Legislative Assembly of Alberta

Title: **Wednesday, April 12, 2000 8:00 p.m.**
Date: 00/04/12
[The Speaker in the chair]

THE SPEAKER: Please be seated.

THE SPEAKER: I'll introduce the hon. Member for Calgary-Mountain View in just a second, but might we revert briefly to Introduction of Guests?

[Unanimous consent granted]

head: Introduction of Guests

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 Felix D'Souza, a grade 12 student at Austin O'Brien high school; Joanne Howell, librarian at Austin O'Brien high school; Rosemarie Humniski, careers and postsecondary education counselor at Austin O'Brien high school. These visitors are guests of Howard Yeung, one of our pages. It's Howard's last evening in the House. So with your permission I'd ask them to stand and receive the warm welcome of the Assembly.

head: Government Bills and Orders
head: Second Reading

Bill 11
Health Care Protection Act

Mr. Havelock moved that pursuant to Standing Order 47(1) the question on second reading of Bill 11, Health Care Protection Act, be now put.

[Adjourned debate April 11: Mr. Renner]

THE SPEAKER: The hon. Member for Calgary-Mountain View.

MR. HLADY: Thank you, Mr. Speaker. I'm pleased to rise this evening and speak to second reading of Bill 11, the Health Care Protection Act, and offer some constructive comments on this very important bill. Indeed, the discussion surrounding this bill is important to all Albertans.

At the outset I would like to make clear that it is my belief that Bill 11 reaffirms this government's desire to improve our publicly funded and administered health system by entrenching in legislation our commitment to preserving the principles of the Canada Health Act. I also believe that one of the most important things to result out of the debate on Bill 11, Mr. Speaker, is that it has forced Albertans to think about their health care system, its positive aspects as well as its drawbacks and how they think they wish to see it survive into the future.

Canadians cherish their health care system. It's something that helps define us as a nation. This government shares this view and wants to preserve our medicare system, but everyone agrees that it needs to be reformed to stay sustainable into the future.

Today in Alberta we spend $15.5 million a day on health care. This number increases to $17 million a day by 2002-2003. Total health care spending will increase by $1.1 billion over three years, Mr. Speaker, from $5.2 billion in '99-2000 to over $6.26 billion in 2002-2003. Health care expenditures presently make up 31.9 percent of our budget. In 1992-93 the health system was spending about $4.1 billion per year in Alberta.

From 1980 to 1992 health costs increased by 215 percent. As a whole the province was spending over $3 billion a year more than it was receiving in revenue. Between '92-93 and '95-96 the health budget spending was reduced by approximately $500 million, from $4.1 billion to $3.6 billion, a reduction of about 12 percent, not the fraudulent 30 percent number stated by the Leader of the Opposition. Since 1995-96 our health spending has increased.

THE SPEAKER: We have a point of order. The hon. Member for Edmonton-Glenora.

Point of Order
Allegations against a Member

MR. SAPERS: Thanks very much, Mr. Speaker. I'm rising under Standing Order 23, particularly the subsection that talks about making allegations against another member. I heard the Member for Calgary-Mountain View say that the Leader of the Official Opposition was somehow fraudulent in using the number 30 percent. I can understand why that member would be confused, because the government's own web site repeats the misinformation that the cutback was only 13 percent and also makes the allegation that the Leader of the Official Opposition was talking about health care funding when in fact a careful reading of her comments will indicate that she was talking about hospital funding.

Mr. Speaker, on several occasions, including sessional papers which had been tabled in the House, it is clear that the hospital funding cutback is documented in academic work and in the Canadian centre for health . . .

THE SPEAKER: I gather that the hon. member has made his point. Does somebody else want to respond to this point of order?

The hon. Deputy Government House Leader.

MR. HAVELOCK: Very briefly, Mr. Speaker. I want to make two points. One, under *Beauchesne* 490 "fraudulent" actually has been held to be parliamentary.

Secondly, Mr. Speaker, it's a question of interpretation. I think the hon. member across the way was clarifying his leader's position with respect to the issue. Our member was simply giving his own interpretation, which I might add was likely the more accurate of the two, of what has happened in the past.

Thank you very much.

THE SPEAKER: Hon. members, *Beauchesne* very, very clearly says that unfortunately from time to time the House must accept conflicting interpretations or conflicting views on exactly the same situation. Not a point of order.

Would you continue, Calgary-Mountain View.

Debate Continued

MR. HLADY: Thank you, Mr. Speaker. I appreciate that.

Since 1995-96 the health spending has increased in each of the past four years. Overall annual spending on health has increased by 40 percent. Per capita spending on health in '99-2000 is the third highest in Canada, behind only British Columbia and Newfoundland. However, Alberta is also the youngest province in Canada, so when adjusted for age Alberta has the highest per capita spending in Canada.

DR. TAYLOR: Repeat that.

MR. HLADY: Highest in Canada.

DR. TAYLOR: You're sure?

MR. HLADY: Indeed.

As a province we have seen more and more money going into health care every year since '96-97. Clearly, Alberta is doing its part to ensure that our health care system is adequately funded. Yet waiting lists persist, and people continue to talk about how the system needs to change to address the problems within the system.

Clearly, the status quo is not an option anymore, Mr. Speaker, for our Alberta health system. We can no longer afford to continue adding more and more money to our health care system. It quite simply is not sustainable. The challenges of our increasing and aging population, new medical treatments and technologies, and increased public expectations require that the system change if it is to remain accessible and sustainable to all Albertans.

Some examples I'd like to use, Mr. Speaker. If we build it, more people are using the system. The best example I could come up with is around X rays, CAT scans, and now MRIs. As better technologies become available, people want to use them. However, there is not a lessening of use on our earlier technology. So we're actually seeing just increased spending. We are not seeing a more efficient use of the things that we've had.

Surprisingly, Mr. Speaker, the Leader of the Official Opposition agrees, or at least she did when she was the minister of health in 1991.

> Reform has to occur. It seems to me that if we keep adding new resources, we won't get to that reform. I'm not an advocate for adding on to the existing system. I think the existing system needs a whole bunch of change.

MacBeth, *Hansard*, June 10, 1992. Why doesn't she stand and say that now?

THE SPEAKER: Repeatedly, in the last several days reference has been made to names of individual members. That's inappropriate.

I'd ask you to move forward.

MR. HLADY: Thank you, Mr. Speaker. I apologize. The Leader of the Opposition.

If I were to make the case for why Bill 11 is before the Legislature today, I do not think I could make a better case than the Leader of the Official Opposition did in 1991. "The existing system needs a whole bunch of change," she said. "I'm not an advocate for adding on to the existing system." Yet she stands in the House eight to nine years later and still offers no solution to the problems and states that we do not need Bill 11 when she did eight or nine years ago.

I'm extremely disappointed in the politics being played by the Liberals and the extremist rhetoric they are using in relation to this bill. Mr. Speaker, I think they lack honour. But they do not care. They do not think they should be accountable for the fear they've been creating in this province.

The Member for Spruce Grove-Sturgeon-St. Albert repeated this rhetoric in her speech last Thursday. The Liberals believe that if they repeat this rhetoric enough, people will start believing the lies and fears that they keep representing. As an example, the pamphlet they've been passing out around the city which states, "Legalizes private, for-profit hospitals." This bill does not do that. "Creates a two-tier health care system." We protect Albertans from that happening, Mr. Speaker. And it continues on and on.

The Member for Edmonton-Gold Bar is also guilty of this. He has spoken of closed beds and what he called "darkened corridors." As usual, Mr. Speaker, the opposition is using a song book full of wrong notes. So that Albertans will know the facts, 15 new or replacement facilities have been built across Alberta to meet increased demands since 1993. Each of these new facilities has opened new beds, brightened new corridors, and increased our capacity within the system.

8:10

While we have been actively doing something, Albertans might like to know what the opposition's real position is. Perhaps the Member for Edmonton-Gold Bar would ask his leader if she stands by what she told the *Edmonton Journal* in May of 1992, and I quote: I don't deny that the system's going to change or must change, nor do I assume that the number of beds is the only measure of the effectiveness of our health care system. He might also ask her about something else she said, again in May of '92: we have among the highest number of acute care beds per capita here in Alberta; maybe we should look at really making a concerted effort to move into more outpatient centres and care.

The member has also referred to the American health care system, and he doesn't like it. Neither do we, Mr. Speaker. Bill 11 bans in clear language any private, parallel, two-tier American health care system. Bill 11, the Health Care Protection Act, affirms Alberta's commitment to a quality publicly funded and administered health system for the province and to the preservation of the principles of the Canada Health Act, that foundation of Alberta's health system.

Currently there is no legislated authority for government to prohibit, restrict, or control private surgical clinics in this province. This is a serious legislative gap that the government has been asked by the federal government to address. Presumably, if a surgical clinic wishes to begin operation in Alberta, all it requires is accreditation from the College of Physicians and Surgeons. The government has no legal authority to intervene.

The legislation bans private hospitals and prohibits the development of any parallel, two-tiered health system in Alberta by controlling private surgical clinics. At the same time, it enables publicly funded regional health authorities to look for new and better ways to deliver health services, improve efficiency, and reduce waiting lists through limited contracts with surgical facilities to deliver some surgical services.

A private surgical facility cannot provide insured services unless that facility has a contract with a regional health authority to provide those services and unless the Minister of Health and Wellness has approved that contract, Mr. Speaker. Bill 11 also ensures that no private surgical facilities operate outside the control of the public system.

It prohibits queue-jumping. It prohibits facility fees for medically necessary surgical or physician services that are covered by the Alberta health care insurance plan. Bill 11 also prohibits anyone from requiring patients to purchase goods and services that are not medically necessary or to receive faster service. It also sets out clear rules for the sale of goods and services to patients that are not medically necessary. Mr. Speaker, the legislation sets significant fines, up to $100,000 for a violation of the act.

The government is committed to the fact that no parallel, private, for-profit health system will be allowed to develop in Alberta. The proposed Health Care Protection Act 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 interest of the publicly funded health system. There will be no charges to patients for insured services, and the publicly administered system will have total control over any private facilities.

Mr. Speaker, there are currently 52 privately owned surgical clinics in the province accredited by the College of Physicians and Surgeons. Most but not all have contracts with the regional health authorities to deliver some surgical day procedures. A few of the clinics do only uninsured services such as cosmetic or dental procedures. Among the surgical procedures performed in these clinics under contract to the public system are ophthalmology procedures such as cataract surgery; ear, nose, and throat surgery; oral and dental procedures; plastic surgery; dermatology procedures; and pregnancy terminations. Interestingly enough, when the hon. Leader of the Official Opposition was the health minister, she allowed 35 of these clinics.

DR. TAYLOR: How many?

MR. HLADY: Thirty-five of these clinics she started and allowed them to charge facility fees, and she did nothing about it. We're doing something about it, Mr. Speaker. It is additionally curious to hear some of the criticisms leveled at us by the Leader of the Official Opposition. She suggests that we cannot be trusted on health care because we are creating a two-tiered, American health care system with the advent of Bill 11. This is preposterous. It's untrue, and she should be ashamed of herself for stating this.

In fact, how can Albertans trust the Leader of the Official Opposition now on her public stance against Bill 11 when in 1991 she said:

> My view is that we don't have all the answers in the Canadian health system. I think we should always be open to learning more, and it may well be that we can learn something from the quality management structures that the Americans have put in place.

That was in *Hansard*, June '92. She now creates fear when a few years ago she moved away from that.

She then went on to say this about the U.S.

> But I believe with their HMOs . . . there may be better ways to measure quality in health care than we may have imagined in Canada. In terms of learning, which I happen to believe should be a lifelong goal of all of us, including our health system, there may well be something we can learn from the American system without compromising our own.

Mr. Speaker, that is exactly what we're doing in Bill 11. We're trying to make things work better in this province.

Indeed, apparently now the Leader of the Official Opposition feels differently than the rest of us. Apparently she is the one who feels that implementing an American health care system in Alberta would be beneficial. The record says so. It's an undisputed fact. Unlike the Leader of the Official Opposition, this government wants to protect and preserve our medicare system. We want to reform our health care system from within and come up with new and creative ways to make the existing system better. Bill 11 does this by giving RHAs the flexibility, the tools, and the options required to make the best use of their budget and their resources.

I would like to thank all my constituents of Calgary-Mountain View for their comments and suggestions on Bill 11. I have found them constructive and useful in preparing my comments for today. In particular, many have suggested to me that the government needs to examine further how to implement clear cost accountability measures in the system. People tell me that it would be nice to know what doctors are charging or levying on their behalf whenever they access the public system; in essence, what they are costing the public system every time they visit the doctor or the hospital.

Perhaps an amendment in the future, maybe not in this bill but elsewhere or in another bill, could be the introduction of a mechanism where every Albertan receives a yearly or monthly bill or a statement of account, similar to a utility bill, that shows their own personal cost to the health care system. This would close the loop on creating some accountability. This kind of mechanism would not only add cost accountability and transparency to the health care system and could help eliminate double and triple billing, but it would also allow Albertans to understand better the value the existing system provides.

I would also like to tell all the seniors in my constituency that Bill 11 will ensure that they will receive the care they need when they need it and when they need it most. It will help improve access and reduce waiting lists for the minor surgical procedures they require while at the same time freeing up valuable operating time for major surgeries in our hospitals.

In closing, I would like to share an observation. When medicare was introduced back in 1968, it was originally a 50-50 cost-share agreement between the federal and provincial governments. In 1998-99 the federal government contributed only 10 and a half percent of the funding for Alberta's health care system. In the recent federal budget these transfers were boosted, and Alberta received an additional $420 million from the federal government, Mr. Speaker, or enough to keep our hospitals open for about 30 days. For our system to become strong once again, the federal government has to either come back to the table as an equal partner or recognize the value of their contribution and let provinces like Alberta innovate and find new ways to strengthen our system.

The Health Care Protection Act will not solve all the problems in the health care system, Mr. Speaker. The government still needs the support and co-operation of all Albertans and health care professionals and administrators to find long-term solutions. Alberta also will need the continued support of the federal government and a renewed commitment to restore and enhance their funding commitments to Alberta's health care system.

Mr. Speaker, thank you for the opportunity to allow me to speak this evening, and I look forward to hearing the rest of the debate.

THE SPEAKER: The hon. Member for Airdrie-Rocky View.

MS HALEY: Thank you very much, Mr. Speaker. I'm very pleased to have this opportunity to address Bill 11 in second reading. Before I get to the specifics of Bill 11, I want to speak just a little bit about the past, because it may help shed some light on where we are today, where we have been, and how we arrived at this point.

Some of you may or may not know that prior to being elected here in 1993, I served for four years on the Calgary General hospital board. I also represented the Calgary area on the Alberta Healthcare Association board for four years and was further elected by them to represent Alberta on the Canadian hospital board. I was, in fact, appointed to the Calgary General hospital board by the then Conservative minister of health, now the Leader of the Opposition. I was appointed not once but in fact twice by that same minister. I have heard the Leader of the Opposition talk about how when she left her ministry to run for the leadership of my party, she left things in good shape. I'd like to talk about that era, because during that time there were a number of things that did occur that have a direct bearing on the contents of Bill 11 today.

8:20

A nurse's strike had occurred, if memory serves, just before the Winter Olympics in Calgary back in 1988. The demands were for an over 20 percent increase in their wages. When the strike finally ended, the nurses in fact had won a very sizable wage increase, but the then hospital and health unit boards were told to find the money inside their existing budgets, as the minister of the day felt no responsibility to cover those increased costs of the single largest

expense inside the health care system. That was, and still is today, wages.

The minister told hospital boards they had to improve their information systems so that the department of health and the minister could in fact have a better and more timely information system about what hospitals were doing with the money that was being allocated to them. They did not, of course, allocate additional dollars to the hospitals for those computer systems, nor were there any guidelines from the minister as to what types of systems we should have. We ended up with a variety of different computing systems and programs. For the most part, no one system could talk to any other system in the province.

We spent millions and millions of dollars that could have gone to patient care, but instead the money went to feed endless streams of data to a department that never did tell us what they wanted it for, nor did they ever respond back to us with advice on how to become more efficient inside our hospital system.

In addition to the money spent on the new and improved computer systems, we also had to hire more systems analysts, more programmers, and data entry clerks to input that endless stream of information. Every time things like this occurred, there were always dollars allocated away from patient care and over to more machines and more bureaucrats.

Clearly, Mr. Speaker, we were in a time of change, but the biggest changes were just coming. The next major shift in funding was called the acute care funding formula, the incredibly complex system designed in the United States for American private acute care hospitals. There was little or no consultation with the hospitals that would be impacted here in Alberta. The new funding formula was announced to the Alberta Hospital Association, and it was another example of the top-down management style that we had come to expect. The logic behind the funding formula was recognition of dollars to acuity level. In and of itself it was a very good idea. Everyone knew, for example, that a burn patient was going to require more care and attention than someone having a minor surgical procedure, and therefore that patient would cost more to look after.

Hospitals that had higher acuity levels would in fact receive more funding than those with lower acuity levels. There was a major flaw in the funding formula, though, and perhaps it's because private acute care centres in the United States don't have long-term care psychiatric patients. But here in Alberta many rural hospitals and some of our majors, such as the Royal Alex and the Calgary General, did in fact at that time have that type of patient and still do today.

The Calgary General hospital was in fact the psychiatric centre for southern Alberta. We had patients that were remanded into our custody by the courts for 30 days. We had a geriatric centre of excellence at the Peter Lougheed Centre, yet neither of these areas were recognized in the funding formula. The end result was that we were deemed inefficient inside the system. We made big headlines, Mr. Speaker, big headlines: Calgary General hospital inefficient.

We lost funding, millions of dollars a year. We lost it to the Foothills and to the U of A, who achieved increases, and please note that these were not new dollars in the system. It was simply a switch of dollars from one facility to another. When we would try to explain to the minister of the day that the formula was flawed and that while in fact it might work in the United States in private hospitals, it was not working appropriately here, we were told by her and her department that there was nothing wrong with the formula.

Well, that being the case, we did what others were doing inside the system: we hired a firm to come in and try to break down the funding formula so we could find ways to get around it. We were, however, forced by the annual reduction in our funding at the General to look for innovative ways to try and save money and try to maintain our patient programs. So we closed beds. We closed whole units. In fact, we closed whole buildings. We privatized everything we could, from biomedical waste handling to privatizing housekeeping in the hospital. We managed to save 2 and a half million dollars in the housekeeping move at a time when we had been cut 3 million dollars for being inefficient.

Because things were not interesting enough at the time, all hospitals were told to do a complete inventory of all programs offered in each facility. The theory behind this move was that at the end of the inventory there would be a rationalization of health care services to eliminate duplication. It turned out that the only program rationalized in the Calgary area was the cardiac program, and it still operated out of the Holy Cross, the General, the Foothills, and the Rockyview. Not much of a rationalization. All other programs stayed basically the same, and turf protection became the order of the day.

We were all told that our patients were staying in the system too long, and in order to comply with the acute care funding formula, pressure was applied across the board to get the length of stay down. A new computer system was invented, and its purpose was in fact to track doctors who admitted patients and the length of stay attached to each patient. This way pressure could be put on individual doctors to have a more timely release of their patients more in line with that of their colleagues.

Home care was the next big push from the department of health, but rather than have home care come under the same system that had the patients while they were in hospital, home care funding was given to the health units. There were not even any common linkages between the health unit system and the hospital system. We did not, for the most part, even communicate with one another. People being released from the hospitals were likely to have to contact the health unit themselves to try and arrange for home care as the pressure for shorter and shorter lengths of stay increased so that we could comply with the acute care funding formula.

Inside the health care system everyone was so preoccupied with the endless tasks required by the minister and her department that rare was the day when we actually talked about services for patients. And all this in the so-called great system that supposedly had few, if any, problems under her guidance. At the same time, this same minister was on Treasury Board helping to firmly place this province into a cycle of deficits, borrowing, and huge interest payments, interest payments that have not created one job, provided one service, or helped one sick or injured Albertan and are still close to a billion dollars this year. Ten years later we're still paying for it.

Private laboratories were encouraged to set up. Private MRI clinics came on the scene as the minister stubbornly refused to supply money needed to buy the new technology. Gimbels and Morgentalers flourished under a system that allowed for physician fees to be paid by the public system, but patients could be and were billed directly for the facility fee, and all of this under her watch. Health care boards were told that we were part of the problem. If we could not get our spending under control and balance our budget, she'd hire somebody who would. There was lots of big talk and lots of threats and very little follow-through.

There was no follow-through on the information system. We were never told what the data was for or how to improve our efficiency in the hospitals. There was no follow-through on the big wage settlement, just less patient care as we scrambled to cover the costs. There was no follow-through on the acute care funding formula even when defects in the formula were shown to be there. Millions of dollars were taken away from a few facilities and given to others. And there was no follow-through on home care. Instead, an idea became the rule of the day. The $35 million to start a new service

which $500 million might well have paid for resulted in a shift of nurses out of the acute care system and into the home care system.

Some of the other things that were going on at the time were meetings, endless meetings, Mr. Speaker. Because in addition to the 200 or so hospital and health unit boards, we also had an Alberta Hospital Association, a teaching hospital council, a long-term care association, a mental health council, a Catholic hospital association, a rural hospital association, plus too many regional boards to count. All of these management layers, and no one listening to or agreeing with anyone else. One goal in mind was to survive with programs intact and funding restored. And once again, no follow-through from the minister. Yes, I must say that things were just great.

In 1993 this government did follow through. We eliminated all those boards and created 17 regional health authorities to try and bring together all those different elements of this huge, growing, and dynamic business. And have no illusions, Mr. Speaker: it is a business. It is one of the biggest and most expensive businesses in this province, and there are all kinds of people making all kinds of money out of the system. From the people who supply groceries to those who supply oxygen, from Aids to Daily Living to the diagnostic services, from the individual doctors and surgeons to the private contracts many nurses have to supply home care to the regional authorities, there is in fact profit being made. All of these elements go into making a health care system work, and despite the rhetoric and hysteria being manufactured by the opposition, this system does work.

Can it be better? Yes, absolutely, but one thing is certain. It will continue with or without Bill 11 to evolve and change, but with Bill 11 in place there are some basic truths. This bill and our system will not violate the Canada Health Act. This system will be universal. This system will be publicly funded. People will not pay for medically required services. This system will be publicly administered. Private clinics will do only minor surgeries, and private hospitals will not exist.

However, for the first time in the history of the system, private clinic contracts will be made public. They were not made public under her watch, Mr. Speaker, but they will be under ours. But the rhetoric and fear mongering continue, comments like "it will be a two-tiered system" and the "it is a slippery slope" argument, comments designed to create fear and mistrust when clearly the bill does exactly the opposite.

There is nothing in this bill that will encourage that, allow that, promote it, or legalize it. And let's be clear. It was under the leader of the Liberals that for-profit clinics started. Facility fees for eye clinics and abortion clinics came into being. Private, for-profit MRI clinics opened up, and privately owned labs that billed the government directly flourished. Was it a problem then? No, apparently not. Is it a problem today, when we try to get it under control? Well, yes, Mr. Speaker, today everything seems to be a problem.

8:30

So here we are today with the Friends of Medicare, the Liberals, and the unions mad about Bill 11. They see it as a panacea for the private sector to do something while possibly without union involvement. Who knows? Yet here we have today AUPE asking for over 20 percent wage increases for some health care workers. Some are suggesting that essential health care workers should be able to go out on strike. We don't hear any of the friends talking about that.

What should be talked about is that in 1969 when the publicly funded system started here in Alberta, the total cost was $34 million, 50 percent paid for by the federal government and 50 percent paid for by the province. Today, just over 30 years later, the cost in Alberta is close to $6 billion for 3 million people, and the federal government is paying less than 11 percent. In the decade between 1992 and 2002 we will have gone from a system costing approximately $3.5 billion to one exceeding $6 billion.

If there's one thing I'm thankful to Bill 11 for, it is that it has provoked a debate on health care, a debate we'd better not be afraid to have. We have to find new and innovative ways to sustain our system, a system we all want to preserve. We do have to be aware of the constant rise in utilization and the constant rise in cost. If we can't talk about it openly and honestly without hysteria, in 10 or 20 years we're going to have a problem so big that talking about it won't matter anymore, and then we'll all be worse off for that.

If a private clinic can do hernia operations in Toronto and because of their ability to streamline and become more efficient they've been able to cut operating time in half and the cost in half, why is that a bad thing? Why can we not do that here? There's not one member of this government that wants to destroy public health care. We all use the system. We have aging parents. I've got children. Some of us even have grandchildren. What possible motive could any of us have to destroy a universal, publicly funded system?

I am neither arrogant, stupid, nor greedy, as implied by the Liberal leader. The majority of us, unlike the leader of the Liberals, will not have a pension plan when we leave here. I have serious doubt that I would ever be able to pay for health care when I am 65, and for sure today I do not have the ability to go across that border and buy services in the United States, the way so many people do today. So many want to criticize the United States' system, yet so many Canadians go across the border to use it.

Funny, isn't it, that even in the United States there are commercials running on television telling people to be afraid, to be very afraid of any electoral candidate running in the U.S. election that might be talking about universal medicare or bringing in some kind of government-funded system. It's good to know that the rhetoric and the misinformation knows no borders in North America. There's just as much misinformation and fear-mongering about our system in the United States as there is about their system here.

Maybe just by utilizing some of our own home-grown health care entrepreneurs, we might find some innovative ways to improve delivery of health care services to our aging population, ideas that might improve universal access, streamline some procedures, and be cost-effective for all of us that not only use the system but in fact pay for it.

We seem to have forgotten that many of the facilities in the province of Alberta were not even built by government. Many hospitals were actually built by organizations like the Catholic hospital groups, the Salvation Army, and even the municipalities. Most of the long-term care facilities that are in use today in Alberta were built by organizations like Bethany Care and Carewest. One of the most effective assisted-living models in this province is the St. Michael's Extended Care Centre right here in Edmonton, and it was built by the Ukrainian community. Government funds these organizations only in part, by paying per diems for the patient residents and paying for home care and physician fees, yet few Albertans would realize that these facilities were not built nor are they owned by the government of Alberta.

One hundred and thirty-five ambulance systems throughout the province are not owned by the Alberta government, yet funding mechanisms exist to help Albertans cover part or all of the costs associated with ambulance and paramedic assistance. The government does not own the aircraft, either fixed-wing or rotary, that make up the 14 contracts used to transport people into the major centres from remote locations. Government pays for those services by way of a contract. Government does not own pharmacies,

doctors' offices, chiropractic or physio clinics. We do not own optometrists' clinics. We don't own abortion clinics and we don't own eye surgery clinics, yet we use a contract system to help provide services to Albertans. Do these people make a profit? Well, I sure hope so. If not, why would they be here? They provide services to Albertans by being in business. They're here where they contribute to the well-being of all of us. I for one am thankful that they are here. I do not think it is a bad thing if somebody makes some money and pays income tax along the way.

There are many effective examples in this province of public and private and nonprofit organization partnerships that have evolved to serve the needs of Albertans. The complexity of the system makes it really difficult for people not involved on a day-to-day basis in that system to understand what the government owns or doesn't own and that universal access, publicly funded does not necessarily translate into government ownership. Health care technology is going to force the system to continue to evolve and change, and nothing can or will stop that. Pretending that the system today is all provided for by public servants in publicly built facilities will not make it so.

If the College of Physicians and Surgeons had approved the Health Resource Group to do overnight surgery for the regional health authority – and they could have, Mr. Speaker; they could have done so – there would have been nothing in place to prevent it, to question it, or to ensure that it benefited any of the people that live in this province. Bill 11 provides the law, the regulations, and the guidelines to allow not only clinics of today to be examined and monitored to assure the public that their money is well spent, providing much-needed services to them, but also the clinics of tomorrow.

I would like to talk briefly about the word "hospital," because the opposition have had a pretty good time with that word. The reality, however, is just a little bit different. Back in the late '80s and the early '90s many smaller hospitals in Alberta were going through a transition, and it was a change in their name from the word hospital to community health care centre. In fact, even the Alberta Hospital Association changed its name to the Alberta Healthcare Association. I wonder if anybody ever wondered why that happened. There was a time in Alberta, when you were driving the highways of this province, when you might in fact have seen a lot of big, green H signs, indicating that a hospital was so many kilometres away. It was a sign that indicated to the passing public that there was a hospital nearby where you could get the care and attention you would need if faced with an emergency of some type.

Many smaller rural hospitals and even a few of the larger centres had an emergency room with no emergency physician. They had fully equipped operating rooms yet no surgeon, no anesthetist or staff to handle an emergency surgery. The bottom line was that there was a growing concern as to whether or not a facility could be sued for calling itself a hospital when in fact it had no ability to respond to an emergency situation. They had no intensive care unit and, for the most part, no staff trained in trauma, unlike the advanced life support offered by many of our paramedics in this province.

So 10 years ago the shift started away from the term hospital to health care centre, and there was a very good reason for it. In people's minds a hospital was to be able to handle all manner of situations, when in fact many could not. So what's in a name, Mr. Speaker? Well, really quite a lot. When we talk about no private hospitals in Alberta, that is exactly what we mean, and the Liberal leader knows it because she was the minister of health when the shift started away from the word hospital to health care centre. A clinic can and does do surgery. A clinic does not handle trauma, as does a hospital, and while it might be easy to confuse many Albertans, I am confident that despite the rhetoric, truth and common sense will in the end prevail. After all, this would be the same person who said, while she was running for the leadership of my party, that she would not leave a legacy of debt and deficit to her children. Well, she was wrong then, and she is wrong now.

This bill is none of the things she says it is. It is a straightforward piece of legislation that allows RHAs one more option to look at in their quest to restructure this system to provide services and enhance access. It provides the College of Physicians and Surgeons with the regulations, guidelines in their mandate to accredit facilities to provide services to Albertans. It gives the minister the ability to review contracts to ensure that a net benefit to Albertans is achieved.

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

MS KRYCZKA: Thank you, Mr. Speaker. I'm very proud to address this Assembly this evening, speaking to Bill 11, the Health Care Protection Act. The main reason I ran for the PC nomination in Calgary-West in 1996 and then for the PC Party in the 1997 provincial campaign was because I had the greatest respect for the Premier's leadership in bringing this province's fiscal house in order and also overseeing the development of a strong economy, which is both envied and respected by provincial jurisdictions across Canada and beyond.

8:40

To quote from a recent supportive letter from a Calgary-West constituent: families are responsible for their household bottom line, and governments are expected to play by the same rules and act fiscally responsible by making their ends meet. I am not inclined to look over my shoulder at what-if life situations. Life is ever changing, and survivors look forward with an open-mindedness, learning from experiences.

I personally support this government's present focus to carry out business plans which will improve the quality of life for Albertans today and in the future. These business plans are grounded in Albertans' priorities and will provide a solid framework for a very bright future. They are innovative, achievable, and realistic and reflect the goal of sustainability in the future.

Mr. Speaker, Albertans have very high expectations and standards, and I'm just one of those Albertans. We want excellent-quality service and results for what we pay, whether from chefs, hairdressers, accountants, teachers, our children, and our medical services. We want to stay young and healthy forever, and we don't like lineups. We want the benefits of efficiency and timely service. As a government we're willing to pay for it. Alberta is, as a result, tops in Canada in per capita funding, including recent increases in the health care budget.

Our increasingly high-tech, highly researched, and highly utilized public health care system comes with a price tag, and that is increasing at an alarming rate. Presently Alberta's health care system costs approximately 33 percent of our total provincial revenue pie. This is what I don't hesitate to tell seniors, for instance, in my constituency. I also tell them that at the rate we're going, in three to five years it could be 40 percent. They listen carefully to that and accept that information.

In speaking to my constituents of Calgary-West in past years, there's a clear majority that are satisfied with the services offered in the Calgary health services. As always, these people are the silent majority. I have also heard, though, from a small minority who are unhappy with their experiences with the system and want me to believe that all is dark. One of my tasks as MLA, I believe, is to put it in an objective perspective.

After a bit of reflection I've decided to include some of my own

personal comments and experiences, only a few. I realize that actually in the last number of years I have had many personal, family-related incidents with our health care system in Calgary. I would say that most of these events are emotional and quite often have an unhappy ending, and therefore you have unpleasant memories, such as when a wee grandson of mine – his name was Scott – died of SIDS in 1995 or when a dear friend's 11-year-old son died just a year ago, in 1999, after a lengthy illness with a brain tumor. Speaking objectively, the services provided at the time were excellent, caring people looking after sick people and their families. I also remember when I waited not too long ago for two hours in a local hospital in Edmonton, acute care, for only three stitches. All of these experiences were basically positive in terms of the hard-working, dedicated people, but there was very noticeable evidence in my mind to bring about improvements.

Just briefly to comment on a few: physicians and staff could work as a much better team to provide more efficient and better service to the patients; citizens who go to emergency acute care who should be in a community clinic; critical funding dollars could go toward research that can save young lives.

A second major reality is the aging of our population, Mr. Speaker, which is also a worldwide phenomenon. Alberta's population is younger than most Canadian provinces and European countries, for example, so we can learn from their experiences while developing our own made-in-Alberta solutions. Demographics indicate that Alberta's seniors population will double in 15 years. In 30 to 35 years the seniors population will increase from 10 percent of the population as we have it today to approximately 25 percent. Population profile projections also indicate that there are going to be fewer younger taxpayers to support this increasing older population. Also, we know we are living longer, more so than anywhere else in the world. We know that at 65 years of age health care costs incurred by our older population are approximately 44 percent of the total health care budget. I said that's at 65 years of age, and we know this percentage increases with advancing years and frailty.

Mr. Speaker, it becomes clear that we cannot carry on with the same approaches to health care. The status quo is not an option. We have three choices in my mind: either increase the tax base to cover these increasing costs – and Albertans do not want increased taxes – or shift funding from other government-funded programs such as education – and young families, young adults don't want that – or develop innovative approaches that will provide increased efficiencies, cost-effectiveness, and better service to Albertans.

On March 11, 1997, a clear majority of the people of Alberta contracted with this government to manage this province and their tax dollars. The choices this government has made, to my mind, fit its philosophy and those expectations to encourage innovation so that quality government programs and services which Albertans value so much are assured sustainability.

The government's six-point plan for health has evolved from the recommendations of last year's health summit and the public input. This plan, which includes legislation that we now know as the Health Protection Act, is to protect and improve the publicly funded and administered health system in Alberta. There are six initiatives in the government's six-point plan for health which will address and actually are addressing present concerns and expectations and the future demographics.

First, by improving access to quality funded services. This involves, for example, ensuring adequate funding, which is now at an all-time high, as I've said; reducing waiting times for lifesaving surgeries and procedures – as I've said, we don't like to wait – increasing the number of physicians, nurses, and other health professionals; and increasing access to home care and continuing care.

Second, by improving the management of the health system: for example – and I was referring to that in one of my examples – establishing a health services utilization commission that will enhance public accountability of the health system, supporting improved management and delivery of health services, and also the launching of a health innovation fund project with goals to fund projects that improve patient access and ensure system affordability.

Now, I've only read two of the points in the six-point plan, but this is certainly far extending Bill 11.

Third, by reforming the delivery of primary care, supporting, for example, community-based projects that focus on health professionals working in teams and examining new methods of physician service delivery and funding, whether urban or rural; purchase of new high-tech medical equipment; expansion of telehealth services, probably the most outstanding initiative of its type anywhere; launch of the pharmaceutical information system providing vastly improved, cost-effective drug therapy across Alberta.

Fourth, by increasing emphasis on wellness promotion and disease and accident prevention; for example, launching a new five-year immunization strategy, implementing a new aging in place strategy for seniors or soon-to-be seniors, implementing a new provincial breast cancer screening program and a new provincewide metabolic screening program.

Fifth, by fostering new ideas to improve health care by establishing a special Premier's advisory council on health, which will provide government with advice on health care reform which will protect and ensure our health system.

Six, to protect the publicly funded and administered health system through introduction of legislation, the Health Care Protection Act.

I'm going to read four key principles of the act: that health funding will continue to go directly to publicly funded RHAs who will decide whether each contract with surgical clinics would be a benefit to the public system, also that any contracts would need to demonstrate a net benefit to the public system, that no Albertan would be required to pay for an insured service and surgical clinics would be prohibited from charging patients extra for insured services, and that no person would be allowed to pay to receive faster service.

8:50

Mr. Speaker, this government has spent a lot of time focusing on only one change but a worthy change within the comprehensive six-point plan. A very significant point, I believe, is that this government does have a plan and that the Prime Minister supports that plan, acknowledging that Canada has a health care crisis. Governments owe the public logical, innovative, cost-effective solutions to problems.

Mr. Speaker, I wish to be clear that today's seniors should be reassured as they will experience and are experiencing the positive impact of this government's realization that we need to reform our health care system. Seniors will benefit from increased access to acute care hospital services when they need them. That will evolve as a result of maximum use of present facility space and by more minor surgeries occurring in surgical facilities.

Seniors will also benefit from the development of an increasing number of long-term care facilities and Alzheimer's care centres built through partnership combinations of government, RHAs, private, and not-for-profit foundation funds. They will benefit from the trend encouraged by this government and stated clearly in the long-term care review final report: to age in place in their communities with the assistance of an increased number of better trained home care workers and other community supports.

Seniors will also benefit in that the informal caregivers or family

members will provide better care as a result of training and much-needed respite supports. Seniors will also benefit from the increasing number of community-based health and wellness clinics which are already providing and will provide easier access and information on health and accident and injury prevention.

Speaking of benefits, Alberta's seniors have the best overall income support and benefits programs in Canada. Thousands of seniors from across Canada must recognize Alberta's strengths because they're relocating here.

With regard to the aging population or tomorrow's seniors, Mr. Speaker, if you're going to become a senior in the next 30 years, as most of us in this room I think will be, you will want to be a key participant in Alberta's health care reform. In order to control the skyrocketing costs of health care, I propose that we need to continue to actively pursue implementation of all initiatives in this government's six-point plan for health starting yesterday and with the co-operation of all key stakeholders. That, of course, means passing Bill 11, the sixth point in this plan.

There's much work ahead communicating information on an ongoing basis, developing different systems, setting realistic expectations, and encouraging changes in attitudes and behaviour regarding health and injury prevention. I believe we must move forward with health care reform, and by passing Bill 11, we will help ensure reaching that goal.

Thank you.

THE SPEAKER: Before calling on the hon. Minister of Human Resources and Employment, might we refer briefly to Introduction of Guests?

[Unanimous consent granted]

head: Introduction of Guests
(reversion)

MR. JONSON: Yes, Mr. Speaker. I note that seated in the members' gallery is the president of the United Nurses of Alberta, Ms Heather Smith, and I would ask her to stand and receive the recognition of the Assembly.

THE SPEAKER: The Official Opposition House Leader.

MR. DICKSON: Thanks, Mr. Speaker. There are some folks I met earlier who came into the gallery this evening, and I'd like to ask all those people who are here to express their concern and their interest in Bill 11 to please rise and receive the customary welcome from members of the Assembly.

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

MR. WICKMAN: Thank you, Mr. Speaker. I must single out one of the gentlemen up there who is a neighbour of mine, lives in my neighbourhood, and is an individual very, very dedicated to the public health care system. If you'll acknowledge Clarence Collins with the warm applause of the House.

head: Government Bills and Orders
head: Second Reading

Bill 11
Health Care Protection Act
(continued)

Mr. Havelock moved that pursuant to Standing Order 47(1) the question on second reading of Bill 11, Health Care Protection Act, be now put.

MR. DUNFORD: Mr. Speaker, I'd like to begin this evening by thanking the constituents of Lethbridge-West who have taken the time, either through telephone, through the normal mail, or of course through e-mail, to contact me regarding their concern about Bill 11. I'll get back to that in a few moments.

I also want this evening to talk about my experience and my relationship to Tommy Douglas and to the medicare system as it developed in Saskatchewan. That might be particularly poignant given the fact that, as I understand it, there's to be some sort of celebration here this weekend that might involve his daughter and grandson.

I also want to talk about Bill 11 and use the metaphor that I've used before in the sense of a sword and a shield, and then I would like to conclude by talking about some of the stakes that are at play over this particular debate.

Now, in terms of contact with constituents of Lethbridge-West, we have had to date something in the order of 210 contacts. We don't worry so much in Lethbridge-West about whether or not they are particular constituents. I think what has evolved in the city of Lethbridge through the representative of Lethbridge-West and then, of course, my colleague from Lethbridge-East is that people in Lethbridge understand that if they have an issue they wish to deal with and they want to present an opposition viewpoint, then they know they are free to contact the representative from Lethbridge-East. Likewise, if they have a concern and they want to express a concern about something that needs a government perspective and perhaps is even antigovernment, they know they can contact me as the representative for Lethbridge-West. So in that context we have had as of today, I believe, 210 calls. Now, just to place that into some context, that puts us into the midsignificant range.

We have certainly had to deal with issues that struck the fancy of the people I represent much more than Bill 11, but I don't want to in any way diminish the concerns those 210 people have and, in fact, others more informally that would have been expressed to me in just my normal goings-on throughout the constituency. But I think it must be made clear to all the members of this House – especially the colleagues in the government caucus know that Lethbridge-West has been a touchstone for activism and perhaps controversy for at least 20 years, far before I ever had the honour to represent that constituency. My predecessor, John Gogo, had evolved a system where they knew that if there was something they wanted to get off their chest, they could call the Lethbridge-West constituency office, and I'm proud to say that that has been able to continue.

Of the 210 calls, I would say that 200 of them have been opposed to Bill 11. What I have done, then, is try to contact the various individuals from time to time, as my time will permit, to discuss the principles of Bill 11. Now, I want to indicate once again that that level of calls puts this issue in the midsignificance area. This is a significant issue, but where this issue transcends all of the other things I've had to deal with in the seven years I've been representing those particular folks in Lethbridge is that there has never been such a divergence in the perception of the reality of Bill 11. Of course I would want to talk, then, about how some of that might have come about.

9:00

The important thing is that this government had the courage back in November of 1999 to release and distribute the policy that it was contemplating in terms of delivery of health care. This was further followed up by the distribution, then, of Bill 11. One of the things we noticed immediately in Lethbridge-West was that upon receipt of the bill and upon people beginning to read it, our phone calls – they didn't drop off a cliff or anything like that. We were still

receiving a few calls a day, but two things happened. The first thing that happened was that the calls themselves diminished, but I can tell you that the most gratifying aspect, once Bill 11 got out to people's homes and they had a chance to read it, was that the viciousness of the phone calls then dropped almost to zero.

When I talked about the huge divergence between perception and reality, this issue was also characterized by some of the most vicious, emotional calls that I as an MLA have ever had to deal with. The circulation and distribution of Bill 11, I'm thankful to say – and I would thank publicly the Minister of Health and Wellness for doing this – took the viciousness out of the debate. Since that time I've contacted I'm not sure whether it's a hundred of those folks; it's not over 100, but it's certainly more than 70. We are now finally getting into a discussion where emotion doesn't take over, where at least now we can start to try to zero in on what some of the aspects of this bill might be.

So this has been an educational experience, as any of these issues are, for all of the MLAs in this Assembly but certainly for your representative of Lethbridge-West. I truly want to thank, then, all of those people that have contacted me, and to that end I want to thank the people that are here tonight listening to this debate, not only the members that are here in the Assembly in their places but also the people that are here in the galleries. Each and every one of us considers ourself an advocate for a health care system in this province.

MR. SAPERS: You're sending this one out; aren't you?

MR. DUNFORD: Absolutely. I don't know if *Hansard* was able to pick up the interjection. I hope they were. The Member for Edmonton-Glenora says that I'm sending this one out, and actually this is something I've learned from him. I would never have thought at one time to make copious copies of *Hansard* and circulate them to constituents. I certainly am going to consider doing that this evening.

Those of you here in the room tonight that consider yourselves an advocate for the health care system, I want you to know that I consider myself one of you as well. Now, I am a Progressive Conservative. I plead guilty to being a conservative when it comes to the fiscal management of this province, but I am also a progressive when it comes to social policy as it exists in this province. Here's where it comes from, because I have the moral authority to speak about this issue that some of you might not have. That is the fact that my father, honourably discharged from the Canadian air force after the end of the Second World War, moved his family, which at the time included my mom, myself, and my little brother, back to a little town, a little area called Portreeve, Saskatchewan.

Now, some of you might have heard me talk about this previously. Portreeve, Saskatchewan, is not a very significant place in this world, but it had something going for it in 1946. It was simply a matter of geography, but Portreeve happened to be in the Swift Current health region. Now, I have friends in Cardston who argue that Tommy Douglas was the first one to bring forward a co-operative style of health care system. Dr. Brigham Card, who has contacted many of you, makes an extremely good case. This evening I want to focus on what Tommy Douglas was trying to do in Saskatchewan, because many of you may not have had that firsthand experience like my family happened to have.

So July 1 of 1946 I happened to be living there.

AN HON. MEMBER: You're old.

MR. DUNFORD: Besides being old, as has been pointed out, I've probably lived in the medicare system longer than anybody in this room this evening. I believe that then gives me an opportunity to talk about my experiences, because after all, it's our experiences that form the character and of course the philosophies that we live by for the rest of our lives.

In that little town a little girl is born with a hole in her heart, and the family is not a rich family. In fact, in 1952 or '53, whenever this would have happened – and I can be corrected on those dates – our family had the general store. We actually were the social services of that little town in that particular way. We knew the families that we had to support, and this little girl was born to one of those families.

In the Swift Current health region this little girl born with a hole in her heart had at the time a life expectancy of six years. She was sent to Rochester, New York, to the Mayo Clinic, a private, for-profit hospital, to have her little heart repaired. She comes back to us, and she is not entirely healed. As she gets older, I believe at the age of three or four, she is sent back to Rochester, New York, to the Mayo Clinic, a private, for-profit hospital, and she has her little heart healed. The point I want to make as clearly as I possibly can is that from day one Tommy Douglas and the government of Saskatchewan, in looking at this pilot project in the Swift Current health region, contemplated the integration of the private and the public systems, because we the taxpayers of Saskatchewan at that time paid the full shot for that little girl to go to Rochester, New York. And that wasn't day surgery, my friends; that was major heart surgery. That little girl today is a grandmother, as I am a grandfather.

So on Sunday, when you're out there and you're having your rally and Tommy Douglas's daughter is talking to you about what her dad did, it was a great thing that he did. There's no way that I'm going to stand in this House or anywhere and bring down Tommy Douglas and what he did. I believe in a publicly administered, publicly funded health system. It's because of our verbiage in Bill 11 and what we're trying to do with Bill 11 that I can stand here as a Progressive Conservative and I can support this bill, and I can do it with a clear mind and an open heart.

9:10

Bill 11, the sword and the shield. Previous speakers on the government side have talked about the need to fill the legislative gap. So the shield part, then, of Bill 11 is to provide the protection for Albertans and for the Alberta system to prevent a parallel private, for-profit system from being developed in this province. I believe that to reasonable people with reasonably open minds, that is clearly understandable. I think they understand the metaphor of the shield.

The metaphor of the sword I think is easily understandable as well. Other speakers tonight have talked – so I don't feel like I have to get into it – about the role the private clinics play already in this particular province. So what is the sword part, then, of Bill 11? It would extend the opportunity for the private sector inside a publicly administered, publicly funded health care system to go to the overnight stays that would be required with minor surgeries, which would be determined by the College of Physicians and Surgeons, in facilities that would be accredited by the College of Physicians and Surgeons. A significant step.

And the logic? I think the logic is apparent to everyone in this House this evening. If on the waiting list for the Lethbridge regional hospital or for any other public hospital in this province a knee surgery or a hernia repair is then off-loaded, contracted out to a private facility, there now is room for the patient who is waiting for hip replacement to move up on the list. It will work that way. The situation is that we have to take a look at this, and we have to find ways to bring down the waiting lists. While I've talked about the 210 phone calls that have been made about Bill 11, Mr. Speaker, I

need to inform you and need to inform members here in the Assembly tonight that I receive more calls, many calls from families worried about where they are on their wait lists, asking me what I can do to get their loved one provided with the medical service that they need.

I want to talk about why this debate is as extensive as it is. There are huge stakes here. The president of UNA has been introduced to us, and of course Heather and I know each other anyway. In terms of the stakes that UNA and the other public unions might be faced with, I want to state it as matter of factly as I possibly can: we are discussing here tonight more money going into the health system. Bill 11 is going to determine in some small way where the money is going to go. The public service health unions have a virtual monopoly on all of the labour that's inside that area. So it is not surprising to me – in fact, I think she and others are doing what is morally, ethically, and legally their responsibility. When there is a possibility that increases in the labour force might end up in a non-union environment, I think they have a responsibility to take a look at that. The opposition parties – we clearly know what that is.

Later tonight the Minister of Health and Wellness is going to be tabling some amendments. I want to thank him for his timing, because this is going to allow me to go back to my constituency this weekend and talk about how we have listened to the concerns.

[The voice vote indicated that the motion carried]

[Several members rose calling for a division. The division bell was rung at 9:16 p.m.]

[Ten minutes having elapsed, the Assembly divided]

[The Speaker in the chair]

For the motion:

Amery	Jacques	O'Neill
Calahasen	Jonson	Paszkowski
Cardinal	Klapstein	Renner
Clegg	Kryczka	Smith
Coutts	Laing	Stevens
Ducharme	Magnus	Strang
Dunford	Mar	Tannas
Evans	Marz	Taylor
Fischer	McFarland	Thurber
Haley	Melchin	Trynchy
Havelock	Nelson	Yankowsky
Hlady		

Against the motion:

Blakeman	MacBeth	Sapers
Bonner	MacDonald	Sloan
Carlson	Massey	Soetaert
Dickson	Nicol	White
Gibbons	Olsen	Wickman
Leibovici	Pannu	

Totals:	For – 34	Against – 17

[Motion carried]

THE SPEAKER: Hon. members, pursuant to Standing Order 47(2) and *Beauchesne* 521(2) I must now put the question on the original question.

[The voice vote indicated that the motion carried]

[Several members rose calling for a division. The division bell was rung at 9:29 p.m.]

[Ten minutes having elapsed, the Assembly divided]

[The Speaker in the chair]

For the motion:

Amery	Jacques	O'Neill
Calahasen	Jonson	Paszkowski
Cardinal	Klapstein	Renner
Clegg	Kryczka	Smith
Coutts	Laing	Stevens
Ducharme	Magnus	Strang
Dunford	Mar	Tannas
Evans	Marz	Taylor
Fischer	McFarland	Thurber
Haley	Melchin	Trynchy
Havelock	Nelson	Yankowsky
Hlady		

Against the motion:

Blakeman	MacBeth	Sapers
Bonner	MacDonald	Sloan
Carlson	Massey	Soetaert
Dickson	Nicol	White
Gibbons	Olsen	Wickman
Leibovici	Pannu	

Totals:	For - 34	Against - 17

[Motion carried; Bill 11 read a second time]

9:40

THE CLERK: Committee of the Whole.

THE SPEAKER: Hon. members, sorry. I know the chair cannot be in Committee of the Whole, but young Howard Yeung has his last evening with us tonight. He's going to do university examinations shortly, and then he'll be undertaking summer work with one of the hon. members as a STEP student. He'll come back later to get acknowledgment, but would you tonight wish him bon voyage.

head: Government Bills and Orders
head: Committee of the Whole

[Mr. Tannas in the chair]

Bill 11
Health Care Protection Act

THE CHAIRMAN: Hon. members, I'd like to call the committee to order. For the benefit of those in the gallery, this is the informal session of the Legislature. It's called committee. As you can see, hon. members are able to take off their jackets. They're allowed to have juice, coffee, or tea, and they're allowed also to be in places other than their own seats. Now, they're not allowed to talk unless they're at their own place, and the same rules apply as in the Legislature in the sense that we only have one person standing and talking at a time. We try and practise that.

Just so that you understand, according to one of the great books that we use, when a committee is examining a bill,

> the function of a committee on a bill is to go through the text of the bill clause by clause and, if necessary, word by word, with a view to

making such amendments in it as may seem likely to render it more generally acceptable.

So the principle has been established by second reading. Now the detail is what we're about.

To begin this evening, I want to know whether there are any questions, comments, or amendments to be offered with respect to this bill, and the first man to be called is the hon. Minister of Health and Wellness.

MR. JONSON: Thank you, Mr. Chairman. I'm pleased to rise this evening to move a package of significant government amendments to Bill 11, which, as I've indicated, I wish to advise that I would move be voted on as a package. These amendments represent a very careful and thorough assessment of responses to the bill, and they represent an overall, comprehensive response to the issues and opportunities that were posed in the response to Bill 11.

These are amendments, Mr. Chairman, that will give us an improved piece of legislation and better protection for Alberta's publicly funded health system. You know, our government has said frequently since the very beginning of the process of developing Bill 11 that we wanted to hear from Albertans, that we wanted the bill to reflect the key priorities of our citizens. We should recall at this stage that the very development and introduction of this legislation was in response to the priorities and needs of Albertans.

It was the College of Physicians and Surgeons of Alberta which first brought forward the need for legislation giving the government authority to prohibit, regulate, or control private health facilities. Mr. Chairman, a gap in legislative authority was further acknowledged by the federal Minister of Health and, indeed, by opposition members across the way. It was reinforced by Albertans, who wanted this government to fill the legislative gap and to have the ability to regulate surgical facilities in this province.

Our government then took the step of releasing some five months ago our policy statement on the delivery of surgical services. That policy statement, which identified the overall direction we planned to take with our legislation, was distributed widely across the province, and we actively solicited the views of Albertans on that proposed direction.

Mr. Chairman, we then took that extensive input received and used it in developing the formal legislation, Bill 11, which was introduced in this Legislature on March 2. But we were not yet done consulting with Albertans on this very important piece of legislation. We took the important, unprecedented step of mailing a copy of Bill 11 to each and every home in Alberta so that Albertans could read for themselves the content of the bill and give us their further comments. As we waited and assessed – and we waited a full month before proceeding with second reading debate so that Albertans would have ample time to provide their input – we used this time to meet further with many groups across Alberta, groups including the College of Physicians and Surgeons, the Alberta Medical Association, the Alberta Chambers of Commerce, the Alberta Association of Registered Nurses. Throughout this long and thorough process we repeatedly stated – repeatedly stated – our willingness to bring forward any amendments that would clearly strengthen our legislation.

Mr. Chairman, today I am very pleased to bring forward the amendments that have resulted from this consultation process. They are, I am confident, amendments that respond to the concerns that we have heard with respect to Bill 11, and they are amendments that will give us stronger health protection legislation.

First of all, Mr. Chairman, in respect to the issue of queue-jumping, there will be no queue-jumping. One of the most important amendments brought forward will strengthen the prohibitions against people being able to pay to jump ahead in the line for insured services. The amendment will make it illegal under the legislation not only for a person to pay for faster service or receive a payment to give faster service, but as well it will prohibit giving faster access to an insured service through the purchase of an enhanced product or service or even through the purchase of an uninsured service. There will be no queue-jumping allowed by this legislation, Mr. Chairman. It will be illegal. There will be no loopholes and no exceptions.

9:50

Secondly, Mr. Chairman, with respect to charges for enhanced services, we are introducing an amendment that will prohibit a public hospital, a surgical facility providing insured services under contract to a health authority, or a physician from charging more than the product costs and a reasonable allowance for administration for the sale of enhanced medical goods or services in connection with the provision of an insured service. This will eliminate any and all concerns with respect to patients being pressured to purchase such services and remove any reason for such pressure to be applied.

Thirdly, Mr. Chairman, we have the issue of use of existing space in public hospitals. We are also bringing forward an amendment that will make it very clear, that puts into law the requirement for a health authority to ensure the efficient and effective use of existing capacity in their own hospitals before considering a contract with a surgical service. We will make certain that existing operating rooms, existing hospital wings are assessed in terms of their best possible use before we approve contracts with surgical facility providers.

Fourthly, Mr. Chairman, we have the matter of withdrawal of designation. I am introducing an amendment that puts into law a clear process to be used by the minister in withdrawing the designation of a surgical facility. This will ensure that should the circumstances that existed when a surgical facility was designated substantially change, then there will be a visible and transparent process followed by the minister to consider and implement any necessary withdrawal of designation.

Further, Mr. Chairman, we will deal with the clarification and strengthening of the privative clause, which has been an area of some concern. We'll be amending section 23, the so-called privative clause. While this type of clause is frequently used in legislation here in Alberta and across Canada, there was some concern that this clause precluded any judicial review of the minister's decisions. This amendment with respect to the privative clause will make it very clear that while the minister's decision to approve or not approve a contract is final and conclusive, that decision is still subject to judicial review if the minister does not follow the requirements of the legislation or the authorities provided to him in the legislation or if the minister makes a decision that is totally unreasonable given the availability of evidence. The minister must make reasonable decisions. That is the bottom line.

Further, we are proposing changes and strengthening with respect to the conflict of interest provisions in Bill 11. Another important amendment to this bill, along with amendments to the Regional Health Authorities Act and the Cancer Programs Act, will address the concern that some potential exists for conflict of interest situations in the contracting process. These amendments, Mr. Chairman, will ensure that health authorities have in place clear conflict of interest bylaws for board members, agents, and senior officers and employees. They will also ensure that health authorities monitor physicians' practice to ensure that the College of Physicians and Surgeons' bylaws on conflict of interest and on ethics are not violated by physicians. For the record, I would like to table for the Assembly five copies of the appropriate bylaws of the college

dealing with conflict of interest and the background to those bylaws, and I will do so in a moment.

Mr. Chairman, there are further amendments. With respect to physician payment, I am proposing amendments that will clarify that health authorities are only contracting and paying for facility services and that the payment of physicians will continue to be done through the Alberta health care insurance plan in the same way as for surgery in public hospitals.

Further, amendments with respect to the role of the college and the Dental Association. There are amendments that will clarify that it is the College of Physicians and Surgeons of Alberta that will determine what surgical procedures can be safely performed in a physician's office. They will also clarify that major dental surgeries will only be done in public hospitals and that the Alberta Dental Association will be consulted in defining those major dental surgeries.

Each of the amendments reflects suggestions and concerns that were raised by Albertans or by organizations such as the Alberta Medical Association, the Chambers of Commerce, the Alberta Association of Registered Nurses, and others. Each of the amendments reflects our best effort to listen to those concerns and to take action.

Mr. Chairman, some might claim that our amendments do not reflect every concern and comment that we heard, and that is true, because we accepted recommendations that would strengthen the bill, not weaken the protection it provides to the publicly funded system. We accepted recommendations that would help enhance the public system and give it greater flexibility in finding better ways to deliver services, not those that would restrict its ability to try and reduce waiting lists or improve access or improve in providing increased efficiency.

Mr. Chairman, we accepted recommendations that help meet the need to give the government a better ability to govern and regulate surgical facilities, not those that tried to close down a very valuable tool being available to and possibly being used by our publicly funded system. Bill 11 in its amended form will give very strong protection to our publicly funded health system, very strong protection to Albertans, and one more option for health authorities to use in building a better health system for the future. I would encourage each and every member to support these very important amendments. Each of the amendments reflects suggestions and concerns that were raised by Albertans or by organizations such as the Alberta Medical Association, the Chambers of Commerce, and many others across the province as well as many, many, many individuals.

That is, Mr. Chairman, my presentation of amendments. I believe that these amendments are comprehensive, that they are related, and they will further improve what is, I think, a very much needed and sound piece of legislation for this province.

THE CHAIRMAN: I just wanted to get some understanding of how it is we're going to approach this. They've been moved as one. Is it the agreement of the Assembly that you go through them as a whole or clause by clause, section by section?

MR. DICKSON: Mr. Chairman, I'd like to address that, if I might.

THE CHAIRMAN: Okay. Calgary-Buffalo.

MR. DICKSON: Thank you, Mr. Chairman. Before we commence our detailed review of the amendments, there is a process question we must deal with. All members, at least opposition members, have just been presented moments ago for the very first time with a proposal to entertain 14 separate amendments changing 14 different elements in the bill. In fact, the package is six pages long. The opposition has had no opportunity to review this before.

Here's my initial observation. When I look at it, I can see that we're dealing with provision of surgical services. There's a purported attempt to deal with conflicts of interest. We're dealing with 14 disparate elements. It seems to me that if I look at the authorities in *Erskine May* and the provision dealing with amendments, pages 343 through to 349, and if I look at *Beauchesne* in terms of the provision dealing with amendments, articles 567 through 579, what we find is the importance of amendments isolating issues to allow an informed debate of specific considerations.

Mr. Chairman, where am I going with this? I think, to be fair to all members, that rather than deal with this in an omnibus form, each one of these should be dealt with in turn so that it receives that kind of scrutiny. How could I possibly support all 14 changes? Maybe there are some that are positive, remedial that I'd like to support. Why would any member be put in a position where it's all or nothing? That's preposterous. It may be that if we'd seen some advance notice of these, if we'd had an opportunity to review them before, we might have a degree of comfort in saying: sure; we'll deal with the package. [interjections] Well, some of my colleagues think not. I'm just saying hypothetically, colleagues.

10:00

The point is this, Mr. Chairman. Why would any member in the Assembly be put in that position? It might be different if they were all speaking to the same issue, but they are truly 14 disparate elements. This is sort of an omnibus amendment set. It may be administratively nice and neat to put it forward as a package, but surely when it comes to consideration, debate, and then votes, why wouldn't we deal with each one sequentially?

So my proposal, Mr. Chairman, is that we would sever A, B, C, D, E, F, G, H, I, J, K, L, M, N so that we treat those amendments separately. That's the proposal I want to make. There may be others who have some observation on the process.

Thank you very much, Mr. Chairman.

THE CHAIRMAN: The hon. Member for Edmonton-Glenora on how we're going to deal with this package.

MR. SAPERS: Yes. Thank you very much, Mr. Chairman. It seems to me that we have some precedent to help guide us in the decision about how to deal with these rather lengthy amendments on Bill 11 that have been proposed by the government. We have special provisions in our Standing Orders, for example, when it comes to dealing with so-called omnibus bills, bills that would be put forward by the government that would amend or alter more than one statute. By extension I think that we can take a look at such a lengthy list of amendments and treat it much the same way. So perhaps we need to have some special procedure or rule for dealing with such an exhaustive list of government amendments. Bill 11 itself is barely 20 pages long, and we have over six pages of amendments. Because of course these amendments deal with the entire breadth and width of Bill 11, it's very difficult to deal with them in one reasonable debate.

Furthermore, Mr. Chairman, I will draw your attention to *Beauchesne*, pages 491 and 492, particularly when it deals with the sections on inadmissable amendments, and I will make specific reference to paragraph 6 on page 492, where it goes on to talk about:

> an amendment may not be moved to insert words at the beginning of a clause with a view to bringing forward an alternative scheme to that contained in the clause,

et cetera. I look at proposed amendment H to section 23, which adds a new wrinkle to the government's interpretation of what a privative clause may be. I'm just wondering whether or not we may apply some of the direction given us in *Beauchesne*.

I could make a similar argument for the wording changes that are proposed in amendment I, which deals with the original section 25(1), in paragraph (c), where there is a fairly substantial change that may very well alter the meaning in a substantive way of the subclause. The original wording of the bill is to include "services and non-medical goods and services." It is now separating them. It's now making it selective. It can either be a medical good or a medical service. It's a very substantial change, I think, as all members of this Legislature will appreciate, that the words "and" and "or" make a world of difference.

So because the form of some of these proposed amendments is questionable at best and because it deals in such a comprehensive way throughout the four corners of the bill and because it is a debate of such public importance, I would support the submission of my colleague from Calgary-Buffalo that we deal with each of these as a separate vote.

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

DR. PANNU: Thank you, Mr. Chairman. I also want to speak to the process that I would hope the Assembly would use dealing with the proposed amendments. I trust that each of the amendments is substantive and serious. Otherwise, the minister wouldn't bring them forward. If that assumption is true, is valid, that the minister has given very serious thought to suggestions that were received and therefore each amendment is serious and substantive, then I would hope that the Assembly would adopt a procedure which allows each of the amendments to be debated and scrutinized separately in its own right. Six pages of substantive and serious amendments all bunched together cannot be voted on seriously by this Assembly to the satisfaction of Albertans.

Therefore, I would suggest, in order to make sure that the debate here is transparent and satisfies the concerns of Albertans and our constituents, including my constituents, that each amendment be debated and voted on separately.

Thank you.

THE CHAIRMAN: Hon. members of the committee, if we look at the traditions of the committee, we are only occasionally faced with a large collection of them, and as it has been the case in the past, if there is not an agreement between the sides of the House, you go through it then section by section. If you are able to make arrangements that you put H and I together later on by agreement, then so be it. But we are going to proceed, then, as is suggested in *Beauchesne* and as tradition normally has it. We will go through this amendment, which is called A1, section by section – in other words, section A, section B of the amendment – and vote on them as such.

The hon. Deputy Government House Leader.

MR. HAVELOCK: Excuse me, Mr. Chairman. I believe that the hon. health minister wanted the package voted on as one. Are you informing this House that based on *Beauchesne*, that will not be the case, that simply we will vote on this section by section? I understood the way that the rules worked is that in Committee of the Whole the committee determines how they wish to proceed. All right. So the minister has indicated that he wants it voted on as one amendment, and that's a decision for this Legislature in committee to make regardless of *Beauchesne*. Am I understanding correctly the way it works?

THE CHAIRMAN: How you go through a group is not a matter of whether one side of the issue has more members than the other side. The issue has generally been, certainly in my seven years of experience, that if there is a group of amendments that come through, even if they are requested – they can be moved as one, as was done this evening, but if we don't have consensus on both sides of the committee, then we'll have to go for it as instructed in *Beauchesne*, section by section.

MR. HAVELOCK: Excuse me, Mr. Chairman. My understanding – and I did have a brief discussion with the Speaker earlier – is that it is up to the committee to determine how they wish to proceed with respect to the vote. I am not challenging the chair, although it may sound like it to members of the opposition, but my understanding is that if the committee wishes to vote on this as one amendment despite the fact that it contains a number of different parts – now I see the Clerk shaking his head. Perhaps we could have some clarification from the Speaker on this, because that certainly wasn't my understanding.

THE CHAIRMAN: Well, your understanding is your understanding. All I'm just trying to say is that in committee we have been faced with this on occasion before, and always in my experience and that of others it has been that we have a consensus. It's not been a vote. I don't ever recall – and I have others that would substantiate – that we had a call for a vote on whether we would pass something in a block or in part. If the three sides are in agreement with that, fine and dandy, but if they're not, then we would go through it clause by clause.

The hon. Deputy Government House Leader.

MR. HAVELOCK: I appreciate your patience, Mr. Chairman. I guess the problem I have with that is that you could have a situation where only one member in the committee doesn't wish to proceed that way, and therefore the determination by what could be conceivably 82 members would be overruled by one member. I don't believe it's a reasonable interpretation of the way this committee is to proceed. [interjections] Excuse me, you can have your chance later, Member for Calgary-Buffalo.

I wouldn't suggest that the other side be commenting on this particular debate in light of what happened two nights ago with the Member for Edmonton-Glenora. [interjection] Well, to refresh your memory, it was when he stormed out of the House and showed complete and total disrespect for the Speaker.

In any event, Mr. Chairman, could you please point out for me where in *Beauchesne* that is mentioned? Also, I would like to ask you if you would consider taking about a five-minute recess right now just so that I could discuss this matter with you a little bit and perhaps you can further clarify it for me.

10:10

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

MR. DICKSON: Thanks, Mr. Chairman. A couple of observations I wanted to make. Because we're in committee stage, there's nothing to prevent the Deputy Government House Leader from stepping outside and caucusing and meeting with whomever he wishes. There's no reason why we have to adjourn this committee so that that member can find out what the past practices are.

I'd take this position, and I'm open to the comments of others. It seems to me that if one looks at the Standing Orders, they're very clear that we proceed in accordance with, number one, the Standing Orders and, secondly, with "the usages and precedents of the Assembly and on parliamentary tradition."

As I understand it, Mr. Chairman, what you've identified is that

the default process when amendments come forward is that they be dealt with severally – that has also been my experience in my eight years in this Assembly – and only in the event that there would be unanimity in terms of dealing with it in another fashion. But the default process under Standing Order 2 and Standing Order 1, the cumulative effect of those is that we must deal with amendments severally. There were different times when I've been in this Assembly and I've agreed or my caucus has agreed to do some organization and some aggregation and some collecting, but we've always understood that the default process was that we would have to deal with them individually if they couldn't be dealt with in some different fashion.

So I would ask the Deputy Government House Leader to respect the traditions of this Assembly, to respect the past practices. Whether he may want to undertake a different fashion tonight, we've had that opportunity and we're signaling. This is not a case of one member being contrary minded. I think I speak for the Official Opposition when we indicate we feel very strongly. We want the opportunity that the customs and precedents of this Assembly permit us, which is to deal with each one sequentially, to carefully review each amendment, to debate it vigorously, and then to vote on each amendment.

To do otherwise, Mr. Chairman, would create this particular problem. The most fundamental right that every member in this Assembly has is the freedom to speak, the freedom to participate in debate. To lump all of these together, in effect, what you do is erode that ability of members to speak in favour of one amendment and contrary to another one. You put us in the proverbial cattle chute, and that would be completely inconsistent with the basic tenets of all of the authorities that talk about the ability of members to speak to those ones individually. So that's the technical argument.

The second argument would be what I might call the public policy one. Why would this government representative suggest that people's rights should be further curtailed? We saw a form of closure invoked but two nights ago. It was a form of closure. The authorities say it. We saw the government eliminate the opportunity to introduce further amendments. [interjection] Look at the authorities, minister of innovation. It makes it very clear that to introduce a motion that the question be now put is a form of closure because you can't move any further amendments. That's the reality of it. Talk to your Deputy Government House Leader. He'll tell you that.

So it seems to me that the signals that Albertans are getting and certainly members of this Assembly are getting is that the government is hell bent on jamming these changes through and doing whatever they can to minimize the full and complete public scrutiny that Albertans are demanding, whether they're in Lethbridge-West or Calgary-Buffalo or Edmonton-Riverview or Edmonton-Centre. Those people want us to deal with these individually. They want us to scrutinize each one.

Why would the Deputy Government House Leader try and move this thing along just because it suits the government's timetable? [interjection] Well, I was prepared to maintain my seat until the Deputy Government House Leader kept on getting up to try and assert a position which is at variance with the authorities.

Mr. Chairman, those are the points I wanted to make with respect to the comments we just heard from the Deputy Government House Leader. Thank you.

MR. HAVELOCK: Pursuant to 13(2), Mr. Chairman, if you could just once again, for me, please explain how you've arrived at the decision that you have.

THE CHAIRMAN: I'll reiterate some of the things and then give you the citations. Tradition and practice in this Assembly when we're in committee has been as I've described it. If there is not consensus or agreement between the parties, then we will go clause by clause. If you want to look at that, then Standing Order 1 is what goes there.

If you wish to appeal to the Speaker, just remember that the title that I hold is Chairman of Committees, and we'll go by past practice. You can look at *Beauchesne* 690 and 691, but the practice in this Assembly, which is Standing Order 1, has been to do it that way.

MR. HAVELOCK: Thank you. I appreciate that. The practice also in this Assembly is that the Assembly sets the rules by which it will govern itself. Nevertheless, Mr. Chairman, at this stage I will accept your ruling, certainly. However, I may need to seek further clarification from you later on.

Thank you.

THE CHAIRMAN: Okay. The two sides have either accepted what is established practice and the other side have requested that we go through it section by section.

THE CHAIRMAN: The first section is section A.

The hon. Member for Calgary-Buffalo.

MR. DICKSON: Thank you very much, Mr. Chairman, and thank you for that clarification.

I've got a couple of questions while we're dealing with amendment A. Once again I just received my copy moments ago, so I'm slowly working my way through, and I'd ask for the patience of members while I try to understand exactly what we have in front of us. It looks to me like the primary change in amendment A1 is to deal with dentists. We have a provision that provides sort of a parallel obligation for dental surgeons, as they used to be called, or dentists now. I'm wondering if we can receive some information from the Minister of Health and Wellness. What I'd like to know is some sense of what volume of cases we're dealing with in Alberta hospitals. For example, in the current year how many insured surgical services are done in this province by dental surgeons, by dentists?

There must have been a reason why dentists weren't initially dealt with. We know the government has been working on this bill since Bill 37 first came in – and when would that have been? – in about March of 1998. There are some pretty darn bright people in that Department of Health and Wellness. Last time I looked, we had about 700 employees. One would've expected that they wouldn't have missed something in the first go-round. So, Mr. Chairman, I'm looking for some clarification.

I know that other members may have other comments to make with respect to this amendment A1, but I'm hoping we could get some explanation of how many procedures would be done.

MRS. NELSON: You don't want to see this?

MR. DICKSON: The Minister of Government Services is asking me a question, and that would be excellent if the minister has maybe got an answer for me. I'd be very interested in having the Minister of Government Services . . . [interjection] Perhaps I'll sit down for a moment. I'm not sure I quite take her signal, but she's giving me some advice around this question I've raised. So I'm going to sit down for a moment and invite her to say it on the record, Mr. Chairman.

10:20

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

MR. SAPERS: Thanks very much. I appreciate that. Mr. Chairman, the proposed amendment causes some confusion in my mind. I did listen carefully to the Minister of Health and Wellness when he was introducing his amendments, and it's not clear to me that this difference addresses the question that many people had regarding the lack of definition in the original section.

Now, if you take a look at Bill 11 as it was originally tabled, what section 2 tells us is that "no person shall provide a surgical service in Alberta." Now it's saying that "no physician shall provide a surgical service . . . and no dentist . . .", et cetera, et cetera. The original section dealt with the definition of person, that included corporations. The new section actually may cause me more concern than the original section, because what it's saying now is that "no physician shall provide a surgical service in Alberta" except in one of these approved facilities. The government is still calling them approved surgical facilities. The rest of the world, of course, still knows them as private hospitals.

It makes me think that somehow the government is trying to sneak something by in terms of the ownership of these so-called approved surgical facilities. The reason why is because this subclause (2) goes on to talk about bylaws made under the Medical Profession Act, and it's the Medical Profession Act, as I understand it right now, that prohibits anybody but a physician from owning or benefiting directly from the practice of medicine, so either owning a business that deals with the practice of medicine or directly benefiting. Now, the absence of the reference, as obscure as it was, to a corporate provision of services disturbs me.

Finally, my question is to the Minister of Health and Wellness, and I do hope he'll clarify this, because it's really quite important. When I anticipated an amendment to this section, I was looking for some clarification on the definition of minor and major surgery, because it seems to me that so much of the bill depends on what is a major surgical service as described under bylaws. Of course, when you look at the bylaws under the Medical Profession Act, the bylaws that can be established by the College of Physicians and Surgeons, right now they are silent on the distinction between major and minor surgery.

A couple of years ago, when the college visited this, they said that this was asking them to get involved in political decision-making, and they asked the government to come back and provide some legislative guidance. This is sort of a reverse shot now, saying: well, you still have to do it under bylaws. If you read the bill, you'd think that the bylaws were there, but they're not. Now when you look at the amendment, you don't take the argument any further. So you've taken out the whole distinction of major and minor.

In the first sentence of the clause you say that "no physician shall provide a surgical service," but then you go on to sort of confuse it in the second clause. If you were going to leave out the distinction between major and minor, why didn't you just leave it out entirely? If you were going to keep the bill sort of dependent on that distinction between major and minor surgical services, why didn't you clarify it instead of basing it on a college bylaw which doesn't yet exist?

What you'd be asking the people of Alberta to do, of course, is to just take an act of faith that there will be bylaws, that they will be to their liking, and that somehow there will ultimately be public accountability for that distinction that's made between major and minor surgery. The last time I checked, the men and women who sit on the board of the College of Physicians and Surgeons aren't accountable to anyone but themselves. They certainly don't run for public office. The college is a self-governing body, and they do an outstanding job, but what we're doing here is really imposing a public duty onto this nonpublic body.

So, Mr. Minister, could you briefly address my concerns, first of all about the reference to corporate ownership or the change in definition, anyway, between the original bill talking about "no person" and now narrowing it to "no physician" or "no dentist"? Could you also help me with this conundrum about the distinction between major and minor services and also the absence of current bylaws under the Medical Profession Act, which makes it impossible for anybody to come to a reasonable independent conclusion about whether or not the public good will be served by this section of the bill?

Mr. Minister, I'll sit down, because I appreciate the fact that you've been paying attention, and I would appreciate an answer.

MR. JONSON: Mr. Chairman, with respect to the questions raised by the previous speaker, I think there are two specific points to be made. First of all with respect to the questions surrounding dentistry, quite frankly we did not make the connection in the original drafting of the legislation to the fact that dentists would probably – and they did – take issue with the College of Physicians and Surgeons making the rules respecting the type of surgery that could be provided in what settings as far as dentists are concerned. As you know now, they do have some dental surgery which takes place within their offices according to their overall standards, and there is other surgery that is provided for in hospitals. But they are a separate profession, and it was pointed out to us that they wanted to be designated as such under these rules.

Secondly, Mr. Chairman, the member across the way might remember, I think, a very important sequence of events, and it's background is what we've said many times, and that is that in this province at this point in time we do not have the needed legislation to provide for the protection of the public health care system. I think this is well illustrated by some of the background to section 8. The college does see its role as being the most appropriate body to provide rules, policies, directions in terms of what type of surgical procedure should be provided in what setting and what the period of time required to recover might be.

Rather than talk about it generally, I'd just like to refer to an actual circumstance which occurred, and that is that a firm in Calgary – yes, HRG – applied to the College of Physicians and Surgeons for a designation according to the role that the college fills, and that is doing an evaluation, setting out rules in terms of a facility's, an entity's ability to provide certain types of medical services, in this case surgeries. So the college is quite capable – and we are depending upon them in the legislation to provide this service – to decide upon the nature and the listing of major and minor surgical procedures, and of course they are in the best position to judge this as medicine changes, as technology changes, and it is not a new role for them.

The point here is that we want to make it clear that we are depending upon the professionals to provide that judgment and that categorization. We also, of course, have in the legislation the requirement that even when the college gives that particular designation, there is a whole set of other rules and requirements that the surgical entity or surgical proponents must meet for protection with respect to enhancements being sold under undue pressure upon the patients, et cetera, et cetera.

10:30

So point number one is that, yes, the matter of the dentist was something that had to be picked up and covered, we felt, in the

legislation. It was not given its proper priority and picked up in the original drafting. Secondly, with respect to the College of Physicians and Surgeons, this is a role that they have been willing to assume in the past. In the judgment of government they are the most qualified group of people or entity to make this kind of evaluation. They do it on an ongoing basis in any case, and we should recognize it in the legislation and use them for the purposes of this act.

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

MR. SAPERS: Thank you, Mr. Chairman, and thanks, Mr. Minister. You didn't address the issue that I raised regarding the removal of the words "no person shall" and inserting instead the words "no physician shall" and "no dentist shall." My question isn't whether dentists would or wouldn't be upset by being governed somehow by the College of Physicians and Surgeons. My question is that the legal definition of "person" includes corporate structures, and you've removed that notion of corporations being prohibited from doing certain things by changing the words. You didn't explain that, and that's a substantial change. I think we need some clarification.

The other notion I will raise with you, Mr. Minister, I do with some hesitation, because I in no way am suggesting that the College of Physicians and Surgeons does not discharge its responsibilities with professionalism and honour, but I will make this observation. The membership of the College of Physicians and Surgeons changes according to a schedule of their choosing. Most of the members of the College of Physicians and Surgeons are of course themselves physicians. Almost all of them are in active practice, if not in fact all of them. Some of them may be called upon to make decisions for their bylaws which will make a distinction between so-called minor and major surgeries that will directly affect their medical practices. Perhaps some of them may be owners or in partnership with those who would operate some of these private clinics.

In any case, the definition of minor and major will change, not just according to breakthroughs in medical technique and technology but also based on the composition of the members of the College of Physicians and Surgeons. This means that a regional health authority may be able to enter into a contract with a private hospital or an approved surgical facility at one point in time based on a ruling by the College of Physicians and Surgeons, and then there may be a change in the membership and there may be a change in the view of the College of Physicians and Surgeons which may alter the definition or the understanding of that surgical procedure.

Then where are we? We may be dealing with a regional health authority that has perhaps entered into a long-term contract with a private clinic to do a certain kind of surgery that would now be considered contrary to the bylaws of the College of Physicians and Surgeons. On the other hand, we may find that the college would change its position and allow something that a previous college board had disallowed, which would then give a green light for a health authority to begin to contract.

So, through the chair to the minister, if you would please comment on the change in the wording regarding corporate ownership, and if you would acknowledge where in the bill this potential for change is in terms of the definition, where the Alberta public interest is going to be fully protected, and where accountability can be fully brought back to the government.

THE CHAIRMAN: The hon. Minister of Health and Wellness.

MR. JONSON: I will, Mr. Chairman, just respond briefly. First of all, really, with respect to the member across the way, I think he fully knows this, and that is that we actually have in this province some of the best and most progressive and complete legislation for professions of any province in Canada. He talks about the accountability of the professions. Well, first of all, they have rather comprehensive responsibilities as a profession if they're going to function as a profession in this province, a very important part of which is that they must accept on their board members of the public as appointees. One of the purposes of that is to make sure there is another group of people represented on that board who are not solely physicians. There are a number of other requirements of professions in the way that they function which are designed to protect the public interest.

In fact, Mr. Chairman, the very essence, the very basis of designating any occupation as a profession is that they get that designation because of their devotion and having a structure which is designed to protect the public interest. Otherwise, they could be an association or they could be a guild or have some other organizational designation. That title of profession has a lot of meaning and a lot of responsibility attached to it.

Secondly, Mr. Chairman, with respect to what I think is a question about what happens if the members of the professional council change, well, nobody lives forever; no one stays on a board forever. It is going to change, but as I said, with the professional legislation such as it is, designed to be there to protect the public interest, and with professions for the most part I think wanting to make sure they have very responsible people serving on the board or council of their profession, this is certainly a protection. At least it is certainly – and I don't think it can be argued – a structure which brings expertise to bear on such things as what can be done in one period of time or in one particular location with respect to surgeries versus another. I don't know who else you would better consult in terms of getting advice and direction on this. And because this legislation is designed to use the best options and decision-making available, this is the way we propose it.

MRS. SLOAN: I think, to begin, there's a bit of an allure and anticipation that exists surrounding these amendments. I would have to say on the record that I believe I've only had one direct call and probably less than five pieces of correspondence that have actually supported this bill in any form. The rest of my constituents that have corresponded or spoken to me about this bill do not have sufficient confidence, Mr. Chairman, that the bill is necessary. So I find this evening that entering into discussion on amendments to this bill is somehow engaging in this allure that if we amend it, it will be satisfactory. In fact, the majority of constituents who have spoken to me and expressed their concerns about the bill do not want Bill 11 in any form, amended or not.

10:40

We are debating section A, which has to do with a section that falls under the part of the bill which is designated as protecting the publicly funded health care system, part 1. There have been a number of concerns, but just let me say generally a few comments with respect this section first.

There have been a number of concerns expressed about the inability of this bill to protect the publicly funded system. I do not see within the amendments proposed in this section that there are really sufficient changes to offer any greater degree of protection than what was in the original bill.

What even I, as someone who has over 20 years' experience in the system, find myself deliberating about, Mr. Chairman, is the complexity of terms. As I read these terms, I'm thinking: all right; we have surgical services and insured surgical services. We have major surgical services. We have uninsured services and nonmedical services. We have a differentiation between surgical

service being offered by a physician and an insured surgical service offered by a dentist. Despite all my experience, I find myself somewhat perplexed to differentiate these.

As I look through the amendments, the definitions – they were not strong in the original bill. There are no elaborations to the definitions accompanying these amendments this evening. How is the public to know? Where this really takes us in principle is down the road of defining insured and noninsured services, defining public and private services, defining basic and enhanced services. This is the road that this bill embarks us upon. We will come to a point shortly after the proclamation of this bill where the government then embarks on establishing that these services fall under the insured list, these services fall under the noninsured list, these services are designated as minor surgery, and these services are designated as major surgery. Given the advances in medical technology and expertise, we will probably find within 12 to 24 months of having things on the major list that they can now be performed in a minor capacity.

Clearly what I hear Albertans saying is that they don't want to go down this road. They don't want to go the road of having a list, as Oregon has, of 600 and some services, or whatever the number is, that are insured in the public system and then an accompanying list that is not provided in the public system. The public does not want that. Suffice to say that in general terms the amendments do not offer a great deal of assurance to myself, nor will they I believe tomorrow offer a great deal of assurance to the public, that this is actually going to make Bill 11 a salvageable bill, because it is not.

The federal government I believe talked about and expressed in a letter to the minister a number of concerns they wanted to see addressed relative to the protection of the publicly funded health care system. I believe Minister Rock, if I'm paraphrasing his letter correctly, expressed concerns about Bill 11's ability to permit for-profit facilities to sell enhanced services in combination with insured services, therefore creating a circumstance that would represent a serious concern in relation to the principle of accessibility. I do not see – and I'm not trying to jump ahead into the next sections, Mr. Chairman. In section A I would be most interested in hearing explicitly how this differentiation that

> no physician shall provide a surgical service in Alberta, and no dentist shall provide an insured surgical service in Alberta, except in
>
> (a) a public hospital, or
>
> (b) an approved surgical facility,

as section 2(1) says, takes us any further to overall protecting and strengthening the public health care system.

Accompanying what we're saying in this section about insured surgical services or major surgical services, we're not saying anything about whether or not those are overnight. Certainly gallbladder surgery was at one time considered a major surgery and required an overnight stay. With the advancements in that field, generally people will remain overnight following that type of surgery, but it is not anywhere near the weeklong hospitalization they used to be required to experience.

Under this section, which falls under "Protection of Publicly Funded Health Care," there is no differentiation about the private hospitals, and I see that the government hasn't offered any changes or enhancements to the definitions but has continued to leave the designation and definition of a private hospital in the definitions. So in essence, Mr. Chairman, private hospitals are going to continue to exist under the auspices of this legislation, and how insured and major surgical services are provided for is still a question in my mind.

I clearly cannot establish in my mind which services – major/minor, insured/noninsured, enhanced/basic – in the government's conceived plan within this bill will be designated to approved surgical facilities and which ones will be designated to public hospitals. Is the minister suggesting that approved surgical facilities could provide both insured and noninsured? These are some of the basic questions Albertans want to know. Obviously, the public system, the public hospitals, are going to be providing insured services. What is envisioned, Mr. Minister, with respect to that? To me, despite my experience, it just proposes that we create a maze that is extremely difficult, time consuming, and complex for the average citizen to navigate.

I look forward, Mr. Chairman, to the further discussions on this bill and on the amendments to Bill 11. I'm also hopeful that we will see the minister of health or perhaps the Premier at some point clarify the application of these amendments. It's unfortunate that as we go along in this, we don't have the ability to have a televised debate, as we did at the onset of the discussion. I think there are many thousands of members of the public who would like to continue to monitor this debate, and because of their area of residence they're not able to do it as closely as they wish.

In any event, I appreciate the opportunity to provide those comments on section A and will look forward to further discussion of the amendments. Thank you.

10:50

THE CHAIRMAN: The hon. Member for Edmonton-Meadowlark on A1, section A.

MS LEIBOVICI: Thank you, Mr. Chairman. It's a pleasure to stand – actually, you know what? It's not a pleasure. It's not a pleasure to rise this evening to talk to these amendments, because quite frankly they are not significant, nor do they address the major concerns that Albertans have with regards to this bill and the concerns I'm sure the MLAs in this Assembly have heard continually with regards to Bill 11.

It's unfortunate that the minister did not take the opportunity to have the bill state and be changed to reflect exactly what those observations have been from individuals across this province, nor did he take the opportunity to look at providing controls and prohibiting the sale of enhanced services in facilities that provide insured as well as uninsured surgical procedures.

He also did not take the opportunity to address other key areas that are of concern with regards to private, for-profit health care in this province, and those are areas with regards to diagnostic and laboratory provision of services.

Point of Order
Relevance

MRS. NELSON: A point of order, Mr. Chairman, under *Beauchesne* 459, relevance. I understood we were debating the initial section A of the amendments, not the principles of the bill again. We have completed second reading.

THE CHAIRMAN: On the point of order, Calgary-Buffalo.

MR. DICKSON: I just want to make a couple of observations. It seems to me that if we're going to talk in terms of relevance, that means we get to look at all the elements of amendment A1. It talks about "public hospital," it talks about "approved surgical facility," and it talks about a "surgical service" and an "insured surgical service in Alberta." I mean, I counted 18 different elements in this one amendment, so it may be that some members want to focus on the third element and some on the 18th element and some on the

13th, 14th, and 15th. Mr. Chairman, all of that surely would be relevant.

Now, I want to allow my colleague the chance to tell us which were the elements she was focusing on. I think it's pretty clear that we get to look at all the phrases and all the elements of it and the key words. As I say, there may be some who have found more than 18 elements in amendment A1. I was listening carefully, too, and what I heard was discussion that related to those elements. I think the member talked about three or four of the different elements.

I wanted to make that observation on the point of order.

THE CHAIRMAN: The chair would observe that when we were discussing how we were going to deal with the amendment, collectively A1, it was decided that we'd go section by section. Certainly the chair heard the hon. member refer to other parts of it. We shouldn't have it both ways, should we? If we're going to deal with it section by section – I think the comments of Calgary-Buffalo were also well taken, that there is a certain amount of width, but I heard the hon. member being beyond the width. So in that sense the point of order is well taken.

Insofar as you can contain yourself right now to A1, section A, that would be helpful.

Debate Continued

MS LEIBOVICI: Well, thank you to the chair. So I will contain my comments to this particular section.

When we look at the first line it talks about "no physician shall provide a surgical service." It would have been opportune for the minister at this point in time to also talk about the fact that this particular clause in the bill could have talked about diagnostic services and it could have talked about laboratory services, and in fact the minister chose not to. What he chose to do is not amend this particular section of the bill, 2(1), which is under amendment A1 – I believe that is what the chair has called it – and has not chosen to amend it by including the words "diagnostic or laboratory services."

That is quite frankly astonishing given the kinds of discussions we've had in the province and the concerns the people have had for the last number of months with regards to the services that are provided that are uninsured in this province. That is a key, key issue. For instance, the whole issue of MRIs is one that could have been addressed in the first line of this particular amendment. So that is a very key concern, and the Minister of Health and Wellness, in conjunction I would assume with his cabinet colleagues as well as the Premier of this province, decided to ignore what Albertans were saying to him.

It's interesting that they've changed the second word in that particular line. Originally it said that "no person shall provide . . ." Now it says that "no physician shall provide a surgical service in Alberta." I would have liked to have known why in fact that has been changed or eliminated, whether that now means that only physicians can be owners of these approved surgical facilities, whether in fact we are now saying that there are no persons or corporations that can own these approved surgical facilities. What exactly is the meaning behind the changing of "person" to "physician"?

That is a very significant change that the minister has made. For him to make that change indicates that there has been some kind of decision that's been made by the department. He did not explain that decision when he produced these amendments, nor did he indicate what the amendment was supposed to do in the news release that was provided just probably an hour ago with regards to the meaning of that particular provision. So it would be interesting to know why the words have been changed.

You know, the hon. Minister of Government Services has indicated that I said that before. Unfortunately, she didn't hear me earlier, but we are going to be picking up on this particular amendment word by word, line by line if it takes us until 1:30 tomorrow afternoon. So that's what our plan is for tonight, and hopefully there's nobody in a rush here, because that's exactly what we are going to be doing.

Each amendment is important, and I would assume that if the government has spent a month, two months, three months, as the minister had indicated, and these are significant changes, then each word has meaning. I can see the lawyer in the crowd in the second row there nodding his head in agreement, because in fact he knows that every word has weight when it comes to an agreement, a contract, when it comes to legislation. As such, we will need to take apart and look at and dissect every word within these amendments. We must take time. We will not and cannot be rushed, because in fact what we are going to do is ensure that these amendments have been examined with a microscope, have been looked at, and in fact reflect what the minister would like them to reflect. So that is what we are doing right now, and that is what we will continue to do.

11:00

So, as I was indicating, there is some question in my mind. At any point when the Minister of Health and Wellness wishes to stand up and explain exactly what the amendment is supposed to do and what the change of the words is in those amendments, I will be willing to take my seat and listen to whatever his explanation is.

As I indicated, there has been a change from "person" to "physician." That is to my mind a fairly significant change that we need some kind of explanation about. We need to have a full understanding of what exactly that means, because elsewhere in the legislation when it talks about "no person shall give or accept . . . money," it doesn't talk about physicians. It sticks to persons, so it's only changed in clause 2 from what I can see. There has to be a meaning of what that reasoning is. That's my first point, on the second word in amendment A1.

The second point, that I had talked about and touched on briefly, was to deal with the provision of surgical services in Alberta. My question there was around: why did the minister not take the opportunity to expand that particular service to include the laboratory and diagnostic needs? That is something Albertans are concerned about. That is something the minister would've heard about.

If in fact he was looking at putting fences around the services that are provided, as the Premier has indicated, as the minister has indicated, as the junior minister, when he's here, has indicated, what needs to occur is that those fences should not be solely on surgical facilities but should be expanded to include the other services that are required when one requires medical intervention. That, to my mind, makes sense; doesn't it? I think it does. How could it not make sense that when you're looking at putting fences around medical intervention and procedures, those fences do not in and of themselves also include laboratory and diagnostic and medical services, that that would be part and parcel of the whole package. That should've been an integral part of this piece of legislation, could've been addressed in this particular section, and the minister chose not to.

It would be interesting to have the information from the minister and what the basis was upon which he decided not to provide that within this amendment. This is the opportunity to do it, and he decided not to. Did his research studies tell him that this was not

necessary? Did any medical professionals tell him that this was not necessary? Did the AMA or the College of Physicians and Surgeons tell him that this was not necessary? Has he consulted with the AARN? Has he consulted with, perhaps, UNA or some of the other associations that are related in providing surgical services? Has any of that consultation taken place at all? Did he talk with the radiologists? Did he talk with some of the laboratory technicians? Did he talk with the Health Sciences Association to see what their involvement could be and some of the concerns they have with regards to the fences that are left out of this particular legislation?

That's the kind of thing I thought we would be hearing from the minister when he introduced the amendments and when he brought in these particular amendments, and in fact it's not here. It's not here, and I must admit that I'm disappointed that it is not here.

MRS. SOETAERT: I'm disappointed too.

MS LEIBOVICI: Well, I think our caucus is disappointed. I don't think it's just myself. I know that it's our caucus and it's Albertans who are disappointed that they are not seeing what they thought they would see: this much promised salvation, as it were, to Bill 11. In fact, the Premier and the minister have for a long time now said: wait to see our amendments, and it will alleviate the concerns you have with regards to the bill.

I look at the first amendment, and all I have to do is look at the first line and notice that a change which is not explained has been made and that there's another change that could have been made that was not made. That is just on two words in the first line of the first amendment. I know that at some point soon I'm probably going to run out of time, but I will rise again because I have the second line to deal with, and the third line and the fourth line and the fifth line, to ask the minister exactly what his intention was in bringing this particular amendment forward. I understand we may have lots of time to deal with these amendments, and I am pleased to know that we will not be rushed in that. I'm looking quite forward to dealing with these amendments on a word-by-word, line-by-line basis, to ask the questions that need to be asked that are of concern to Albertans when it comes to amendment A1.

Now, I don't want to tip my hand too much, but I notice that in the second line the inclusion has been made of dentists providing insured surgical services in Alberta. That is interesting in that that was left out of the original legislation and is now placed into this legislation. Obviously there have been some concerns brought forward by the Alberta Dental Association that in the government's haste to bring forward legislation, they must have left something out. They must have overlooked something. It was perhaps an oversight, though further on in Bill 11 it does talk about dentists. But they left it out of the front part of this section.

I think that's significant in terms of how that actually impacts on dental practice right now, or what the potential impacts could have been on dental practice with the way the bill was originally written, when they are now put into this particular section of the bill. What in fact does that issue address? Now dentists who have been performing surgeries in their offices may have to be accredited is what that sounds like, because they are now included under this particular amendment.

I guess it might be interesting to know what the Alberta Dental Association recommended with regards to this particular recommendation, whether in fact they will now be having to have excess costs out-of-pocket because of the accreditations that are required to perform these dental procedures in approved surgical facilities, whether the Alberta Dental Association has a process in place that can be easily transported to meet whatever flimsy conditions there are under Bill 11 with regards to accreditation, whether the dentists will have to pay out-of-pocket for that, and whether their annual fees will have to be increased now that there has to be accreditation processes put into place and more work in monitoring by the Alberta Dental Association. Just off the top of my head, those are some questions I have with regards to what the impact is now of having this particular provision and the inclusion of dentists in this clause within Bill 11.

It's a huge issue that's just been opened up that hasn't really been addressed in the past other than when you look at 25(1), where it says that "the definition of surgical services of minor surgical procedures that may safely be performed in a physician's or dentist's office" could be excluded. In fact, there is an amendment later on that deals a little bit with that. If my memory serves me correctly, it takes out the physician part of it but keeps in the dentist part of it.

So this is a package now, Mr. Chairman, that we're looking at in terms of the amendments that've been made that will affect the operations, potentially, of dental offices throughout this province. I think it's important that we recognize that these are not surgical facilities that are only confined to the medical clinics as we know them and/or the private, for-profit hospitals that will be opened – under this particular amendment, actually, will stay opened – or in public hospitals. We are now talking about dentists' offices as well, because that's what this amendment squarely does.

To do that without having addressed it openly in this forum, without having even mentioned it, I think, in the news release, and without having indicated what the recommendations were that brought this amendment into place I think is not being open and accountable with any of us in this Assembly or with the public. I think that when we look at putting in place another set of professionals into a particular piece of legislation, it's very important to have consulted with them and to know what the outcome of the consultation process is.

11:10

If I can just indicate that we passed in the last legislative session a piece of legislation that had to with 43, I believe, health professions. That was a mammoth job, and I have to give credit to the Member for Medicine Hat, who chaired that committee and I don't think has ever quite got his due. I think he did a magnificent job in terms of ensuring and dealing with the concerns. There were some problems, I must admit, right at the end. But he was very good at working out and listening to what the problems were that the individual groups had, whether it was the Association of Registered Nurses, whether it was the ambulance or the paramedics and firefighters and the problems that were inherent with the health professions bill had it been passed there, as well as the – what are those guys on the ski hills called? – ski patrol officers. They had problems with the changes that would have been put in place. When push came to shove, he sat down and listened to the concerns of the various groups with regards to the health professions bill.

That, quite frankly, would have been a model that I would liked to have seen brought forward in dealing with this particular amendment, when we have now brought a professional group that wasn't discussed at all before in the amendments in this bill into and under the cover, as it were, of Bill 11. So that is a point I would like to hear from the minister on. I would hope that if the minister's staff is still around and listening to the comments I have, we will see some kind of response tomorrow. This is very, very important, and it needs to be addressed.

Generally, I have found that when we come to the amendments stage we ask the minister, and do you know what? We don't get the answer. We are then forced to make a decision whether we will vote

for or against the amendment without any answer from the minister.

Thank you. I will rise again.

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

MS CARLSON: Thank you, Mr. Chairman. As is my colleague from Edmonton-Meadowlark, I am not very happy to be rising this evening speaking to this amendment in the committee stage on Bill 11. I was one of those people who was disenfranchised by the moves of the government and not allowed to speak at second reading of this bill even though many people in my constituency wished me to do so. Unfortunately, because of the aggressive moves on the part of the government to stifle debate on this particular bill, I am forced to speak to this only at committee stage. That is really an indication of the kind of heavy-handedness this government has used in terms of trying to push this bill through the Legislative Assembly and down the throats of Albertans.

THE CHAIRMAN: Amendment A1, section A.

MS CARLSON: I am speaking to the amendment.

THE CHAIRMAN: Good. On the amendment.

MS CARLSON: Mr. Chairman, I am speaking about why I am opposed to having to speak to it at this particular point in time.

MR. SAPERS: It works.

MS CARLSON: It works for me, Mr. Chairman, and I think it works for the people we have watching us here this evening.

There are a lot of things wrong with this amendment. Specifically, some of the things I see wrong with it right off the very top are that this particular amendment doesn't address any of the major issues that Albertans are concerned about with this bill. So when we take a look at this and go down to 2(1), we see that

> no physician shall provide a surgical service in Alberta, and no dentist shall provide an insured surgical service in Alberta, except in
> (a) a public hospital, or
> (b) an approved surgical facility.

Read private hospital there, Mr. Chairman.

It strikes me that as the very first amendment this government brings in on this bill, it is very unsubstantive and doesn't address any of the major reasons people have concerns about this bill. For example, "no physician shall provide a . . . service," as the amendment says, doesn't address the definition of hospitals. That has not been cleared up in this amendment, and that is a major cause for concern for people throughout the province. It doesn't address their concern that private hospitals be banned in Alberta. It doesn't say that anywhere in here, yet this is the number one concern we have heard – well, I have heard, anyway, from my constituents. I know many of those constituents are also e-mailing, letter writing, and phoning the Premier.

Phoning the Premier is also a problem, because it's taking three days for many of those people to get through on the lines. I have had numerous reports of those people being treated very rudely by the people taking the calls, but that's another issue for another time. It's not addressing this amendment, which is a problem and something that we can talk to at this stage.

So it doesn't address the issue of private hospitals being banned in Alberta, but it does again address the issue of private surgical facilities. It doesn't go on to talk about them in any detail, but we know they're going to be allowed to perform a wider range of procedures that are currently only performed in public hospitals, Mr. Chairman, and we have a major problem with that. On behalf of the people of Alberta, those thousands and thousand and thousands of people who have signed petitions and sent in information to the government, we know they have a problem with private surgical facilities having a wider range of procedures that they can perform. That is not addressed in this first and what should have been the primary amendment the government brought in on this legislation.

These private surgical facilities that we're talking about here really are hospitals. You'll be able to take that label, that sign and plunk it in front of any hospital in this province and see that they provide exactly the same service as the hospital did before only under a different name. That hasn't been addressed in this amendment, Mr. Chairman. We would like to know why because tomorrow, when I go out into my constituency, people are going to be asking that question. They're going to be saying: have the amendments that the government brought in really strengthened the bill, have they addressed our major concerns, and have they addressed the concern about what a surgical facility or private hospital will be able to do? It hasn't. This first amendment doesn't even come close to addressing that, and we want the minister of health to explain why that is.

Does it address any of the concerns about public scrutiny and accountability, Mr. Chairman? Well, I don't see it here again, although the second part of the amendment starts to just touch on that, where it says:

> No physician or dentist shall provide a major surgical service, as described
> (a) in the by-laws under the Medical Profession Act, in the case of a physician, or
> (b) in the regulations under section 25(1)(a.1), in the case of a dentist,
> in Alberta, except in a public hospital.

What does that really mean, Mr. Chairman, when we talk about lack of public scrutiny and accountability? Well, it doesn't address it at all. It says that now they are regulated by their independent associations, which is a good thing, but it doesn't talk about what's going to happen with those doctors and those dentists in terms of public scrutiny and accountability. That also is a very major concern that should have been one of the very primary factors addressed in amendments, and we don't see it.

So why is that a problem? It's a problem because by leaving the decisions about what surgeries are major and what are minor to the College of Physicians and Surgeons and now also to the Dental Association, this bill essentially gives a huge amount of power over provincial health policy to a body that is neither publicly elected nor publicly accountable.

We know that this is a huge concern for people, and we see a little tinkering with it now by addressing the concerns of the doctors and the dentists, but when are they going to address the concerns of Albertans? That's the big question here. Let's deal with the major concerns first and then deal with the minor concerns.

11:20

Speaking about major concerns, Mr. Chairman, how can it be that we have a bill that closure is brought in for at second reading, we get directly into speaking at a committee stage, and before anybody's even allowed to speak at committee, we have amendments brought in? How can that be? This government has so many resources at their fingertips. They've got departments with many, many employees who are well educated, who understand the issues, and they bring in a bill and on the very first opportunity that I get to speak to it, Mr. Chairman, I'm speaking to amendments instead of the bill itself. How can that be? How can they have done such a poor job on such a major piece of legislation in this province?

I think that's a question that needs to be answered, and it isn't addressed in these amendments at all. It seems absolutely baffling that a government which suggests to people that they can adequately manage $17 billion in revenue a year cannot properly draft a bill and bring it to the Legislature in a proper form that can be discussed and debated without a series of amendments coming forward on the floor of the House before we even have a chance to talk to it.

So far all I've been able to talk to on this bill, Mr. Chairman, is the adjournment motion that was brought up last night. It completely bypassed me at second reading. There were five of us in the Legislature who never got to speak to it at all on our side and I think more than 50 people on that side who weren't able to speak to it. How can that be that this thing is rammed down our throats in a fashion that isn't even properly drafted, because we've got all these amendments before us now, and we don't even get to speak to it. I think the people of the province want to know how that can happen.

Now it comes here to committee stage, and I still can't talk to the bill; I have to just speak to the amendments. I'm going to speak to this particular amendment in terms of what's missing in the bill.

If we don't have anything on the public scrutiny and accountability side, how can that be? That's a huge issue. These decisions are going to be made behind closed doors by associations and not in front of the general public, where they can have any kind of scrutiny by the general population, and certainly not voted on. That part, the lack of public scrutiny, is strengthened by A2 of this amendment. This is a place in the amendment where they could have addressed that issue. Instead of just talking about the accountability for the physicians, the dentists, they could have talked about adding a portion to that that talked about public scrutiny and accountability.

Certainly it could have come as A2 or A3. It could have been in there, and we could have talked about that. That isn't in this, and I want to know why. I'm hoping the minister of health will address that before this has to come to a vote this evening, Mr. Chairman. If he doesn't address it, I'm going to stick around. I'm going to keep popping up and asking questions as the night progresses into the next day. I'll be quite happy to stay here. How can it be, when we talk about accountability, that the general public is never going to have an opportunity to have any input into the decision-making process when we are limited merely to those two bodies to decide how and what kinds of major surgical services can be provided? So that's a problem with it.

Once again, one of the other major concerns people have had with this bill is the enhanced services portion, Mr. Chairman, and again I don't see this addressed here. One of the major concerns in this province, and it doesn't talk about it at all. It's very limiting in terms of the scope of this particular amendment. We should have been able to talk about enhanced services. It's one of the major flaws in this bill. It is what keeps it quite separate and distinct from the same bill that's been put forward and passed in the Saskatchewan Legislature. We know that enhanced services is the part of the bill which allows for the greatest scope for people of the province to be disenfranchised by the public health system, because what's going to happen is that the money is made for these private surgical facilities, or private hospitals, on the enhanced services portion.

We know what's going to happen. You go to a private clinic, you want a basic service that the government is going to pay for, including the profit portion of the private clinic, and the private clinic is going to say: well, you know, that isn't enough; if we can get them to just upgrade two or three times, we substantially increase our profit margin on providing this basic service. You've already got the body in the door. You've already got them in a bed. It's very little cost added to top up the services.

MR. DICKSON: How does it work with the Shouldice clinic?

MS CARLSON: With the Shouldice clinic. That's right. That's something that could have been addressed in this amendment, particularly when we're talking about the physicians providing services as described in the bylaws on the Medical Profession Act because I believe that's where Shouldice in Ontario is covered in that province.

Here's what happens there, Mr. Chairman. It's really too bad in terms of . . .

Chairman's Ruling
Relevance

THE CHAIRMAN: Hon. member, the Shouldice clinic is a very interesting topic, but really tonight Committee of the Whole. We're dealing with it because by agreement, although it wasn't quite agreed, we did come down on that we're going to go section by section. You're talking about all kinds of things. I've admonished you before, but if you'd stick with what we're dealing with right now. I mean, you can talk about the moon or anything else, but really what we want you to talk about and what the rules are is that you talk about what's before us. It's A1 section A that's before us.

MR. DICKSON: Mr. Chairman, if I might just make an observation on your direction, I'd appreciate it. I was just going to indicate . . .

SOME HON. MEMBERS: Order.

THE CHAIRMAN: He's been recognized.

MR. DICKSON: Mr. Chairman, you make an excellent point in terms of the importance of staying on the amendment. I was thinking myself, as I was listening to the member speaking, about the reference in the amendment specifically to section 2(1)(b), "an approved surgical facility." I'm thinking, as I look at that amendment, that I've heard the government talk extensively – our friend from Calgary-Glenmore spent a good part of his second reading debate talking about the Shouldice clinic, and the Premier and the minister of health. It seems to me that the Shouldice clinic is put forward by the government, by the propounders of this bill, as an example of what an approved surgical facility is. I was thinking to myself, as I listened to those arguments, that it's clear the government understands that the Shouldice clinic is their notion of what would be an approved surgical clinic facility.

What I appreciated about my colleague's commentary is that she has some firsthand experience about how the clinic operates. When I decide whether this is an amendment I could support in terms of what an approved surgical facility is, I find it really helpful to sort of know what that means and how that operates in other places.

I'd be hoping, Mr. Chairman, that we'd be able to develop that element. As I say, it's amendment A1, section 2(1)(b), "an approved surgical facility," and just what that would be. As I listened to my colleague I think that's sort of where she's going. So I would hope, Mr. Chairman, as we get into discussing that that we'll be able to sort of tease out exactly what that means by reference to what the government has been putting forward as part of the argument.

I just wanted to make that observation, Mr. Chairman, and hopefully that's consistent with your understanding of what we're about tonight as well. I appreciate my colleague for letting me butt in and make that observation.

Thank you very much.

THE CHAIRMAN: Yes. I think, hon. Member for Calgary-Buffalo, you did touch upon the right point, the definition. There's a whole

section on definitions, and we're not there yet. But the hon. member said at the outset that she was going to talk about what was not in the whole thing and proceeded to do just that. The frustration of the chair is trying to keep people on the topic. I mean, if you want to talk forever on the topic, then so be it. But we were digressing all over the place, and I was just trying to bring her back. That's all. Is that clear, hon. Member for Edmonton-Ellerslie?

MS CARLSON: It certainly is, Mr. Chairman, and I thank you for that.

Debate Continued

MS CARLSON: I will limit my comments on Shouldice to how they apply to an approved surgical facility as outlined in the amendment, which talks about "no physician shall provide a surgical service in Alberta . . . except in an approved surgical facility" – and if you look a little further down the amendment – "in the by-laws under the Medical Profession Act." That is exactly the example the Premier has been using. It's a very good example of private, for-profit operations, and we need to see what that's going to look like and how that will split out in terms of applying to this particular amendment. So I will limit my comments on Shouldice in terms of how they apply to an approved surgical facility.

11:30

The problem with that, Mr. Chairman, and the reason this amendment is not good enough in that regard is because Shouldice is an approved surgical facility that in fact gouges the provincial government, the public health care purse as compared to what a public hospital does. That's a real problem with an approved surgical facility as outlined in this amendment.

What happens in Shouldice is that there is a minimum three-night stay required. That three-night stay is paid by the Ontario hospital system. Shouldice only takes premium patients, Mr. Chairman. They cream-skim. They won't take patients who have any medical complications. They do not take patients who have high blood pressure, a history of heart conditions, diabetes, MS, CF, any of those kinds of chronic diseases, or anyone who has more than 10 percent body fat. So that's a problem, because they just take the very premium quality of patients for a very insubstantive operation and keep them for three nights.

In the public system that we have now, those kinds of patients are often in the system for just day surgery, which is a minimum kind of cost, Mr. Chairman. That's important, because it's we who pay for that cost. We pay through Alberta health care premiums. We pay through our taxes. We pay through a number of user fees. These are all the different ways that we are paying for that service.

So now you have an approved surgical facility which has physicians in it, whose services are described in the bylaws under the Medical Profession Act as exactly laid out in this amendment, who can charge more to the public system, to us as taxpayers than would happen in a public hospital. In fact, we have many cases of exactly that happening.

I have a situation where someone I know went to Shouldice to have a hernia operation performed, and they rejected him, Mr. Chairman. He met all of the physical criteria, but in fact his operation was a triple hernia operation, so widely outside the scope of Shouldice. So what happened there is that he went for the preop exam and spent one night in the clinic as a result of that. They rejected him the next morning.

So now the public system is paying for that preop exam. They are paying for the one-night stay. He gets rejected from Shouldice and has to go back into the public hospital system. They take him in, talk about it being a 45-minute operation, and set up the appointment for day surgery. Mr. Chairman, now this fellow's going to have a triple hernia, widely outside the scope of Shouldice, and it's going to be done in day surgery. He comes in at 7 o'clock in the morning, and he is gone at 7:30 at night for what is a much more substantive operation. So he goes in there. It's supposed to be a 45-minute operation, but it turns out to be longer than that, about an hour and 45 minutes. Still, everything goes smoothly, and he's out that night by 7:30.

So, what has the public taxpayer paid so far, Mr. Chairman? I think that's important for people to know. They paid for the preop exam at Shouldice. They paid for a one-night stay there. They paid for the preop exam at the public system. They paid for day surgery at the public system. Much more substantive than if we had just stayed with the kind of system we have right now in Alberta, which is the public system. Then he would have only paid for a preop exam in day surgery and been gone. Minimum cost to the taxpayers.

What happens in the case of somebody who is accepted at Shouldice? They pay for the preop exam, they pay for a one-night stay, they pay for a two-night stay, they pay for a three-night stay, and they pay for the operation. If something happens to go wrong, they also pay for the hospital ride back to the public system, where the cost associated with fixing the problem is incurred. That, Mr. Chairman, costs a whole lot more money to all of us as taxpayers than the current efficiently running public system that we have right now.

So the question is: is this amendment addressing that particular concern? The answer to that, Mr. Chairman, is absolutely not. The scope of the amendment is not wide enough. It only outlines the specifics of how the physicians can provide their services, public hospital or an approved surgical facility. Unfortunately, it doesn't refer to the additional costs that there are in the system and the kinds of concerns that we have about that. Overnight stays is just a problem because it is a mechanism by which the private operators can in essence gouge the public system. That's gouging our pocketbooks, not anybody else's.

The surgical facilities as they're outlined in this amendment are still private, for-profit hospitals. It's still a huge problem for us. Enhanced services are still offered, and that's a conflict-of-interest issue, as we can see in the case of Shouldice. What are the enhanced services there, Mr. Chairman? They talk about it right in their operating manual, and that is a country club atmosphere. That's the enhanced service of Shouldice. Who pays for that country club atmosphere? You and I, not anybody else. Those are the kinds of issues that we have to talk about when enhanced services are still offered. That is a conflict of interest.

Shouldice is well written up in a number of articles and textbooks across North America, and why is that? It isn't because they provide the best possible service in an enhanced surgical facility; it's because they are a very good example of an operation that is efficient and maximizes their profit. That's why they're written up in textbooks. They're written up in operational courses. In fact, I took a case study on Shouldice clinic for my MBA, and the model that we were doing there was taking the operations of Shouldice hospital and looking for maximum profit points. It wasn't for maximum benefit to the health care system, to the public system or to the private system. It wasn't looking for maximum benefits to the patients themselves. It was looking for ways to maximize the profits for the shareholders. What do you think happens in this province when we bring in private health care directly through approved surgical services? The same thing. We maximize profits.

THE CHAIRMAN: Spruce Grove-Sturgeon-St. Albert.

MRS. SOETAERT: Thank you very much, Mr. Chairman. It's a pleasure to be able to speak to amendment A1. You know, I had great hopes when these amendments were tabled, and I thought maybe this would help this bill in some way. I thought it was beyond help, but I'm ever a hopeful person. You know, I am a person of hope. So I always had that hope. But, you know what? It still has that fatal flaw. That fatal flaw in the amendment and thus in the bill is still the reference to and the expansion of the private health care system. It didn't address that at all. So here we go with amendment A1.

I've asked a couple of my colleagues about one thing, and we chatted about it, but I'm hoping the minister will answer. I would like to know why section 1 was changed to:

> No physician shall provide a surgical service in Alberta, and no dentist shall provide an insured surgical service in Alberta except . . .

as compared to before: "No person shall provide a surgical service in Alberta except in . . ." Now, I haven't heard an explanation for that unless I missed it somewhere tonight. I still haven't got that quite clear. Does that mean that these clinics, these surgical clinics, that hospitals – anyway, I just have all kinds of questions around that. If I missed it, I will read the Blues tomorrow or tonight and see if the minister did answer that one, but I'm not sure if that was clear.

The second part says in a "public hospital," and that's good, but (b) still remains the same. It's called "an approved surgical facility." Now, Mr. Chairman, nothing happened to stop that from being overnight stays. We do have approved surgical facilities in this province, which I have concerns about, and this amendment didn't address them.

11:40

My main concern is that, as we give our taxpayer dollars to private surgical facilities, as well as maintaining their facility and hiring their staff, they also have to pay their investors, their board members, and they expect a minimum of 15 percent. That's a minimum. Now, that's quite a chunk of coin when we compare that to the public system. If there's a profit to be made in that, then why aren't we putting that money back in the public system? I haven't seen that addressed in this amendment anywhere, and that's what I was hoping. I'll tell you, right away when I saw that in the original wording of the bill, that was to me the two tiers, the two-tiered approach right there: an approved surgical facility. I can just see the neon lights: Hips-R-Us. You know. You've heard it . . . [interjection] No, I didn't say anything else. I'm always very proper in here. Very proper.

It also didn't address in this: how serious are these surgeries within this approved surgical facility? The amendment still refers to both "a public hospital" and "an approved surgical facility." I think that was one of the biggest concerns that people have asked me about. They're not fooled by this surgical facility line. You know, it's the old groups that say: "You know what? Don't use the term private hospital. That doesn't sell. That grates on people's nerves." So right away the spin doctors of the bill say: "Okay. Right in the bill, at the beginning, we'll say no private hospitals." So that was kept in, but guess what? They put in that we will allow "approved surgical facilities."

Well, they're really smart. They saw through that. That's a private hospital. And the Member for Cypress-Medicine Hat argues with me every time I say that, but you know what? If they were to take a little straw vote of Albertans, they'd agree with me on that one, and I know it.

The other major impact is to designate who does the surgery, physicians and dentists. From my understanding as I look at the original, dentists had been forgotten or missed out, and now they're included. What a coincidence. I was at the dentist's this morning. But that's not on the amendment. It had me a little quieter than usual for about an hour, but that's all, and . . .

MS BLAKEMAN: Strong teeth.

MRS. SOETAERT: Strong teeth. In fact my dentist this morning couldn't believe this whole bill. He didn't support it at all. He was asking – in fact, I was kind of sorry I had made such an early dentist appointment, but I kept it anyway. It was a good visit to the dentist, but it is hard to explain what you're doing in the Legislature, you know, when you've got all cotton wads in your mouth and he's working on you, and that's definitely the time they ask you a question. I guess that's just a habit dentists have.

So that is added, and that's most interesting. Now, I'm well aware that dentists do perform surgical services at clinics. I realize they must have been forgotten in the original, because actually a daughter of mine was under anesthetic to get wisdom teeth removed at a private clinic of a dentist. So I do see why dentists were added to that, unless they are under other legislation somewhere else. I see why they were added and am and surprised they could have been forgotten before. In fact, I think I will phone a dentist tomorrow morning and say: "You've been added to the bill. How do you feel about that?" He didn't like the bill, so I don't know how he's going to feel about that. But that is a part of the amendment.

Then we look at the next part of this amendment, and it says:

> (a) in the by-laws under the Medical Profession Act, in the case of a physician, or
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> (b) in the regulations under section 25(1)(a.1), in the case of a dentist, in Alberta, except in a public hospital.

The reality is that this first amendment, which is one of many – it's interesting, Mr. Chairman, that we almost had to go through the whole alphabet to get all the amendments in. I have seen many pieces of legislation that this government has brought in. In fact, I think there was another bill that actually had more pages of amendments than the bill. With L, M, N, O, and P here, we're almost at that many amendments this time.

As always, I'm glad that the minister is looking to improve it. Regretfully, though, he hasn't improved it. He had the opportunity in this section to improve it but didn't, because it kept the same fatal flaw of an approved surgical facility that allows overnight stays. Mr. Chairman, that has not addressed my concerns.

When I take this back to my constituents – you know, it'll be interesting. When I get in my car tonight to leave, 10 to one there will be messages on my machine, and it'll be people saying: "Oh, I heard on the news that second reading is over. What can you possibly do to stop them from pushing this bill through?" We will speak to the amendments and make sure that every amendment has certainly been thought out. Obviously the bill originally wasn't, so we will force them step by step to at least make the amendments palatable.

Do you know what? Here's the first one, and it isn't palatable. I can't accept that. It does add dentists – and I realize that's a necessity – but the reality is that it didn't take away "an approved surgical facility." It could have added: with no overnight stays. Maybe we should make an amendment to the amendment that says: with no overnight stays. I'm going to think about that. I realize that if I do that, it has to go through Parliamentary Counsel and be written up, and I haven't had a chance to look at it enough to suggest that that might help. It might be a good idea to do that.

Do you know what else? This amendment does nothing to allay the fears of the constituents I have talked to, not just constituents of mine but certainly constituents from the whole area around my riding: people in Stony Plain, people in Onoway, people in Morinville, the good, good people in my riding of St. Albert, and all the people in St. Albert and Spruce Grove and Sturgeon. Honestly, I just brought in to show my colleagues the box of letters, e-mails, and faxes I have had on this bill: over 700. When I go back to the constituency or write an article for the local paper, when I say: I

looked at the amendments and I hate to break it to you; they are still going to allow overnight stays in surgical facilities . . .

MR. CLEGG: Yeah.

MRS. SOETAERT: The Member for Dunvegan says: yeah. I don't know. [interjection] I can't believe that your constituents think so differently on this.

MR. CLEGG: I said that they're good thinkers.

MRS. SOETAERT: I thought that was what you said. I would really take offence to it if you were slamming my constituents, who've expressed grave concern over this bill.

I would express, then, once again that this "approved surgical facility" does nothing to allay the fears of my constituents that have called me. I must say that it's overwhelming at my office. Overwhelming. I only have one staff person. I have some volunteers that come in, but the e-mails are phenomenal. With e-mails, you know, some are from all over the province, but many are from my riding and the ridings around. People are not sure if they're being heard or considered when they phone and e-mail their MLAs.

Do you know what? If they had been heard, this amendment would be different. This amendment might have added: an improved surgical facility that did not allow overnight stays. Why can't we put that in there? I don't think the MLAs that have been hearing the concerns of the people have implemented the people's concerns in these amendments. Certainly not. They had a golden opportunity in A1 to add it, and they didn't.

I had a couple more things I had written that I wanted to mention about A1. You know, it doesn't change the idea that private, for-profit hospitals will be open, and often they say: oh, yeah, what's wrong with making money in health care? Well, the reality is: is that how our tax dollars should be spent? To have private operators make money off sick people? I don't think so.

I just have to express my concerns that A1 will not allay the fears of all the constituents who have call me. Thank you.

THE CHAIRMAN: The hon. Deputy Government House Leader.

11:50

MR. HAVELOCK: Yes. Thank you, Mr. Chairman. I move that the committee do now rise and report.

[Motion carried]

[The Deputy Speaker in the chair]

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

MRS. LAING: Mr. Speaker, the Committee of the Whole has had under consideration certain bills. The committee reports progress on the following: Bill 11. I wish to table copies of all amendments considered by the Committee of the Whole on this date for the official records of the Assembly. I would also like to table copies of documents tabled during the Committee of the Whole this day for the official records of the Assembly.

THE DEPUTY SPEAKER: Does the Assembly concur in this report?

HON. MEMBERS: Agreed.

THE DEPUTY SPEAKER: Opposed? So ordered.

[At 11:53 p.m. the Assembly adjourned to Thursday at 1:30 p.m.]