with the refusal to even meet with the journalists visiting here yesterday, show that there is a need for this Assembly to urgently debate this matter now that the minister has shown his inability to enter into this?

The second reason, Mr. Speaker, is that the inaction of the minister was compounded by statements made yesterday by the Premier in his media availability. I have referred to the *Edmonton Journal* article on this, but I heard the Premier clearly say that journalists should not have the right to strike, and in another statement he strongly suggested that the journalists should not even be able to join the trade unions.

Now, does this signal, Mr. Speaker, an immediate change in government policy with respect to labour relations and the labour laws of this province? That's the question I've raised, and it needs the urgent attention of this Assembly.

The next reason, Mr. Speaker, has to do with: does the Premier's statement show a studied disregard for the hard-fought right of all

employees to freely decide whether to join trade unions? If the right of journalists to join unions is questioned today, who is next? Teachers or nurses?

When employees democratically decide to join a union, shouldn't the government respect and uphold this decision? The Premier's statements bring into question, serious question, this government's commitment to uphold any basic human rights of working Albertans. This is a matter that only this Assembly can decide, and that's why, given the serious nature of yesterday's events, I urge all members to allow a debate to proceed on a motion which reaffirms the Assembly's commitment to the collective bargaining rights of employees, including journalists.

Thank you, Mr. Speaker.

[Unanimous consent denied]

THE SPEAKER: Hon. leader of the third party, I would invite you to come and visit me – we'll have a cup of coffee one of these days – and we'll talk about Standing Order 40 applications. Okay?

head: Orders of the Day

head: Government Bills and Orders

head: Second Reading

Bill 21 Appropriation Act, 2000

THE SPEAKER: The hon. Acting Provincial Treasurer.

DR. WEST: Thank you, Mr. Speaker. I'd like to move Bill 21 for second reading, the Appropriation Act, 2000.

There has been considerable debate in the Assembly on the budget process. This act, the third appropriation bill to be here this session, is the final bill that brings forth the money for the operating expense and capital investment, as well as the nonbudgetary disbursements, the lottery fund payments. Again, I encourage all members to support this. It is the money that is needed to provide the excellent programs for this province, and it does support this Legislative Assembly, because there's \$26,727,215 for the operation of this Assembly. I would encourage all members to vote for this bill on second reading.

THE SPEAKER: The hon. Member for Edmonton-Ellerslie.

MS CARLSON: Thank you, Mr. Speaker. I'm happy to be speaking to second reading of Bill 21, the appropriation bill, and I'm hoping that we will have the opportunity to have a number of speakers speak to it this afternoon. In the event that that doesn't happen, which I understand is a possibility, I have solicited major concerns from a number of my colleagues that I will be discussing.

First of all, I'd like to just talk about the budgetary process a little bit and firstly thank those ministers who responded in a prompt fashion to our questions this year. It's often been the case in budgetary estimates that we don't get answers to our questions for a very long time. Sometimes nearly a year passes before questions get answered. In this case, particularly from the Minister of International and Intergovernmental Relations, we had some responses within 24 hours of those questions being asked in debate.

Secondly, I would like to talk a little bit about the budgetary process. I find it very helpful in the budgetary process when ministers come to the table with their deputy ministers and other support staff from the department to answer questions. That gives us an opportunity to get more than the political answer and more

than just the policy answer, Mr. Speaker, but also some accurate and definite and helpful answers from the people who work very hard within those departments. I would like to thank those people who were available to answer questions this year, and I would support the government, in their review of the budgetary process, taking a look at expanding that role.

It is much more helpful, I think, to be able to sit down at a table and ask detailed questions and get detailed answers than it is with just an opportunity here in the Legislature, where we stand up and ask a series of questions and sometimes get answers to them and sometimes not. So in the budgetary process review, which I understand is an ongoing process in this Assembly, I would hope that all of the House leaders would take that under consideration and review it, and I look forward to seeing some movement made in that regard.

With regard to the way the rest of the budget estimates time is devoted, I am very unhappy with that, Mr. Speaker. We have more than one department debated at the same time in this Assembly, sometimes not just two departments but three departments, and that just isn't very helpful. We want, as representatives of the people of the province, to be able to ask all of the questions we have in all of the areas, and often that's an impossibility if two departments are being run concurrently. Also, by squeezing the budget estimates into so few days, we don't have an adequate amount of time to take the budget as presented, to go back to our constituents, to ask them to review the information, to think about it, to then present us with questions that they have and that they would like to see answered in this Assembly, and then also meet the requirements of being at the particular budget day at the particular appropriate time. It doesn't work. It's way too tight a time line.

I think often the government chooses that kind of an option for exactly that reason. So while they tell us that we have approximately 40 days dedicated to budget review in this Assembly, certainly that isn't the case in terms of real days, and we would like to see that process changed. Sometimes there just isn't an opportunity to ask all the questions.

3:10

In addition, we would like a review done of the time committed to the budgetary process, because once again there isn't enough time allocated to the different departments. I know that in Environment estimates I myself had many questions that I was not able to ask in person. They had to be submitted in writing, and while that's the second-best choice and the minister does respond to those questions in a reasonable fashion, it certainly can't replace what is going on in terms of asking questions at a point where you can ask a rebuttal question and he can give a rebuttal answer or his staff can provide some support.

When the House leaders get together to review the budgetary process, I would also ask on behalf of all my colleagues that they review the time committed to budget estimates and look at expanding it, particularly for the departments like Community Development, which seem to be catchall departments for a number of different areas of interest to a variety of people in this province. That department is a particular issue for people who have concerns and want those questions asked.

In addition, with the consolidated departments that the government has come up with in their latest reorganization, it also creates concerns for us in terms of the budgetary process because the consolidated departments merit a day of debate themselves on each sector they're representing. For instance, in the Learning department certainly we would like to within the budgetary process be able one evening to talk about advanced education and another evening other

areas of education, because they do have quite separate and distinct issues in many areas, Mr. Speaker. I believe the minister knows this, and we would appreciate his support on that kind of a division in budgetary estimates. We would say that the time given for those purposes is not adequate, and certainly we would like to see that reviewed in the future.

Now I will go to some comments that my colleagues had with regards to issues they feel are still outstanding on appropriations in the event that they don't have an opportunity this afternoon to speak to this bill at second reading.

The first is from my colleague from Calgary-Buffalo. He brings a Calgary concern to the floor of the Legislature today, and that is that there are still problems with the arbitrary and inflexible school utilization formula. That means that new schools cannot be built in Calgary. They've grown by over 116,000 new people, but there are no new schools there. Mr. Speaker, we hear this concern every single time we go to Calgary. It doesn't matter whether we're talking to parents, schoolchildren, people within the advanced education system, business sectors, community development sectors, or environmental sectors; they all say that this is one of the top three or four issues facing the residents of Calgary at this time. That utilization formula just doesn't work. No shame in the government saying that, and no shame in them addressing it so that it would better meet the needs of large, growing communities like Calgary is.

We have to remember that education is one of the major keys we have in terms of being globally competitive. If we're forcing our children into overcrowded schools or busing them for long periods of time, then clearly they are not in an environment that provides the kind of stimulation and enrichment so that they can grow and really maximize their potential. This continues to be an issue. We will continue to raise it, Mr. Speaker, because it's something that could have been addressed in this budget and certainly was not.

From my colleague from Edmonton-Meadowlark. She has concerns, of course, on health care, and she has this point that she would like raised. Though dollars are increasing in health care, there is no real way of tracking the dollars, especially dollars to provide services and to provide information on contracts. When will the contracts be open so that we know where the taxpayer dollars are going? This has been an ongoing issue in question period, it was an ongoing issue during the budget estimates, and we still don't have the answer. Why is it that private contracts are not being open and available to taxpayers when it's taxpayers paying out those dollars? It's a fundamental question that needs to be asked and answered. We will continue to ask that question as time goes on, unless of course before the vote on this bill we get an answer to it.

Private contractors need to be open and available to the same scrutiny as any other government department if they are receiving taxpayer dollars. That's simple common sense. It's what the people of this province want. They want to know that money is being properly spent. We hear all kinds of concerns coming from the RHAs that dollars aren't being tracked in an appropriate fashion in some instances, and we want to know why that is. It isn't just us asking this question, Mr. Speaker. It is the Auditor General as well. We know that when he asks the question, it isn't rooted in any kind of policy debate or partisan politics. It's a legitimate concern that deserves an answer.

Certainly private contractors who are going to make a buck from the people of this province should come under the same scrutiny as any other public dollars that are spent, and those contracts need to be open, they need to be accessible, and they need to be reviewed by representatives of the people. So we say: bring them to the floor of the Legislature; let us take a look at them and ask why they aren't available. We get the rhetorical answers from the minister, but in

fact if they're refusing to make them available, then perhaps they have something to hide there, and we want to have the answer to that question. I think that those are legitimate concerns that need to be addressed.

Perhaps the answer to the question of why they are not being open and reviewable is that they are responsible for why health care expenditures are increasing. While our services have been decreasing over the past few years, we have seen costs go up. The government brags all the time about spending in health care reaching dollars similar to what they were prior to the cuts being initiated in 1993. There isn't a person in this Assembly or in this province that doesn't know that service has drastically decreased. We have serious problems out there, and they have everything to do with the wrong kind of funding. [interjections] Well, I'm hearing lots of noises from the other side of the House, Mr. Speaker, but the fact is that I have more concerns about the delivery of services and health care in this province now, in this year when funding is back up at the pre-1993 levels, than I had during the time period of the cuts, and I had a substantial number of concerns at that time.

So we know that it isn't working, that there are some real problems, that this social experiment that this government conducted in health care isn't working and won't work in the manner in which they are conducting it. We want to know if one of those reasons is because private contractors have contracts that would be unacceptable to the public were they available for public scrutiny. Once again we are asking for that information to be made public so that the people of this province know how their money is being spent. I think that's a legitimate request, Mr. Speaker. They just want to know where their money is going. With any other service that you buy, you get a bill and you get a statement of accounting. If you go back to the company, you can get more of an accounting than what they initially gave you, but not from this government, and that is not a fair way to treat the people of this province.

The next concerns I have are from my colleague from Edmonton-Centre. While she has a whole host of questions that remain about the budgetary process, she particularly wants to focus these final comments that we have in this reading on seniors. In this budget there are once again, Mr. Speaker, no increases for seniors. They have not yet restored the 5 percent cut to this group, and that is appalling. This Premier made a promise that he would restore those dollars, and he has not. We want to know why not. We have seen increases in the budget, but they are for volume demand. They are not increases in the thresholds or the benefits.

3:20

Here we have the people who have built this very province, who have given us a rich and diversified economy and history, who have done a lot of work to get us where we are, and this Premier is turning his back on them. He made a promise to restore the 5 percent to all groups, and it simply isn't happening. Why is that? That question was not answered during budgetary debates. They talk about relative dollars, but any fool can see through that. It isn't appropriate in this case. They didn't get the 5 percent back. They want to know why. It's a legitimate question, and we want it answered.

[The Deputy Speaker in the chair]

We also see that there have been no increases in the quality-of-life sector. Once again, that's a legitimate question that needs to be answered and wasn't addressed during the budgetary process. This government makes more and more from lotteries, but no more is going to areas like sports, arts, volunteers, parks, and those kinds of areas that are under Community Development. Why is that, Mr.

Speaker? We know, from all of the studies we have seen, that for every dollar in lotteries that you take out of people's pockets, it costs us \$3 more to support the resulting problems. Those are quality-of-life issues. Those are social issues. Those are education issues. We do not see those dollars coming back in a proportionate fashion. It is shameful that that happens.

We expect better answers than the ones we've gotten. We expect answers that adequately fund these areas, and certainly we expect the proper dollars, the dollars promised to seniors, to go back into their pockets. Many seniors in this province live on very low incomes, and they should not be penalized for something that was not of their making. Promises made should be promises that are kept. In this case, it isn't the situation.

My next concerns come from my colleague from Edmonton-Norwood. She would like to know about money to build a new aboriginal school in this city. The new high school will be staggered through a number of schools. How can the government be serious about assisting urban aboriginal problems when they do this? The aboriginal community wants the school, and it is, once again, a legitimate request. Mr. Speaker, we know that a great percentage of the aboriginal population in this city is in the north-central region of the city, and there are certainly adequate provisions that could be made to accommodate a high school within that area. To have these programs chopped into a number of miniprograms in a number of schools throughout the city doesn't meet the needs of the people.

It's surprising that the Premier would condone this kind of activity, given what he says is his support of this community. You know, you just can't talk the talk; you've got to walk the walk. An aboriginal school that focuses on the needs of this community would be some measure of getting to where we need to be. We need to take the concerns of the aboriginal community seriously. We need to address them. We have specific schools for other populations who have particular concerns or needs. Why is it that in this particular population we are prepared to ignore them? Well, I tell you, Mr. Speaker, on this side of the House we are not prepared to ignore them, and this is not an issue that's going to go away. It is an issue that we will continue to pursue even though this Premier and this government refuse to do so in this particular budget year.

The next issue is from my colleague from Edmonton-Gold Bar. He, too, has concerns about schools. Many of the schools in the older neighbourhoods of Edmonton and Calgary are in need of repair, and the current process needs to be speeded up or reviewed, Mr. Speaker. I would say not just in the older areas of the province but even in some of the newer areas. Certainly I have schools in my own riding, in Edmonton-Mill Woods, that are about 20 or 25 years old, which I don't really deem to be old, that need substantive repairs. They have ice-cream buckets in the hallways collecting the drips because the roofs need to be repaired. It's true. They have mousetraps all over the place because rodents are getting inside the school. Those are real problems. The rugs are worn so thin that they've had to put duct tape over some of the holes because kids were catching their heels in the holes and falling on their faces.

These are problems in newer schools. I can't imagine what it's like in older schools. I'm sure that the Member for Whitecourt-Ste. Anne would also like to address this issue, because I'm sure there are schools in his riding that have problems that need to be addressed. He's shaking his head no. [interjection] He says: no mice. But there are other problems certainly. We have seen that happen throughout this province. Yes, Mr. Speaker, I'm happy to speak through the chair on this issue.

I'm sure that every member in this Assembly has got schools that have problems that need to be addressed, that are really major problems, not minor problems. Something is wrong with the

maintenance process that we have, and we would like to see that addressed in a more wholehearted fashion than what we saw addressed in these budgetary years. Certainly I haven't had any calls from principals jumping up and down with glee because they're getting the dollars they need to put in some very necessary maintenance procedures in their school. I look forward to that day, and I'll be one of the first people to congratulate the government if they make the move to do that. Unfortunately, I can't congratulate them because they're not doing it. Perhaps they could put some pressure on their front bench to address this particular concern. That would be a good idea.

My colleague from Edmonton-Glengarry is worried about tourism. He's very disappointed about the funding for tourism promotion, particularly the chronic underfunding in northern Alberta. It's been a problem for a long time, Mr. Speaker. When you take a look at the dollars spent in the different regions of this province, certainly they are not proportionately spent.

I'm out of time. I have lots of questions to go yet. We hope that someone else will have an opportunity.

THE DEPUTY SPEAKER: The hon. Government House Leader.

MR. HANCOCK: Thank you, Mr. Speaker. I'd move that we adjourn debate on Bill 21.

[Motion to adjourn debate carried]

Bill 11 Health Care Protection Act

[Adjourned debate April 5: Mrs. O'Neill]

THE DEPUTY SPEAKER: The hon. Member for St. Albert.

MRS. O'NEILL: Thank you. Mr. Speaker, Bill 11 is an initiative which is before us in this Chamber in response to two situations. Currently we do not have the legislative capability to prevent the establishment of private hospitals, the establishment of which would clearly and surely establish a parallel, private health care system. In addition to that, we do not have the governing power to regulate existing surgical clinics. Therefore, this proposed legislation is meant to fill a legislative and a regulatory void.

The second situation that Bill 11's initiative addresses is a universally recognized new way or the demand for finding new ways of maintaining and sustaining our publicly funded health care system and for sustaining all those health care services for us now and for future generations. Mr. Speaker, this bill is a response to enshrine in legislation our commitment to the principles of the Canada Health Act by putting them in the preamble. The principles of the Canada Health Act articulate what is the essence and what I consider the core of the medicare system. The medicare system is something we cherish, that is part of our identity as Canadians, and it is something that we as Canadians and as Albertans and as the government of Alberta want to write into the legislation of this province.

Our commitment to those principles of universality, portability, comprehensiveness, public administration, and accessibility, those principles that are the underpinnings of this social contract that we the citizens of Canada have with our governments, the principles of medicare, the principles of the Canada Health Act translated into what we call and I will call the vernacular – these five principles mean that everyone can have access to health services as they need them, in every province and territory of this country. Those services will be provided for all that is deemed medically necessary, and all

will be looked after within the jurisdiction and the administration of our public system.

3:30

Mr. Speaker, I'm a person who has experienced life without medicare. It is a situation that I wouldn't wish for anyone to ever experience in their families, in their lives, so I say with great conviction that I believe that Bill 11 is necessary. It is necessary for us to enshrine in our legislation our commitment to those principles, but it is also necessary so that we and the rest of the members of our families, the rest of the people of our province and of our country will never experience the economic devastation that can come to a family who has a great need for medical services that they cannot afford. I say that, too, because I believe that this government, this bill does not mess with medicare, and because it doesn't mess with medicare, we have to realize that it is something that we must commit to and that we must work with.

Bill 11 is legislation similar to that which is already in place in other provinces. It is fully consistent with the principles of the Canada Health Act, and at the end of the day, when this enabling piece of legislation passes, Alberta will still have a universal, publicly funded health system where government covers the cost of all medically necessary health services. I say that and I'd like to repeat it, because unfortunately there are a number of citizens in this province who are spreading falsehood and fear. In fact, they are engaged in a feeding frenzy of fear among some who are most vulnerable in our communities and telling them that they are going to have to pay for services in the future and which Bill 11 says that they specifically will not.

I believe that the most explicit part of Bill 11 is part 1, Protection of Publicly Funded Health Care. I would like to emphasize the first sentence of that section, which in its simplicity and in its essence reads, "No person shall operate a private hospital in Alberta." This is an irrefutable statement that what this legislation is all about is protecting against the possible development of a two-tiered system. We need that protection because right now we do not have the regulatory powers over the 52 private clinics that currently exist in this province. We have no legislative capability to regulate and control private surgical facilities to prevent the establishment of private hospitals. We need the legislative protection Bill 11 offers us, protection for the sustainability of Alberta's publicly funded and publicly administered health care system. Bill 11 prohibits private hospitals and tightens the rules around contracting out surgeries, including both day surgeries and those minor surgeries requiring an overnight stay.

The essence of Bill 11 is that it enables and gives the authority to our regional health authorities to consider, should they deem it necessary, the ability to enter into a contract where they could provide more surgical services for more people in a more timely fashion.

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: Excuse me, hon. Member for St. Albert. We have several members who are so excited about the debate that they seem to wish to enter into it. Hon. member on this side and hon. minister on that side, when the opportunity comes, please stand. [interjection] Okay. It was one of the other persons, an hon. member on each side. The point is that we should only have one person speaking at a time, and this calling back and forth just escalates until we can no longer hear the person. So let's save it for when it's our turn.

The hon. Member for St. Albert.

MRS. O'NEILL: Thank you very much, Mr. Speaker. This issue, this topic, and this bill are very much at the top in the minds of my constituents, and it is something that I'm taking very seriously. However, my attempt to deal with this is a concern of mine because I feel that there are a number of people who are not taking this seriously, who quite frankly are not concerned about the concerns they are adding to what people already have.

Debate Continued

MRS. O'NEILL: I will continue, Mr. Speaker, by saying that because of this legislation of course no parallel, private, for-profit health system will be allowed to develop in Alberta. I might add that if we do not pass this legislation stipulating just that, what will happen is that the worst nightmares of those who are surrounding this bill with their unfounded fears will come true.

This legislation ensures that surgical facilities will only be able to provide services under a contract with the public system when it is in the best interests of the publicly administered, publicly funded health care system. Most important, though, is the fact that the publicly administered system will have regulatory control over our private surgical facilities.

This piece of legislation will protect public health care in this province – make no mistake about it – but it will do more than that. In trying to reach our end, we have inadvertently found that the means are to our advantage. It will also provide regional health authorities with the flexibility to provide the most services to the most people in the most timely fashion.

Mr. Speaker, the legislation doesn't say that health authorities must contract with private surgical facilities. In fact, it simply offers an option to contract with such facilities if the regions have evidence that there will be a benefit in doing so. This is what we call enabling legislation; this is not what we call directive legislation. Surgical facilities are not necessarily more cost-efficient than private hospitals. An individual analysis would have to be done for each and every contract proposed to a regional health authority by a surgical facility. Only those contracts that showed a net benefit to the public and to the public system could be or would be approved.

Let me clarify what a net benefit means: increased access to services, something that my constituents are constantly asking for; improved cost-effectiveness or efficiency, something that my constituents are certainly aware of. These factors would have to be demonstrated in the contract proposal or it would not be approved. My constituents and, I say, all Albertans have been very clear that any movement towards an American style, two-tier health system is intolerable. Well, I want to stand here today and say that it is also intolerable to me. I will not stand for anything that would interfere with the universality, the accessibility, the comprehensiveness, the portability, and the public administration of our social contract called medicare.

Bill 11, the Health Care Protection Act, affirms Alberta's commitment to a quality, publicly funded and administered health care system and to preserving those principles that we find and hold so dear to us and that we hold so dear to our Alberta and Canadian identity. It is something that we believe in and we stand in solidarity on with all fellow Canadians across this country. It is in this spirit that we have introduced Bill 11, the Health Care Protection Act.

3:40

Mr. Speaker, Bill 11 prohibits queue-jumping by reason of having extra money offered to reach the head of the line. It prevents charging facility fees for medically necessary services, and it prohibits anyone from requiring patients to purchase goods and services that are not medically necessary. This, I believe, is what I

call responsible consumer protection. It also sets out clear rules for the sale to patients of goods and services that are not medically necessary. I have great confidence in the citizens of Alberta, as I have great confidence in my own constituents, that they are able to make the decision as to whether they want and are capable of purchasing additional and enhanced services.

It also establishes in legislation the new Premier's Advisory Council on Health to provide strategic advice on the preservation and the continuing sustainability of quality health services for Albertans and on the purposeful direction of the publicly funded and administered health system, including the broad issues to be explored of how we will configure primary health care delivery, how we will deal with the increased use of technology and the great demand for new pharmaceuticals, and how we will explore alternative compensation models for those who deliver health care in our system.

Provincial health funding will continue to flow directly to health authorities, and it will be the health authorities that decide whether to use that funding to open up more operating rooms and beds in their own hospitals and their own facilities.

Mr. Speaker, some aspects of Bill 11 seem to get misunderstood all too often, or maybe they are conveniently ignored, so let me repeat: no Albertan will have to pay for medically necessary surgeries, whether it's performed in a public hospital or in a surgical facility under contract to a health authority. The publicly funded system pays the whole cost, period. No Albertan will be able to pay to get faster service, and no facility operator or physician will be able to receive payment to give faster surgical services to individuals. No major surgeries will be performed outside a public hospital, because under Bill 11 private hospitals are prohibited.

Mr. Speaker, Bill 11 will not fix all the problems facing Alberta's health system. It was never intended to do that. Bill 11 is two-pronged: in its enabling attempt and in its protective nature. Bill 11 and the rest of the Alberta government's six-point plan will address the key challenges facing health care and make great strides towards a solution. I might add that the six-point plan involves the key directions of improving access to publicly funded services, improving the management of the health system, enhancing the quality of health services, increasing our emphasis on health promotion and on disease and accident prevention, continuing to foster new ideas to improve our health system, and taking the necessary steps to protect the publicly funded system from any potentially negative external factors.

This is the plan, Mr. Speaker. This is the plan that our Minister of Health and Wellness has put before us. This is the plan and the vision and the encompassing direction that we as government are looking at beyond the parameters of the one small step called Bill 11. The details of this plan are clear evidence of this government's commitment to Canada's single-payer, publicly funded style of health care and our commitment to making that system better to meet the challenges of this new century.

The Health Care Protection Act is only one part of this larger, overall plan envisioned for our health system, our plan to continually improve the quality and accessibility of publicly funded health services in this province. The bottom line remains this. When passed, Bill 11 will prohibit private hospitals and will prohibit any surgical facility from offering insured surgical services without a contract with a health authority. This legislation would prohibit the development of a parallel, private health care system in our province.

Mr. Speaker, I wish to conclude by making the following comments. I believe that this Bill 11, the Health Care Protection Act, is a very, very enabling piece of legislation. It operates within the confines of the principles of the Canada Health Act, and its purpose

is specifically to provide regional health authorities with the choice and the option to find within their budget the ability to provide more surgical services to more people in a more timely fashion.

Thank you.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Norwood.

MS OLSEN: Thank you, Mr. Speaker. A poll done by Pollara in March 2000 showed that health care is the most important issue facing Canada today. The same poll also identified health care as the number one priority for Canadians and that Canadians ranked health care as the number one issue to get worse before it gets better. Health care in Alberta is at a crossroad, and this government has chosen to steer this province in a direction that few Albertans support.

Bill 11 has been touted as the answer to the Alberta health care woes. However, a recent Angus Reid poll shows that over 90 percent of Albertans are concerned about the by-products of this bill. They are suspicious of the road this government is traveling, and that equates to a lack of trust. Albertans do not trust that this government will do the right thing with their health care. You see, Mr. Speaker, trust is not a commodity and cannot be bought or sold any more than health care in this province should be bought or sold.

In his book *The New Politics of Confidence*, Pierre Pettigrew suggests – and I’m paraphrasing, Mr. Speaker – that when globalization presents health and education as mere commodities, we are coming dangerously close to the errors of Marxism. Those errors include reducing human beings to the single role of economic actors. That is essentially what this government has chosen to do with its so-called Health Care Protection Act.

I think it’s important to have a short history lesson on medicare to put Bill 11 in perspective and highlight the importance of publicly funded health care for Albertans, to outline the reasons why citizens of this province do not want the Premier to tear apart the single most valued social program in the country in the same way that Mr. Bouchard is tearing apart Canada or would love to tear apart Canada.

In 1919 the federal Liberal Party proposed universal health insurance as an election platform. Nothing was brought forward on this issue again until the Depression. The prairie region was one of the areas hardest hit during the Depression. A great majority of people could not afford to pay for doctor or health care costs. Many voluntary insurance programs emerged, and by late 1961, Mr. Speaker, most Canadians were covered under these programs. In 1961 Prime Minister Diefenbaker appointed Chief Justice Emmett Hall as chair of the Royal Commission on Health Services. In 1962, under severe opposition, the Douglas government in Saskatchewan required physicians to collect their fees solely from the government.

Justice Emmett Hall is considered the true founder of medicare in Canada. Justice Hall’s team compiled a report that recommended medicare for all Canadians. In 1966 Prime Minister Pearson’s federal Liberal government passed legislation to ensure that all Canadians had a health plan that was comprehensive, universal, publicly administered, portable, and accessible. Mr. Speaker, although not all provinces were enthusiastic about jumping on board, by 1972 all indeed had. All provinces and the territories had joined. In 1980 Justice Hall was again asked to review the health care system. He determined that although there were problems within the system, it was, and I quote: by world standards one of the very best health services today. There’s no reason to believe those words don’t apply now.

3:50

Let’s fast forward to the year 2000 and Bill 11. Bill 11 has been presented to Albertans and in fact all Canadians as health care

reform. This it is not. What this bill does represent is an attempt to bring back an archaic, expensive health care system. It does not represent new thinking. It will not achieve the goal of reducing waiting lists, nor will it be cost-effective to taxpayers. This bill will take us back to the pre-Pearson era, the days when Alberta citizens paid for every doctor’s appointment, every diagnostic test, and every day in the hospital.

At a forum I recently held, one of my constituents, an immigrant from Italy, Mr. Speaker, recited a time in the days of premedicare when the hospital advised him and his wife that they could only take their son home if they paid the \$10 outstanding from his hospital stay. That’s not something I want to see come back to this province or this country.

The Premier would like Albertans to buy into this bill. It’s cleverly worded to appear as though it’s harmless, that it will provide protection for citizens who use the existing day-surgery facilities, that it will reduce the waiting lists and ban private hospitals. The Premier is desperately trying to sell this bill as a fix to the system. This government would have Albertans believe that overnight stays in an approved surgical facility are minor adjustments to our existing private surgical facility policy. Well, if I recall, Mr. Speaker, that same rationale was used by then Justice Minister Havelock when he tried to invoke the notwithstanding clause on sexual sterilization victims. It’s not a minor adjustment. It’s a major departure.

MR. HAVELOCK: Point of order.

THE DEPUTY SPEAKER: A point of order. The hon. Deputy Government House Leader.

Point of Order Referring to a Member by Name

MR. HAVELOCK: Well, Mr. Speaker, you are well aware that the hon. member across the way should not refer to other members by name. I’m sure that it was inadvertent, but perhaps she’d like to simply withdraw that. Thank you.

MS OLSEN: I would simply withdraw the minister’s name.

THE DEPUTY SPEAKER: Thank you.
Edmonton-Norwood.

Debate Continued

MS OLSEN: Thank you. What I find rather curious, Mr. Speaker, is that no other Premier in this country has endorsed Bill 11, not even those who, according to the Premier, have similar legislation. Could it be that the legislation in other provinces has been misrepresented? I would suggest that his own government report titled *Background on Private Provision of Medical and Hospital Services* in other Jurisdictions would support my assertion. Let’s not forget that the Premiers in other provinces are having similar problems with waiting lists and the like, and quite frankly they don’t operate government-funded private hospitals.

The Premier, however, would have Albertans believe that the Prime Minister of Canada has endorsed this bill. He would have Albertans believe that Prime Minister Chretien, whose very Liberal roots were entrenched within the Pearson era, has given the go-ahead. The Premier stated on April 4, 2000:

I met with the Prime Minister of Canada on the subject of Bill 11. He did not raise any objections to the bill, nor did he suggest that we withdraw it. In fact, after I reviewed with him the many examples of contracting out and overnight stays currently occurring across

Canada, he acknowledged that what Alberta is proposing is similar to what is already happening in other provinces.

Now, I wasn't at the meeting, and only the Premier and the Prime Minister know exactly what was said, but I would suspect, Mr. Speaker, that it was more like this. I would suggest that the Prime Minister stated that he can't pass judgment on a bill that is not passed, that is not law. That's correct. He cannot do that, nor should he. He probably also said something along the lines: I can't interfere, stop a province from passing a law. Well, again, if he did that, this province would be up in arms, and more fed bashing would occur. I also bet he suggested to the Premier that he take the existing laws to the health ministers' conference, where they can be assessed.

Now, I'm not saying that the Premier twisted the remarks of the Prime Minister, but my colleagues and I spoke with the Prime Minister later that evening, and I'm sure that what I heard from the Prime Minister wasn't quite the same thing.

This government has a habit of blaming the federal government when a problem arises that they don't want to take responsibility for. Fed bashing is a hobby for this government. Another recent example is the Premier's whining over Minister Rock's visit to Calgary, accusing him of a drive-by smear and whimpering over apparently not being informed about the minister's visit here. Well, maybe he didn't inform the Premier, but I know he informed his minister, Mr. Speaker. [interjections]

THE DEPUTY SPEAKER: Hon. members, this isn't a chorus. You don't need to agree or disagree with each and every statement that's made. You'll get your turn.

Edmonton-Norwood.

MRS. FORSYTH: Your nose is growing.

MS OLSEN: Thank you. I'm glad we've been able to put a personal note to this.

Mr. Speaker, I just want to bring this note forward. You see, the Premier has come to my constituency many times. You know what? He hasn't phoned me. He hasn't told me he's coming. You know what? I'm not whining about it; okay? So, you know, it works both ways.

Minister Rock has stated that the status quo is not acceptable. He's right. Alberta needs to look at true innovation, change that will exist over the long term, change that is sustainable. Bill 11 is a long way from taking that step.

Bill 11 has created a number of major problems. I will focus on overnight stays and enhanced services, but it also fails to address the queue-jumping that already exists and conflicts of interest. The bill allows for overnight stays for surgery. In my view, whether it's major or minor is not the real issue. Most surgeries now, including radical mastectomies, have a stay of less than 72 hours, Mr. Speaker. Very few hospital stays are over three days. The government wants the College of Physicians and Surgeons to determine what type of surgery will be done. I would suggest that this would create a conflict of interest given that doctors will be allowed to operate on a for-profit basis by offering enhanced services to patients.

The government states that contracting out to private hospitals will reduce waiting lists. The Premier is trying to sell this even in the face of research in Alberta that shows that contracting out does not reduce waiting lists. In fact, it shows that the queue will be longer. The study by Dr. Cam Donaldson and Dr. Gillian Currie shows that the provision of private sector beds seems to be associated with longer waits for care in public hospitals, potentially exacerbating problems with two-tier health care.

The issue of enhanced services creates an equally disturbing

problem. Enhanced services are a nice way of having patients pay for extras. Fibreglass casts are an example. Now there's a Goretex cast. How about the lens associated with cataract surgery? You can get the Cadillac lens if you have the dough, Mr. Speaker, but without it you get what? An inferior lens? This type of service delivery does not allow many of my constituents choice, a word the Premier has depended upon to try and make his case. Many of my constituents cannot afford the extras. In fact, many of my constituents can't afford the necessities of life. How is a patient supposed to know what he or she really needs? How can a patient have consumer confidence about the entire range of health care products? Should it be a stainless steel hip or a titanium hip? Will they have to rely on *Consumer Reports* to help them determine the best buy?

Conflict of interest is an important element in this discussion. I find it interesting that it's not addressed. We only have to look at the current executive of the Calgary regional health authority. It was by design that the past Provincial Treasurer and friend of the Premier was appointed as the chair of the Calgary regional health authority and the Premier's friend and past adviser, Rod Love, was appointed to oversee communications and his friend and past deputy minister, Jack Davis, was hired as the CEO of the Calgary health authority. You see, Mr. Dinning is a supporter of private hospitals and has recently stated: it's okay to experiment; we can always go back. Well, ask the sexual sterilization victims how they feel about that rationale, Mr. Speaker.

Let's talk about another issue not covered in Bill 11, the whole notion of private diagnostic centres. These centres allow for those who have enough dough to get a diagnosis at, say, an MRI clinic within a couple of weeks and then take the MRI to their doctor and get put on the waiting list much sooner. Quite frankly, this just recently happened to a friend of mine. Within the time she would have to wait for an MRI, she's done her hip surgery.

Mr. Speaker, I believe it is incumbent upon us as legislators to develop a model of health care reform. During Tuesday night's debate the Premier kept asking my colleague the hon. Member for Calgary-Buffalo to help him. I would suggest that this is not the path we can help the Premier with, but there is a third option. I will offer some suggestions to the Premier and the government. There is no one cure for the problems that ail the health care system in this province and this country. However, Bill 11 does not contribute to real debate.

4:00

Throwing money at this problem will not alone be the answer. Yes, I too would like to see my federal counterparts contribute a bit more money. However, I would also like to see this government not misrepresent the contributions of the federal government. The federal contribution in actual dollars and tax points represents about 25 cents of every dollar spent on health in this province, not 13 cents. Maybe that 25 cents should be increased, and in fact Finance Minister Paul Martin has alluded to more funding, but I challenge this government to come up with a long-term plan that works within the existing publicly funded system before I encourage Mr. Martin to put that money on the table.

The Northeast health centre and the Boyle McCauley health centre are two innovative approaches to health care reform right here in our capital city. In fact, when my son broke his arm in January on a ski hill, I took him to the Northeast health centre, and we were in and out within an hour. Now, I do have friends in policing who state that the backups are still about four hours on some nights, and that's important in different professions, because it takes policemen off the street when they have to wait at the hospital for four hours.

Nonetheless, this centre offers innovative ways of treating patients, from prevention to emergency procedures.

Prevention is a critical part of health care reform. We have made huge strides in the past few years with such things as drug and alcohol and tobacco prevention. Our schools play a huge role in prevention. It is important to ensure emerging health concerns are dealt with in our schools. Nutrition programs, personal hygiene programs, encouraging athletic involvement for children, and even teaching CPR on an ongoing basis will be highly beneficial in reducing health care needs and therefore costs in the future.

Community care and long-term care are two incredibly important concepts. I remember as a police officer I went to a home where a senior had died. The fellow was in a hospital bed in his living room. His wife said to me: don't think badly of me, but I'm glad it's over. She told me she had been looking after her husband for six months. She had received four hours of respite care a week – four hours – and that was it. Her son lived out of town and was not available on a regular basis. The home care nurse came every day at first, but after a couple of months she came only twice a week. This elderly woman had worked very hard to accommodate her husband's needs and felt overwhelmed. He should have been in a home, Mr. Speaker.

Home care will ensure that sick folks are taken care of on a regular basis. Many patients can be at home after surgery but only if adequate services are available at home. Changing roles for the health care professionals is something many doctors, nurses, and, for that matter, citizens are concerned about. I would however encourage the doctors to look at the areas that can be delegated, such as nurse practitioners. Dr. Carolyn Bennett, MP for St. Paul's in Toronto, has undertaken a number of initiatives that have enhanced patient service delivery in her practice.

Mr. Speaker, these are just a few observations that I have in relation to health care reform, and they do not require Bill 11 in order to be achieved. Bill 11 is in fact a Trojan horse. It is not what it seems. It does not provide Albertans with reform. The private hospital debate is not just about whether the Premier is breaking the law or not. It's not just about whether a titanium hip is better than a stainless steel hip. It's about the spirit and the intent of the Canada Health Act, and it's about what's good for all citizens and what Albertans want. They do not want privatized hospitals. They do not want legislation that will support private hospitals. They do not want Bill 11.

It is time this government quit blaming the sick, the poor, the elderly, and other governments for a problem they created. Mr. Speaker, Albertans have said: no means no; we don't want this bill.

Thank you.

THE DEPUTY SPEAKER: The hon. Member for Fort McMurray.

MR. BOUTILIER: Thank you very much, Mr. Speaker. It's my pleasure today, I believe, during second reading, which provides an opportunity, to further the dialogue and debate on the important issue of health care in this country, in this province, and Bill 11 does exactly that.

Since the legislation was introduced, a number of questions have been raised. The following are some of those questions that I've received from constituents in my constituency of Fort McMurray. Why is the government proposing this legislation? Will patients have to pay extra if publicly funded services are contracted out to surgical clinics? Who does pay if insured medical services are contracted out? Why not just spend more money on the publicly funded system to reopen beds and wards in existing facilities instead of contracting out? Where is the proof that using these facilities will save money? How would surgical facilities make a profit if they are

doing the same things done by the public system and are not able to charge the patient extra? How will these contracts be more efficient? Why not just make the publicly funded health system more efficient? How would these contracts be approved? What are the implications on NAFTA and opening the door to American companies under the North American free trade agreement? Won't this legislation lead to pressure by the private sector to deinsure services that are currently paid by the publicly funded system? You know, these are all very good questions, and I'm going to use my time this afternoon in this debate to answer these questions.

Another question was: once the private sector is allowed to get a foothold in Alberta, won't it just be a matter of time before it expands and eventually takes over the publicly funded health system? Another question asked by a citizen was: how will patients be protected from pressures to pay for additional goods and services? One of the final questions asked: isn't this just two-tiered health care under another name? How do we safeguard the public health system if private operators are allowed to take part? How do doctors in these facilities get paid? The final two questions: will physicians be able to work both in a public hospital and in a private facility? Didn't Albertans say no already to this type of proposal in the recent health summit and other forums, and is the government listening?

I think they're very good questions in furthering the debate of health care specifically during second reading. I have taken the time to respond to each and every one of these questions relative to Bill 11. The first question was: why is the government proposing this legislation? Well, at this time Alberta has no legal authority to regulate surgical clinics performing surgeries requiring overnight stays. This is a serious gaff in the law, and without legislation there is a real possibility of a two-tiered system developing. Bill 11 would give government the authority to protect the public health care system by prohibiting, restricting, and controlling surgical clinics in Alberta. It would also enable health authorities to consider all options and tools in determining the best way to deliver publicly funded surgical services so that efficiency and access to care are maximized. Similar provincial legislation, as already mentioned, already exists in the provinces of Manitoba, Ontario, British Columbia, and the home of medicare, Saskatchewan.

The second question was: will patients have to pay extra if publicly funded services are contracted out to these clinics? The answer is simply no. Albertans will not have to pay for medically necessary surgical services, and no person will be allowed to pay directly to obtain faster services. Facility fees charged to individual patients will not be permitted.

Who does pay if insured medical services are contracted out? Quite simply, you'll use your Alberta health care card. Every Albertan will simply use their Alberta health care card.

Why not just spend more money on the publicly funded system to reopen beds? Well, government has increased health spending very significantly in the past few years and will continue to increase spending on the publicly funded health system. Health spending increased by over \$1.6 billion, or 40 percent, over the past four years, including an increase of close to 10 percent just last year alone. Spending will further increase by about \$1.1 billion, or 21 percent, over the coming three years. Alberta has never spent more on the publicly funded health care system than today. This is more than just about throwing money at an old system. It's about giving health authorities more tools to help patients. This is why it is called the Health Care Protection Act. Healthy patients will be able to go to community-based, small facility clinics for minor procedures instead of full-service hospitals.

Another question asked by citizens: how would surgical facilities make a profit if they are doing the same things done by the public

system and not able to charge the patient extra? Surgical facilities would have to be efficient in delivering their services so they could cover costs and salaries on the rates that the public system will be willing to pay. Such cost savings might be possible because the facility would be performing only certain surgeries. The health authority will decide how much it's willing to pay for a contract, based on what is cost-effective for the publicly funded system. If it is not cost-effective for a health authority to contract out, then it will not be contracted out.

The Shouldice clinic in Ontario is perhaps the best example where doctors use their expertise and experience in reducing both the cost, it by half, and the procedural time for hernias, because – you know what? – practice does make perfect. This is another example of a centre for excellence.

4:10

How will these contracts be more efficient? This is another question posed by citizens. Well, each proposed contract will be considered on its own merits. Contracts for publicly funded services will only be approved if they demonstrate a net public benefit. If there is no increased cost-effectiveness or -efficiency or improved access to publicly funded insured services, there will be no contract.

Why not just make the publicly funded health system more efficient? I want to say this: the publicly funded health system is always looking for ways to become more efficient. We have, all of us in this Assembly, an attitude that we can do better, be it in health care or education or whatever the particular issue is at hand. Sometimes contracting out to a surgical facility specializing in doing one or two services could be the most efficient way of delivering a service. It could free up expensive operating rooms for more complex surgeries by having services that do not require the support of a full-service hospital in a surgical clinic. It also provides and makes it possible that the prospect of competition could encourage the public system to become even more efficient, and these centres of excellence that I mentioned, such as the Shouldice clinic, are good examples of where practice makes perfect. I want to take this opportunity to congratulate the health care professionals who in fact garner their expertise and build on that expertise in delivering more efficient health care services.

How will the contracts be approved? Well, before any contract between a publicly funded regional health authority and a privately operated facility will be approved by the Minister of Health and Wellness, specific criteria will have to be met, such as the contract must yield a net benefit to the publicly funded system, considering factors such as improved access and reducing a waiting line as well as other important components such as the services to be provided must be required in the region, the contract must comply with all the principles of the Canada Health Act, the private facility must be accredited by the College of Physicians and Surgeons of Alberta, not by politicians. I think that's important, that the College of Physicians and Surgeons has come forward and said that we need rules to regulate what is taking place in Alberta. That is the intent and sole purpose of Bill 11.

The regional health authority must be able to afford to fund the proposed services within its budget. As well, the two final components of why and how these contracts will be approved: the contract or agreement must be in the public interest with no negative implications to our existing health care system, and finally, the contract must include acceptable standards about the results and outcomes to be achieved and performance measures.

Another question that has been posed to me by citizens in Fort McMurray is: won't this legislation just open the door to American companies under North American free trade, or, as we use the acronym, NAFTA? The answer to that in responding pertaining to Bill 11 is absolutely not. NAFTA contains a carve-out or reserve

clause that allows federal and provincial governments to protect the publicly funded health system. Similar contracts already exist in other provinces where they have similar legislation without any implication to NAFTA. I think it's very important to recognize that in those other four provinces that have existing legislation that we're following no impact has been made. I think it's an important point.

I enjoyed my discussion with some of the union representatives from Fort McMurray where they have posed some very legitimate questions. I thought it very important during second reading to make public in this Assembly those answers to those questions that were asked by citizens.

The next question that was asked by citizens was: won't this legislation lead to pressure by the private sector to deinsure services that are currently paid by the publicly funded system? No. Contracting with surgical facilities to deliver services on behalf of the publicly funded system has nothing to do with deinsuring services. The government has no plan to deinsure services, and all contracting out will be done in accordance with the principles of the Canada Health Act. Ladies and gentlemen and members of this Assembly, the principles of the Canada Health Act will be upheld, as every member of this Assembly agrees. The Alberta government is committed to that principle, and it is to be included in the legislation.

Another question was: once the private sector is allowed to get a foothold in Alberta, won't it just be a matter of time before it expands and eventually takes over the publicly funded health system? That's a good question. The simple answer is that no parallel private, for-profit health system will be allowed to develop in Alberta, perhaps some of the strongest legislation in this country pertaining to that issue. The legislation ensures that surgical facilities will only be able to provide services under a contract or agreement with the public system when it is in the best interests of the publicly administered, publicly funded health system. There will be no charges to patients for insured services, and the publicly administered system will have total – total – control over any private facilities in this province. [interjection] I appreciate those questions being asked.

THE DEPUTY SPEAKER: We just had one of the hon. members apparently wanting to get into the debate, and I wanted to remind her that she was already in the debate earlier in the second reading process.

Continue, Fort McMurray.

MR. BOUTILIER: Thank you, Mr. Speaker. Another important question asked by citizens in this province and in Fort McMurray: isn't this just two-tiered health care under another name? You know, that's a very good question. Of course, the simple answer is no. There will not be American style, for-profit hospitals allowed to operate in this province. There will be no queue-jumping by anyone wanting to pay cash for faster health care. There will be no private surgical facilities operating outside the public system. It will be within the public system. This is the purpose and sole intent of Bill 11, because there are no rules in place today. What this legislation does under Bill 11 is put rules in place to prevent those things from happening.

Another question was: how do we safeguard the public health care system if private operators are allowed to take part? Well, the legislation under Bill 11 commits Alberta to a publicly funded health care system and to the principles of the Canada Health Act. All proposals for contracts will be scrutinized to ensure that they are a useful addition and pose no threat to the publicly funded and administered health system.

One of the final questions that was asked was: how do the doctors

in these facilities get paid? Are they on salary to the facility, or are they paid on the regular fee-for-service basis? What about other staff? Well, physicians will generally be paid for surgical services through the Alberta health care insurance plan, just as they are today, on a fee-for-service basis with a set rate for each procedure. There are opportunities, however, for doctors to be paid through other means; for example, on salary with either a public hospital or a private facility or through a contract with a regional health authority or private facility.

One of the final questions asked by my citizens was: will physicians be able to work both in a public hospital and in a private facility? Won't this be a conflict of interest if they do? Well, certainly a physician will be able to work in both locations. In both instances the physician will be working for the publicly funded system, doing surgery on behalf of the public system and paid by the public system at the same rate for the same procedure in other locations. In either case, the physician, or doctor, is prohibited from charging the patient extra. There is no conflict of interest.

One of the final questions asked was: didn't Albertans say no already to this type of proposal in the recent health summit and other forums that were held, and is the government listening pertaining to this regarding Bill 11? What Albertans told us as legislators during the health summit was that they wanted a strong and vibrant publicly funded and administered health system in Alberta. Bill 11 responds to what Albertans said and affirms the government's commitment to such a publicly funded and administered system. The legislation prohibits private hospitals and prohibits the development of any private, two-tiered system. So we really have more to fear if we stand here and do nothing as opposed to moving forward with the purpose of Bill 11.

This concludes my remarks on this important piece of legislation and the questions that citizens have been asking me. Of course, this legislation, Bill 11, is called the Health Care Protection Act, where Alberta is committed to solution-driven ideas – and I repeat, solution-driven ideas – to protect and sustain our senior citizens, our families, and a health system for all Albertans.

Thank you very much, Mr. Speaker.

4:20

THE DEPUTY SPEAKER: The hon. Member for Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Thank you very much, Mr. Speaker. This bill is probably one of the most important bills that I've ever spoken to in this Legislature. I appreciate, actually, that for the first time in my seven years here both sides of the House have participated in a government bill, not just one or two members but several members. That tells me that this is pretty significant and that people have been getting calls to their offices and that people are very, very worried about this, because people speak passionately about this bill.

I have some heartfelt concerns about what the ideology of this bill is really all about. There is no denying that the actual purpose of this bill is to expand private health care in this province. It is not about protecting public health care. It is absolutely about allowing more private health care in this province. You know what? Albertans know that. That's why people are speaking in this Legislature.

You know, I looked at this bill piece by piece, and as I was reading through it, I turned to my husband and I said: "You know what? This is a sneaky bill. It's a pretend bill. It pretends to do something while it actually does something else." It actually does. It's interesting. I think that if people tell themselves often enough that something is the way it is, they start to believe it.

You know, I've heard from every member on the opposite side

and I've heard from the Premier and it says in the bill that there will be no queue-jumping. What a bunch of malarkey, Mr. Speaker. You know what? Queue-jumping happens now. Nothing in this bill will prevent that. [interjections]

THE DEPUTY SPEAKER: Order. Hon. members in all three rows, you do not have to respond to everything that any member says, and that holds true for both sides.

Hon. Member for Spruce Grove-Sturgeon-St. Albert, through the chair.

MRS. SOETAERT: Absolutely. Thank you, Mr. Speaker.

Now, Mr. Speaker, I was just saying that queue-jumping will not stop because of this bill. If you can afford to buy . . .

DR. TAYLOR: Tell the truth, Colleen.

MR. BONNER: Tell that guy to be quiet.

MRS. SOETAERT: It's okay. I'd rather take my 20 minutes with him interrupting me. I really would, Mr. Speaker, because I have important stuff to say, and he always hassles me.

DR. TAYLOR: And you never interrupt?

THE DEPUTY SPEAKER: Order. The hon. minister will have his chance. Please wait for it.

Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Thank you, Mr. Speaker. If you have the money to pay for an MRI, you jump ahead on the surgical list. Nothing in this bill stops that. So how can you blatantly stand there and say that there will be no queue-jumping when it's not true? I guess if you say it often enough, you start to believe it.

The minister is above the law in this bill, and you know what? You say: no, he isn't. So if you say that often enough, you start to believe it.

Then they say that all contracts will be made public. Not so. The agreements are made public. Will the cost of each? Who are the contracts with? Maybe we'll be there. Will we know who the investors are, who the board members are, which doctors may be in that investment group? Do you see what could happen with conflict of interest there? Nothing in this bill addresses that. So members on the other side will say that all the contracts will be open. Not so. But if you say it often enough, you start to believe it.

This government uses the Shouldice clinic as an example of excellence. Well, you know what? We have to do more homework on that and tell the entire story about Shouldice. Those patients are handpicked. You have to be healthy. You have to be a certain weight. [interjection] Do your homework. Look it up on the Net, Member for St. Albert. Have a look. No complicated surgeries can go there. You have to be extremely healthy. You have to be a good candidate to get to go to the Shouldice clinic. Furthermore, how can it be cheaper when you stay three nights for something that is done usually in day surgery here? And people are paying out of their pocket. So you know what? Before this government uses this as a good example – and you keep saying what a wonderful place it is. Maybe you're starting to believe it, when you haven't done all the homework.

You know what? It's true. Some people say: oh, this could save us money because the contracts will only happen if it's going to save money. Then maybe some of the contracts right now with Gimbel in Calgary should be shut down, because that one is more expensive

than the ones done in Lamont. It's easy to say: oh, it saves money and it's more economical. Not so. But if you tell yourself that often enough, you start to believe it. So I guess it's just rhetoric over and over and over again.

How can it possibly be cheaper to go to a private system where our tax dollars are supporting a private business? How can it possibly be cheaper when people must make profits? That's the idea behind a private enterprise.

DR. TAYLOR: Didn't you have your lobotomy in a private clinic?

THE DEPUTY SPEAKER: The hon. Minister of Innovation and Science keeps trying to speak out of turn. Perhaps he might like to go back to his office and cool down and, when it's his turn, return. Otherwise, please contain himself.

The hon. Member for Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Thank you. I was talking about how it could possibly be cheaper when you're putting taxpayers' dollars in private hands. You know, people resent that, and people understand that. When you use your tax dollars to put it back into a public system, then that public system is supporting you. When you give it to a private enterprise, you are giving it away, because they're making money on you. You get a service, plus you pay them to make a profit. But if you want to believe that oh, no, it doesn't matter – I mean, that's common sense. But somehow government members here can justify giving to a private company.

We've seen what's happened. The reason this province is in debt is because of a consistent pattern of this government giving money to private companies. Well, it is time that it stopped. [interjection] That's right. Any businessperson would know that. I would think the Member for Cypress-Medicine Hat would know that.

MS LEBOVICI: If he were a successful businessman.

MRS. SOETAERT: If he were a successful businessman.

I want to know. I was thinking about this. Mr. Speaker, you know, if I were part of a government that was insisting upon pushing a bill ahead that my constituents did not want, how would I react to that? What would I do? You know what? In my office I've had over 689 letters, e-mails, and faxes in the last two and a half weeks. That is the most I've ever had on anything. Of those, 42 support the bill and the rest are opposed to it, over 90 percent. You know what? Lots are from Stony Plain, St. Albert, Redwater, the whole area around my constituency.

DR. TAYLOR: All Liberals.

MRS. SOETAERT: Yes. You bet they're all Liberals, and next time it'll all go Liberal. You watch it. Some of those seats are pretty vulnerable over there, so I'd be listening to my constituents if I were them.

People phone me and say: "How can we stop this, Colleen? Are they just going to push ahead despite what we say?"

DR. TAYLOR: Yeah.

MRS. SOETAERT: The Member for Cypress-Medicine Hat says yes. They're not going to listen to us. I don't believe that. I believe in democracy, and I believe it matters that over 52,000 people have signed a petition. That's not counting the other ones that other people in here have tabled. I believe in democracy. If people phone and write and e-mail, I do believe they're listened to, and I'd hate to

think the Premier has painted himself in a corner and that now he says: I don't know how to get out, so we're just going to duck and do it anyway. I would hope that is not signed, sealed, and delivered.

4:30

If you are truly representing your constituents, what do you do about a bill like this? What do you do? Hide? Follow party line? Follow the Premier? Follow private investors' interests? Or do you represent the people who elected you? What a dilemma for some people. It shouldn't be. It shouldn't be a dilemma. People know how many people have called them. They know that they value public health care. They know, Mr. Speaker. They are not stupid.

Albertans know what this bill will do, and that's why so many letters and faxes and phone calls have been happening. You know what? If those MLAs aren't representing, I do believe they're in trouble. I do believe you sell part of your soul when you actually vote against something you believe in, and I believe there are times when there are things that, hmm, part of it I can live with, part of it I can't. That happens. That's what politics is. Some of the things you know you can live with; some you can't.

But you know what? I would bet you that every MLA in this Assembly has had more calls opposed to this than supporting this. I get copies from them, and if there are a few who don't, fine. But I'll bring in all the stats from my office about it, and they're overwhelmingly opposed to this. So despite what you feel in your heart, despite if you have to sell your soul, do you go ahead and follow something you don't believe in? That's what I see happening with government members.

You know, it was interesting. I've heard very good speeches, and I thought the Member for Edmonton-Riverview's analogy last night was actually a good analogy. I think she's lived very close to this system, as probably a couple of others have in this Assembly. Her love of the public health care system made me realize how very dear it is to all of us, every single one of us. I want it there, and I want to trust that it'll be there. I want to trust what these government members say, that it will still be there.

But you know what, Mr. Speaker? How can I trust a government who was very deceitful about Swan Hills and Bovar? How can I trust them when just after the Premier was elected, another \$100 million was sent to Bovar and a promise of no waste from out of province? Then they said: no waste from out of country. Oh, not true. All not true.

THE DEPUTY SPEAKER: The hon. Deputy Government House Leader is rising on a point of order.

Point of Order Parliamentary Language

MR. HAVELOCK: Yes. Thank you, Mr. Speaker. I am citing *Beauchesne* 489. The hon. member used the term deceit in her remarks regarding the prior government's position with respect to the Swan Hills waste treatment facility. I'd refer you to 489, where under the debates from March 22 of '77 "deceive" was held to be unparliamentary. The term "deceived" was also held to be unparliamentary. I would therefore suggest that the hon. member retract her statement.

To pre-empt any argument, Mr. Speaker, that the term is also held to be parliamentary, it was held to be parliamentary, but that was in 1970. So it seems that actually the use of the word has been ruled to be unparliamentary most recently.

Thank you.

THE DEPUTY SPEAKER: On the point of order Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Mr. Speaker, I said "deceitful." It is also parliamentary language. If the minister is really worried about it, then I'll retract it, because I want to use the rest of my time wisely. I won't stoop so low as other people in this Assembly who list them off and use them.

THE DEPUTY SPEAKER: That's kind of a qualified withdrawal of the comments.

The chair has had to intervene a number of times, because once you start getting catcalls back and forth, then we start getting more personal and start saying things that really are unparliamentary and unkind and unworthy.

Hon. member, if you are prepared to take both comments back, then we can go on.

MRS. SOETAERT: Sure, Mr. Speaker. I'll retract.

THE DEPUTY SPEAKER: All right. Spruce Grove-Sturgeon-St. Albert.

Debate Continued

MRS. SOETAERT: Good. Thank you very much. I want to talk about trust and the lack of it. I'm safe there. When the government made the promise about Bovar, they broke that trust; right? Now we have waste from all over the world.

Ah, the refinancing of West Edmonton Mall. Could we trust them there? No, we couldn't.

Oh, we were promised to have elected health authorities. The power we're giving these health authorities and they're not elected. They're handpicked by Conservatives. You know what? I know some very good people on those health authorities, some excellent, excellent people that could run in an election and win because they're credible people, and that way they could serve with some independence, not under the thumb of this government. Yes, they would work with them much like school board trustees, but they are not under the total thumb of this government.

Now, there are people here who don't like school boards. That's not my problem. That is theirs, and there we go with another issue of trust.

I realize I have only a few short minutes left, and I regret that, but I want to speak for a minute. To me this is a debate about what we value. Unlike this government the majority of Albertans know that their health care system is way too precious and too important to be subjected to an experiment which allows a few people to make an extra dollar from the taxpayer.

The debate is about the priority we put on a public system available to all regardless of their ability to pay. Do we allow our public system to deteriorate while building a for-profit tier with superior service available only to those who can afford it? What happens to the publicly funded system once we start down that road? I think that's an ethical question we all have to ask ourselves. What do we value, and what do we think is ethical for all the people of Alberta?

I think that medicare, public health care, is absolutely a Canadian value. What it says is that we share the risk of ill health. Only by the luck of the draw, by God's grace, by whatever you want to say, some of us are born very healthy and some of us are not. So here we have a cost that as a society we've decided to share and finance primarily by our taxation system, and this system recognizes that all of us have a responsibility for each other, not just for me and my children. If I can pay for it quick, then I'll get it done quick, because we all feel that way. We would do anything for any member of our

family. We would mortgage the house. We would do anything, but that's not a Canadian value of caring for everyone. That's why we're in a public health care system. That's why we're in medicare. We believe that everyone – everyone – should have the same opportunity to health care. That's what this bill is undermining.

The debate I think is also about trust, trust between doctors and patients, between health authorities and the people they serve, between representatives and their people. You know what? It's about trust, but mainly it's about trust in the health care system. We trust that it will be there when we need it. We trust that. In all the public opinion polls, the letters, the town hall meetings, and petitions, you know what Albertans are saying? They have lost their trust. They have lost their confidence in this government when it comes to health care. You know what? Albertans are suspicious of this government and Bill 11. They know and they fear rightfully so that it will lead to a two-tiered, American style health care system.

I still want to know the answer to the question: why? We live in the most beautiful province in the world. We have a booming economy. We have great people. We're just one of the most fortunate places in the world. Why? Why would we go down this path? We don't need to. So, Mr. Speaker, I don't know why this government wants to increase taxpayer dollars going to private hospital operators – I don't know why – instead of fully funding the public system.

4:40

THE DEPUTY SPEAKER: The hon. Minister of Innovation and Science is rising on a point of order?

DR. TAYLOR: No. She's asked the question: why do we need this bill?

THE DEPUTY SPEAKER: We don't need an explanation.

DR. TAYLOR: I would like to provide her with the answer.

THE DEPUTY SPEAKER: I don't know that there's any provision for that, so it's not a point of order.

MRS. SOETAERT: Good try. I was hoping he'd ask me another question because I'd go for another 20 on the answer, but anyway you can ask a question if you'd like.

I just want to say finally – and I know I only have a minute or two left, Mr. Speaker – that I want every MLA to really, really think about why they are backing this bill. I know that more than 50 percent of their constituents do not want it. Do not want it. Over 50 percent of Albertans do not want this. But the ideology of this government is such that privatization is above all, above the common good, above health care, and that disappoints me. I would urge each single member in this Assembly to really think twice before they stand in unison and follow this path, this very destructive path. [interjection] I know. I know they say that they're going to do what they're told. I wish for once they'd represent their constituents instead of just following like lemmings over a cliff. I would like them to just stand up and vote against this bill. [interjection] You like the lemming idea. [interjections] Let them go, people are saying. Let them go. I know. It's tempting, but I have faith in this Assembly. I have faith in democracy.

When people stop me just walking down the mall or at IGA or Safeway, they're all saying: "Colleen, what can we do to stop this? Is he honestly going to push ahead with this?" I am really hoping, because I do believe in democracy, that their concerns are heard. These aren't just my constituents, Mr. Speaker. These are constitu-

ents from Redwater, from St. Albert, from Stony Plain, from Edmonton. You know, those places I shop in, those places I have friends and relatives in, those places I'm in all the time. Maybe I can't speak for Cypress-Medicine Hat with all his contacts down there, but I certainly speak for those constituencies that are right around me, Lac Ste. Anne as well. Absolutely those people are more than 50 percent opposed to this bill, yet their MLAs, I fear, are going to support this, whether they know it is right or not. I think that might be a bit of a moral dilemma for them, or maybe it's not. Maybe they honestly just don't care. But I've got to tell you that I would rethink this if I were them. I would rethink this.

You've got to respect David Kilgour. Years ago he crossed because he was opposed to the GST. Well, that you've got to admire, standing on your own two feet.

Thank you, Mr. Speaker.

THE DEPUTY SPEAKER: The hon. Member for Bonnyville-Cold Lake.

MR. DUCHARME: Thank you, Mr. Speaker. I'm pleased to rise today and speak to Bill 11, the Health Care Protection Act.

Firstly, Mr. Speaker, I wish to comment on remarks made by the Member for Edmonton-Norwood prior to my formal remarks. The Member for Edmonton-Norwood is clearly confused in her assertion that Bill 11 returns us to the pre-Pearson days, when patients had to pay out of their pockets for their health care. Bill 11, as anyone can clearly read, protects, upholds, and maintains the publicly funded health system. Bill 11 was written after an extensive review of existing legislation in other provinces. And for the member to suggest that medically necessary services provided to Albertans are inferior is not just plain wrong but an insult to Alberta's first-class doctors.

Contrary to what the Member for Edmonton-Norwood has said, the federal minister and the Prime Minister were provided with copies of the bill and its preceding policy statement, and we are confident that senior staff have read them closely. If there was any concern with the Canada Health Act, they have had plenty of time to say so.

The Member for Edmonton-Norwood spoke of her positive experiences at the Northeast community health centre. We agree with her comments. This is one of the new government initiatives to show innovation and adaptation in responding to the health care needs of Albertans. Likewise, Bill 11, as part of the government's six-point plan for health care, is one more option in addressing those needs.

Mr. Speaker, there has been much discussion about our health proposal over the past several months. While some of it has been based on fact, unfortunately some of it has been based purely on emotions. [interjections]

Speaker's Ruling Decorum

THE DEPUTY SPEAKER: Sorry to interrupt you. It seems that Calgary-Fish Creek wants to get in on the debate, and I'd just only ask her to wait her turn and not interrupt an hon. member, even on her own side, when they're speaking.

On the other side I wonder if the two people who have already spoken to the issue could cease adding to the disruption and let us hear each hon. member in their turn without all the extra voices being heard.

The hon. Member for Bonnyville-Cold Lake.

Debate Continued

MR. DUCHARME: Thank you, Mr. Speaker. Unfortunately, some

of it has been based purely on emotions and perceptions rather than looking at what the legislation actually says.

Mr. Speaker, I've received calls, letters, e-mails and faxes from Bonnyville-Cold Lake constituents regarding Bill 11. They ask questions like: why does the Alberta government want to pass legislation that would let private facilities do surgeries in the first place? There are, in fact, several reasons why we need this legislation. One is that right now we have no legal way to regulate and control private surgical facilities or private hospitals. Right now if a private surgical facility is accredited by the College of Physicians and Surgeons of Alberta, they could set up shop, and there is absolutely nothing the Alberta government could say about it. We need this legislation so that government can protect and ensure the sustainability of Alberta's publicly funded and publicly administered health system.

Government, therefore, had three options: one, do nothing and let it happen; two, totally ban surgical clinics from ever doing anything in Alberta, including those already in operation, such as those doing cataract surgery; three, regulate and control private clinics so that they only operate when it was a benefit to Albertans and to the totally publicly funded system. We could have said an absolute and total no to surgical facilities, but we have introduced this legislation because it provides health authorities with another option as they seek to improve the way they deliver publicly funded and publicly administered surgical services.

I want to make something perfectly clear at this point, Mr. Speaker. The legislation doesn't say that the health authorities must contract to private surgical facilities. In fact, it simply offers an option to contract with such facilities if the regions have evidence that there would be a benefit in doing so. An individual analysis would be done for each and every contract proposed to a regional health authority by a surgical facility. Only those contracts that showed a net benefit to the public system, considering factors such as increased access to services, improved cost-effectiveness or -efficiency would be approved. Because the bottom line is this: the health authorities remain accountable to the Minister of Health and Wellness and to Albertans to maintain a quality publicly funded and publicly administered health system. This means that it's up to them to make sure they spend the public health funding they're provided in the most responsible manner possible. Albertans have been very clear in their directions to us in this regard. They have told us they do not want to go down the slippery slope toward an American style, two-tiered health system in which people with money are able to buy faster or better service.

At this point I want to interject with a point that needs to be kept in mind as we discuss the legislation. Critics claim that the reason health care has problems today is due to budget cuts of the past. In 1992-1993 the health system was spending about \$4.1 billion per year in Alberta. From 1980 to 1992 health costs had increased by 215 percent. Even considering population growth in that same period, 17 percent, and inflation at 63 percent, this rate of growth was clearly not sustainable, especially when considering that the province as a whole was spending \$3 billion a year more than it was receiving in revenue. Between 1992-93 and 1995-96 health spending was reduced by about \$500 million, from \$4.1 billion to \$3.6 billion, a reduction of about 13 percent. At the same time, administration costs were cut. The more than 200 hospital boards and agencies were reduced to 17 regional health authorities.

Since 1995-96, however, health spending has increased in each of the past four years. Overall annual spending on health has increased by 40 percent in that time so that this year health spending will total about \$5.1 billion. This is \$1 billion more a year than was spent in '92-93, the year that spending reductions began.

Per capita spending on health in Alberta in 1999-2000 is about \$2,013 per Albertan. This is the third highest per capita spending rate of any province in Canada, behind only B.C. and Newfoundland. However, Alberta is also the youngest province in Canada, and when you adjust for the age of each province's population, Alberta has the highest per capita health spending in the country. Today health spending is higher than it ever has been in the history of the health system in our province. In fact, we now spend over \$15 million each and every day in Alberta's health system, and we're also providing more services than ever before.

4:50

Our government will continue to increase spending on the publicly funded health system. Our annual health spending will increase by over \$1 billion, or 21 percent more, over the next three years. That will increase daily health spending to more than \$17 million a day by 2002-2003. Spending will be \$2 billion a year higher than in 1992-93, an increase of 49 percent over the past 10 years. While this significant new funding will be provided over the next three years, we have to realize that there are limits to the dollars that can be provided. We now spend \$1 out of every \$3 in the provincial budget for health services.

While our government is committed to addressing priority areas such as health and education, we also remain strongly committed to the principle of fiscal responsibility. We cannot allow our province to enter into the vicious cycle of deficit budgeting again. For that reason, we are committed to working with stakeholders in the health system to use innovation, imagination, and strong management skills to make our health system accessible and sustainable both now and in the future.

In that spirit, we have introduced Bill 11, the Health Care Protection Act. It enables the regional health authorities to consider one more way of providing health services while keeping our health system publicly funded and publicly administered. In other words, a publicly funded system will continue to pay for medically necessary services as determined by physicians. To make sure our health system continues to be there in the future when we need it, we need to plan for that future and we need to find new and better ways of delivering health services. In other words, we need to change.

To protect and preserve the valued elements of today's health system, we believe that a program of action is necessary, action that will put in place the barriers that will prevent the slide of our health system down the so-called slippery slope toward two-tier, American style private health care, action that at the same time makes certain that our health system has the flexibility and the adaptability to deal with the challenges of today and of this new century.

From the very beginning of the proposed legislation the government's intention was made clear. The legislation affirms the commitments of the government of Alberta to the preservation of the principles of the Canada Health Act, affirms the commitment of the government of Alberta to continually improve the quality and accessibility of publicly funded health services in the province.

The legislation specifically bans private hospitals in Alberta. It prohibits facility fees for medically necessary surgical or physician services that are covered by Alberta's health care insurance plan. It prohibits queue-jumping and payments by individuals to get faster service. Existing legislation prohibits anyone from requiring patients to purchase goods or services that are not medically necessary as a condition of receiving medically necessary services or faster service. It sets out disclosure rules for the sale to patients of any goods or services that are not medically necessary. It prohibits any private surgical facility from providing insured services unless that facility has a contract with the regional health authority to provide those services on behalf of the health authority

and unless the Minister of Health and Wellness has approved that contract.

The legislation prohibits the Minister of Health and Wellness from approving a contract unless he or she is satisfied that it is consistent with the principles of the Canada Health Act; that there is a need for the services to be provided; that the contract would not have an adverse effect on the publicly funded system; that there is a public benefit resulting from the contract, considering factors such as access to publicly funded services, quality of service, flexibility for the health authority, cost-effectiveness, and other economic considerations; that the health authority can afford the contract; that the contract indicates performance expectations and measures; and that the surgical facility is accredited by the College of Physicians and Surgeons of Alberta. In short, if the minister determined that a proposed agreement was not in the best interests of Albertans or of our publicly funded and publicly administered health system, he would not approve it. And remember; being able to stand up and say no is not something that he's able to do now.

Highlights of the legislation are: prohibits a private surgical facility from providing uninsured surgical services unless approved by the Minister of Health and Wellness, requires that health authorities make available to the public for inspection any contracts between the health authority and a surgical facility, sets significant fines for any person contravening the provisions of the act, and establishes in legislation the new Premier's Advisory Council on Health to provide strategic advice to the Premier on the preservation and future enhancement of quality health services for Albertans and on the continuing sustainability of the publicly funded and administered health system.

Benefits of the legislation for Albertans as patients. There will be no facility fees and no charges to patients for insured services. Paying to jump the queue will be illegal. Doctors will continue to decide who receives services in which order according to the most urgent medical need. It provides patients with the potential for increased access.

Let me give you an example to demonstrate what I mean by that. In a surgical facility elective surgery can be planned and provided without the rescheduling that occurs when emergency surgeries and urgent medical needs arise that a full-service hospital must handle. As well, performing less complicated procedures in facilities can free up hospital operating rooms for more complex procedures that require all the sophisticated resources of a hospital for diagnosis and intensive care. This could reduce the waiting times for more complex procedures in hospitals. The safety and quality of services provided by surgical facilities would be protected by the College of Physicians and Surgeons' accreditation.

For the benefit of Albertans as taxpayers the proposed legislation would provide the potential to improve access, efficiency, and effectiveness. Because the surgical facilities would focus on providing one or two types of surgical procedures, they could become very good at providing that one service, thereby allowing them to serve a greater number of patients at the same cost. The region would have to demonstrate a benefit in spending taxpayers' money on a contract. All physicians would continue to be paid the same way they are now, through their fee-for-service contract with the publicly funded health system. The regional health authorities would continue to be responsible and accountable to the minister for the way health spending was spent. And it would provide the potential to defer major front-end construction costs.

The bottom line remains this, Mr. Speaker. If passed, Bill 11 would prohibit private hospitals and would prohibit any surgical facility from offering insured surgical services without a contract with a health authority. In other words, this legislation would

prevent the development of any parallel private health system in our province, and it would give us a means of sustaining our publicly funded health system by giving health authorities more options to consider when finding new and better ways to meet the challenges facing health care both now and in the future.

The Health Care Protection Act is only one part of a larger overall plan envisaged for our health system. In his televised address to Albertans in January Premier Klein announced government's six-point plan to protect and improve Alberta's publicly funded and publicly administered health system. The details of this six-point plan are clear evidence of our commitment to Canada's single-payer, publicly funded style of health care and our commitment to making that system better able to meet the challenges of this new century.

As the Premier noted in his address, there are six key directions in our plan, including improving access to publicly funded services, improving the management of the health system, enhancing the quality of health services, increasing our emphasis on health promotion and disease and accident prevention, continuing to foster new ideas to improve our health system, and taking the necessary steps to protect the publicly funded system from any potentially negative external factors.

I've already discussed at length that final point, so I'd like to focus now on the remaining five points. In fact, the plan highlights close to 20 initiatives to support those directions. First, our government is going to be increasing our annual health spending by over \$1 billion, or 21 percent more, over the next three years. I can also tell you that much of the new money is targeted toward hiring more nurses, recruiting more doctors, increasing the number of cancer, heart, and neurosurgeries that we do, and increasing access to home care and continuing care services.

When speaking of recruiting more doctors and hiring more nurses, I think it's important to recognize that Alberta's nurses and doctors are among the best paid in Canada. We are successful in attracting health professionals to Alberta, and as evidence of that I'd like to point out that in last year's budget we targeted hiring an additional 1,000 nurses and other frontline health professionals in our health authorities. We have already exceeded that target of 1,000. In fact, almost 1,200 new full-time equivalent positions have been staffed, including more than 600 nurses. Over the next three years we'll be hiring up to 2,400 more frontline staff.

In terms of doctors, by the end of September of 1999 we had increased the number of doctors practising in the province by more than 250 from the previous year and close to 400 over two years, and we expect at least 90 more this year. To support that direction, Health and Wellness Minister Halvar Jonson has announced an increase of 40 postgraduate residency places in the province's medical schools and Learning Minister Lyle Oberg has announced close to 200 additional spaces for nurses in our postsecondary . . .

Speaker's Ruling

Referring to a Member by Name

THE DEPUTY SPEAKER: Hon. member, that's three times in a row. In baseball you're out. We're not permitted to use the names of hon. members. We use the name of their position, their ministry, or their constituency but not their proper names.

Debate Continued

MR. DUCHARME: The Learning minister has announced close to 200 additional spaces for nurses in our postsecondary education system.

As I mentioned, our government is also targeting new funding to areas such as cardiac surgery, cancer surgery, neurosurgery, and

kidney dialysis, life-saving procedures where we want to reduce waiting times and ensure timely access to surgery.

At any given time during this year close to 30,000 Albertans will be receiving home care support, and we intend to increase that number next year.

5:00

However, as I said earlier, improving the health system is about more than just increased funding, more health professionals, and more procedures. It is also about doing things better, and that is why we are focusing so much time and effort reforming our primary health care system.

Right now we have 26 pilot projects being funded through the health transition fund, and several others which are funded through our alternative payment plan project, which are looking at new and better ways of meeting the primary health care needs of Albertans. Many of these projects are focused on an integrated approach to the delivery of health services through groups of health professionals working as teams, sometimes in a 24-hour-a-day facility, to better meet the health needs of patients.

Our plan also includes strategies to increase the emphasis on promoting wellness and preventing disease and injuries, like a new five-year immunization strategy, screening plans for breast cancer, cervical cancer, and metabolic disorders.

[Mr. Shariff in the chair]

These are just a few of the initiatives highlighted in our six-point action plan, but they are indicative of the leadership role Alberta is playing among all provinces in protecting, improving, and reforming our publicly funded and administered health system. Through increased access, reformed primary care, new direction in long-term care, increased emphasis on health promotion, protection, and prevention and better use of technology, we are taking the steps necessary to ensure the long-term viability and sustainability of our health system.

Alberta is not the first province to bring in this type of legislation. The provinces of B.C., Saskatchewan, Manitoba, and Ontario have similar legislation already in place. Clearly, these laws have not destroyed Canada's health system, as our critics claim Bill 11 will do.

At this time, Mr. Speaker, I'd like to speak about the private-sector involvement in the public health system. The private sector has traditionally played an important role in supporting and complementing Canada's publicly funded health system. Some examples of private-sector involvement in delivering quality health services to Albertans include that there are currently over 4,400 physicians in Alberta who are, in fact, private-sector health providers and who bill the public health system under the terms of a contract for services provided to the public system.

There are 588 chiropractors, 233 opticians, 278 optometrists, 1,414 dentists, 180 denturists, and 38 podiatrists who are private operators in Alberta with their own private businesses yet do work for and in support of the public health system. We have 375 private-sector ground ambulances located in 135 communities throughout Alberta, and we have 14 private-sector aircraft that are contracted by Alberta Health and Wellness to provide dedicated air ambulance service throughout the province. These are just some examples of the private sector already working in our publicly funded and publicly administered health care system.

I'm proud to rise today in support of Bill 11. Mr. Speaker, Bill 11 is not a fix-all for all Albertans' health care system. I don't believe that anyone in government has promoted the bill as such. However,

Bill 11, combined with other initiatives, can help to stabilize the health system in this province. I'm eager to keep looking at the bill throughout the debate process and trying to come up with ways that will improve it even more. I would be interested in discussing any amendments that might strengthen the bill and address some of the concerns of my constituents without removing the intent of the bill.

[The Deputy Speaker in the chair]

Mr. Speaker, I and my government colleagues are not above health care. Critics of Bill 11 claim that this government is out to destroy the Alberta health system. Why would we make it our mission to destroy something that we and our family and friends and constituents all need and rely on? We need the public system to be there for us too.

I'd like to conclude by saying that the debate has tremendous value to all Albertans. Thank you, Mr. Speaker.

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Gold Bar.

MR. MacDONALD: Thank you, Mr. Speaker. I am looking forward with pleasure to the debate on Bill 11. I know what Bill 11 is not, and it's not the public health care protection act. Now, earlier some hon. members said that this is enabling legislation. Well, I know what's enabling about it. This bill has finally enabled all Albertans to see the mess that's been created by this government in the last seven years in our public health care system.

We already know how this government has deliberately underfunded public health care. They have laid off thousands of health care workers and forced hundreds of doctors and nurses to leave the province. Mr. Speaker, they have closed down, blown up, and sold off public hospitals to create a shortage of beds and waiting lists. They have underfunded the remaining public hospitals so that now they sit with empty beds, darkened corridors, and empty operating theatres.

This government has stopped building and upgrading long-term care facilities and auxiliary hospitals. This has resulted in longer waiting lists and patients being shipped off to facilities far away from their families, their communities, and their places of worship. Everyone knows but the government members in this Assembly what this regime has done to our public health care system.

Now we have truth squads, that tell us that they have a plan to fix the problem. Bill 11 is the problem. This government is the problem. The direction they've taken in health care is a major problem. Now, Mr. Speaker, there is a single word that's missing from the title of this bill, and that's "public." Protect our public health care. But, no, they're trying to ram a bill down the throats of Albertans. The reason this word "public" has been left out of this bill is because Bill 11 creates a two-tiered health care system. Bill 11 creates a two-tiered system. It creates private hospitals, but this government doesn't have the political fortitude to call them private hospitals. The reason they don't have the political courage to do this is because the Premier and the cabinet are back in the business of being in business. Now they want to set profit levels for the owners and operators of private hospitals and they want to subsidize these hospitals with taxpayers' money.

I'd like to talk a little bit more about Bill 11, this Health Care Protection Act, Mr. Speaker. I heard one of my constituents describe this bill as the most cynical piece of legislation that he has yet to see, and this gentleman is over 70 years old and has been politically active in this province and has seen a lot come and go.

The first thing that this bill does is pretend to ban private hospi-

als. It pretends to ban private hospitals, but then in the very next section of the bill it turns around and creates something called approved surgical facilities, that will perform approved surgical services. Just what are surgical services? Just what are overnight stays? There has been confusion not only in the province about this, but there has been confusion in this Assembly because some hon. members have had difficulty comprehending that we have overnight stays in this bill. I find that astonishing, Mr. Speaker.

Now, I have a question. Is the Walter C. Mackenzie Health Sciences Centre at the University of Alberta not a hospital because it's called a science centre? Of course it's a hospital. Is the Mayo Clinic in Minnesota not a hospital because it's called a clinic? Of course it's a hospital. Is HRG in Calgary, with its 37 beds, including four intensive care unit beds, three state-of-the-art operating rooms, X-ray equipment, and lab services a hospital? Of course it is, if Bill 11 goes ahead.

As all hon. members of this Assembly, particularly the government members, fan out across the province this weekend and converse with Albertans, whether it's in their constituency offices or in the local shopping centres or on the main streets of their towns, I certainly hope that they realize that Albertans do not want Bill 11 and that they will do the right thing, come back here and tell members of Executive Council: we've had it; we're either crossing the floor and joining the Liberals or you pull that bill.

Playing games with words, or doublespeak, as George Orwell called it in his novel *Nineteen Eighty-Four*, is the hallmark of Bill 11. I think this deception and doublespeak in Bill 11 is exactly what Albertans are saying about it. They see this, and this to them is the most cynical piece of legislation that they've ever seen.

5:10

Now, it is interesting to discuss health care in this province, and it's interesting to compare all of Canada and all of America. It is very interesting to compare the percentages of gross domestic product spent on health care in Canada and the United States from the 1960s through to the present. What's interesting is that the amounts that the U.S. and Canada spent on health care costs as a percent of gross national product were almost identical until the full implementation of medicare in 1971, but then a strange thing happened. Canadian costs have leveled off at about 9 percent of GDP, while U.S. costs have increased to about 14 percent of GDP and are still climbing.

So Canada brought in medicare, and all of a sudden the percentage of GDP that Canadians spent on health care began to become less and less compared to what the Americans with their private, two-tiered system were spending. In spending an amount equal to 14 percent of their GDP on health care, the Americans are leaving over 40 million men, women, and children without any form of health care. On the other hand, I would like to remind all hon. members of the House that Canada now spends an amount equal to about 9 percent of our GDP, and every single citizen is covered. Why would you want to go backwards with this costly, unfair, U.S. system of private, two-tier health care? Not only that, but Canadians with their medicare system have longer life expectancies and lower infant mortality rates than in the U.S. Moving towards a two-tiered system just doesn't make any sense.

Now, seven months ago the *New England Journal of Medicine* published an article that compares costs between public and private hospitals. Here's what it said.

For decades, studies have shown that for-profit hospitals are 3 to 11 percent more expensive than not-for-profit hospitals; no peer-reviewed study has found that for-profit hospitals are less expensive.

That's one of the most highly respected medical journals in the world talking.

What else did this comprehensive study reveal? Well, for one thing, medicare spending in the U.S. was 13 to 16 percent higher when it was connected to for-profit hospitals instead of not-for-profit hospitals. The study found that spending increased faster in geographic areas served by for-profit hospitals than in areas served by not-for-profit hospitals. Finally, when compared with spending in areas served by not-for-profit hospitals, it found that spending increased more in areas served by a mixture of private and not-for-profit hospitals because the private hospitals pushed up prices in not-for-profit hospitals because they had to compete for doctors and nurses.

Again, Mr. Speaker, the private, for-profit hospital path being pushed by this government and this Bill 11 just doesn't make any sense. The reassurances of the hon. member across the way that they're hiring all these doctors and nurses . . .

AN HON. MEMBER: Where can you find them?

MR. MacDONALD: I don't know where they're going to find them, and I wish them well and hope they're successful in their pursuit, but we are setting up in the system two parallel systems.

The Cambie centre in British Columbia pays their registered nurses wage levels or compensation packages that are greater than the collective bargaining agreements that are negotiated. No hon. member in this House can tell me . . .

Bill 21 Appropriation Act, 2000

THE DEPUTY SPEAKER: I hesitate to interrupt the hon. Member for Edmonton-Gold Bar, but in accordance with Standing Order 61(3) the chair is required to put the question to the House on the appropriation bill on the Order Paper for second reading.

[Motion carried; Bill 21 read a second time]

THE DEPUTY SPEAKER: Hon. member, before we return to your speech, may we briefly revert to Introduction of Guests?

[Unanimous consent granted]

head: Introduction of Guests

(*reversion*)

THE DEPUTY SPEAKER: Hon. minister.

DR. OBERG: Thank you very much, Mr. Speaker. It gives me great pleasure to introduce to you and through you a very prominent member of the medical society in Alberta. Dr. Grant Gall is the dean of medicine at the University of Calgary. Grant, can you please rise and receive the warm welcome of the Legislative Assembly.

head: Government Bills and Orders

head: Second Reading

Bill 11 Health Care Protection Act (*continued*)

THE DEPUTY SPEAKER: The hon. Member for Edmonton-Gold Bar.

MR. MacDONALD: Thank you, Mr. Speaker. Now, we were talking about the supply of doctors and nurses in this province. It was claimed by the Premier that there were going to be big savings

for all these private hospitals, but when we compare it to what is going on currently in British Columbia, it is just not reality.

Now, in 1994 the U.S. public-sector spending alone on health care averaged 600 U.S. dollars per person for a system, I remind all hon. members, in which over 40 million citizens had no health care insurance, and many other people were facing substantial deductibles, fees, and premiums. By contrast, in Canada public-sector spending was about \$1,450 per capita. That means their spending was \$150 less per person, but we covered every Canadian and without the user fees, deductibles, and premiums.

Now, a highly respected economist by the name of Dr. Bob Evans, at the University of British Columbia, has found that Americans pay more in taxes for health care than Canadians or almost all other people in the developed world despite their massive contributions to the private sector. Why do Americans pay more for less coverage? The primary reason is the Americans' huge administration costs. The biggest advantage of the Canadian over the American system is in administration cost savings. Canada's single-payer insurance plan means more control and lower administration costs. In fact, processing the multitude of private insurance schemes requires four to five times the administrative resources needed than with the universal plans of public systems.

An American professor speaking in Toronto last year gave a very concrete example. He described an American private hospital with 900 beds. The hospital had a staff of 317 in its billing and collections department. By contrast, a Canadian public hospital in Toronto with the same number of beds had a grand total of 16 people administering billings.

Now, where is the administrative cost in Bill 11? Who is going to administer the contracts but the regional health authority officials? This is going to cost them more time and more money. We're already doing this with the Workers' Compensation Board. The Auditor General pointed this out in his last annual report in September of '99. There are billing irregularities. There are problems with that. Fortunately, he was gracious enough and keen enough to point that out, and he should point this out to all government members, because they're going down the same road with Bill 11. You're going to increase administration costs for the regional health authorities. You have no idea what you're doing. Listen to the people.

Not only is the cost to citizens under medicare lower, but the costs to businesses are lower in this country as well. Living next door to the Americans and their big businesses and the huge economies of scale means that Albertan and Canadian businesses must make use of every economic advantage possible to prosper, to compete, and to create jobs. Our current medicare system costs employers far less to insure workers than the American system.

A study published by the Conference Board of Canada in March of last year entitled *Corporate Health Care Costs in Canada and the U.S.* showed that total health care costs for Canadian firms ranged from a low of a little over 3,000 Canadian dollars to a high of about \$13,500 per employee. In the United States that range was from \$7,500 to nearly \$28,000. Total health care expenditures, private and public, averaged 14 percent of gross payrolls in Canada and 24 percent in the United States. The study found that the health plans cost firms more than 9 percent of the payrolls in the United States. In contrast, health care plans cost Canadian employers between 1.4 and 2 percent of payrolls.

5:20

The evidence doesn't stop there, Mr. Speaker. A study by KPMG called *The Competitive Alternatives*, a comparison of business costs in North America, Europe, and Japan, was also completed last year.

It examined the total annual costs of a typical firm in eight different jurisdictions. It found that labour costs were the key. Labour represents 58 percent of location-sensitive costs while taxes represent just 12 percent. Overall Canada has the lowest cost of all countries in the survey. In attaining the lowest overall cost rating, Canada had its biggest advantage in employer-sponsored benefits, with health care insurance being the largest component.

Now, Mr. Speaker, you might ask yourself the question: where are the statistics, the reports, the studies, the research from the Premier and this government? Where are the studies about how we're going to benefit from the opening up of our public health care system by creating these private hospitals? We have not seen one credible study, not one statistic or one report . . .

THE DEPUTY SPEAKER: Hon. member, we have a point of order. The hon. Minister of Agriculture.

Point of Order Relevance

MR. LUND: Mr. Speaker, under *Beauchesne*, the sixth edition, 459 on relevance. The hon. member has been going on in his diatribe about private hospitals. Bill 11 prohibits private hospitals in the province of Alberta, so what he is saying is totally irrelevant to the debate?

MR. MacDONALD: Mr. Speaker, this is ridiculous. There's a definition of private hospitals even in this bill. If the hon. member hasn't read the bill, I will show him where the definition is.

THE DEPUTY SPEAKER: Hardly a reply to a point of order.

I would say that at second reading we are allowed a certain amount of width in our debate, and if the hon. member wants to debate that black is white or white is black, then if it's relevant to the debate at hand, he's quite able to make that point. We may disagree with it, or we may agree with him or have yet another opinion of it, but that characterization is allowed. It may not be what we think is right, but it is certainly within the parameter of his right to debate.

Edmonton-Gold Bar.

Debate Continued

MR. MacDONALD: Thank you, Mr. Speaker. For the convenience of all hon. members on the opposite side of the House, definitions,

section 29(m) of the bill: "'private hospital' means an acute care facility." I'm not going to go any further, but there it is for all hon. members.

Now, Mr. Speaker, we have not seen one credible study to back up the demands that this government is trying to have. They're demanding that Albertans have this bill as one of our laws. Not only are Albertans suspicious; all Canadians are suspicious of this parliamentary initiative.

Mr. Speaker, the irony that is going on with the debate on Bill 11 is that in Alberta the current provincial government would like to experiment and tinker with the system by adding a private-sector component to our public health care delivery. The only model that looks similar to what is proposed in Bill 11 here is what we currently have in the United States. Our system is an economic advantage not only to all Albertans but to all Canadians. So why would we want to copy a model that so obviously doesn't work, a model that doesn't work as well as the one we already have?

But we have a little bit more evidence closer to home, in Calgary to be specific. One of the Premier's privatization experiments is under way there, in the fine city of Calgary, at the moment. For some time now cataract surgeries have been performed entirely in private clinics outside of the hospital system and partly paid by the government or the taxpayers. The Alberta branch of the Consumers' Association of Canada recently published a study on waiting lists for cataract surgeries, and the experiment that's going on in Calgary is just not making sense. It doesn't make sense for the taxpayers; it doesn't make sense for the patients who are waiting for surgery.

Now, moving to more private hospitals or private surgical facilities – if the hon. members across the way are sensitive to that, then I will have respect for it – they just doesn't make any sense, Mr. Speaker. So if this doesn't make any sense, why is this government, at the risk of losing the confidence of the electorate, pushing ahead? Bill 11 certainly won't make health care cheaper. In fact, it will lead to higher costs for taxpayers. It's not going to make waiting lists shorter. In fact, it will increase waiting lists. It won't reduce costs for businesses. In fact, it will increase costs and kill jobs.

Mr. Speaker, at this time I would like to adjourn debate, please, on Bill 11. Thank you.

[Motion to adjourn debate carried]

[At 5:27 p.m. the Assembly adjourned to Monday at 1:30 p.m.]