

Legislative Assembly of Alberta

Title: **Monday, April 17, 2000**

8:00 p.m.

Date: 00/04/17

[Mr. Tannas in the chair]

head: Government Bills and Orders

head: Committee of the Whole

THE CHAIRMAN: I'd like to call the committee to order. First, I want to say to the people in the galleries that this is the informal part of the Legislature. It's called committee. Normally when we're in Assembly, the Speaker or his designate would be there, and hon. members would not be allowed to have coffee or juice nor take off their jackets. During this time, too, hon. members are allowed to go and sit in other places but not speak in other places. So you can see that it is less formal. The gallery is also reminded that you're observers and not participants.

Bill 11

Health Care Protection Act

THE CHAIRMAN: We at the close of the day apparently had an hon. member speaking with a few moments remaining, although there wasn't an adjournment as such, so the chair would recognize the hon. Member for Edmonton-Meadowlark. You have, I think, about four minutes.

MS LEIBOVICI: Thank you. Mr. Chairman, in the four minutes that I have left, I'd like to just briefly recap and also welcome everyone to the Legislative Assembly. It's a little lonely in here sometimes, so I'm glad to see you all here.

To recap the amendment that we're on, we're on the first government amendment, which basically has not made any change with regards to separating insured from uninsured services being provided in a private, for-profit facility and has made no change at all with regards to the change in language that says "an approved surgical facility" and is in fact a private, for-profit hospital, nor have they addressed the issue in this particular amendment of overnight stays.

So what I am going to be proposing - and I do this with some trepidation in that we feel that this bill is a bill that should be pulled and withdrawn and that these amendments do not go far enough in addressing the issue at hand. But I'm going to be putting forward a subamendment to the amendment, and I have the requisite number of copies here with regard to that subamendment. Basically what it is proposing is that where the government's amendment indicates that "no physician shall provide a surgical service," we are proposing an amendment that says that "no physician shall provide an insured surgical service" and also amending the clause that deals with approved surgical facilities to indicate and make it very clear that that is to deal with 12 hours and under only. In other words, "no physician shall provide a surgical service" in Alberta in an approved surgical facility "that requires a stay by the patient of under 12 hours."

I know that sounds a little bit complicated, but in effect what that does is that it separates out the insured from the uninsured services, and it also indicates that what will be provided is to take away the ability of private, for-profit facilities to have overnight stays. We know that that is one of the key concerns with regards to this particular bill.

We know that another key concern with this particular bill is with regards to the profit motive when an insured and uninsured service are provided at the exact same time. We feel that this subamendment

provides an avenue whereby those avenues can be constricted.

Again I'd like to say that this bill needs to be withdrawn. As we go further on in debate, it will be very clear that the number of amendments that are required to make this bill halfway palatable to Albertans is so immense that in fact what needs to happen is the complete withdrawal of the bill and a rethinking of the philosophy that underpins the bill that is being put forward by this government.

By now most members should have received that particular subamendment, and I know that we will have some vigorous debate on this particular subamendment and will in fact be addressing it. I look forward to the minister's comments with regards to this particular subamendment. We know that in dealing with the subamendment, we will have to deal with both A and B, I am informed, at the same time, so unfortunately we will be unable to break out those particular subamendments. As I indicated, it does attempt to address a couple of the issues that are at hand with Bill 11, and I would hope that the government will see that this is in fact an amendment that must be supported.

THE CHAIRMAN: Before we move on, the chair would like to just be clear on this, hon. Member for Edmonton-Meadowlark. This subamendment that you have moved would be called subamendment A1, section A. So that's clear to everyone, if you're following along? Then it's going to be, in terms of letters and numbers, SA1, section A. Okay?

Any further comments, questions, with respect to the subamendment? The hon. Member for Edmonton-Rutherford.

MR. WICKMAN: Thank you, Mr. Chairman. I'm going to speak on the amendment as proposed by the good Member for Edmonton-Meadowlark, my colleague, and if I do get offtrack, please direct me back on track, because when we talk in terms of an amendment, particularly an amendment to an amendment, at times it can be difficult to find exactly the content of the amendment in the related discussion because of overlap.

The subamendment itself to the amendment: let me just read it again into the record. The proposed section 2(1) is amended (a) by striking out "No physician shall provide a surgical service" and substituting "No physician shall provide an insured surgical service," and (b), in clause (b) by adding "that requires a stay by the patient of under 12 hours" after "approved surgical facility."

Now, my colleague to my right said that it would be preferable to have the bill withdrawn, and there's no question about that. It appears, despite what we have heard out there, despite the howls of protest from 6,000 people yesterday at the AgriCom and probably another 4,000 that were turned away because of the overflow parking and the requirement that it took an hour to get off the Capilano to get into the facility - because I was there. I know it took an hour. Despite that, despite what happened in Calgary, despite that continuous cry that we hear of kill the bill, kill the bill - we hear it in the front here twice a week, every Monday and every Thursday. My constituency office has logged hundreds of phone calls, letters, e-mail. Everywhere I go shopping, people stop me and say: "What is wrong? Why is the government going ahead with Bill 11? Why don't they just kill the bill? Kill the bill." But obviously the government isn't going to kill the bill. The government now takes some comfort in their poll that they claim shows 54 percent support.

I listened to the question that was asked in that poll. It's like the Premier will say that he'll sign our petition . . .

AN HON. MEMBER: Speak to the amendment.

MR. WICKMAN: I'm speaking to the amendment.

In that poll, Mr. Chairman, that leads up to the amendment, the wording was so misleading and so wishy-washy that I would have probably said yes had I been phoned, because it was like everything to everybody. It was extremely misleading.

Anyhow, to get to the amendment, the purpose of the amendment and a series of other amendments that we'll have to follow, of course, is an attempt to try and at least modify the bill so it's halfway compatible to the wishes of people. Because what I hear, what I heard at the rally there yesterday from dozens and dozens of people, from people I talk to on the phone when I take the opportunity to ask them, "What bothers you the most about Bill 11?" the one thing that comes out continuously that bothers them is that it allows for a surgical facility that allows for unlimited overnight stays. In other words, that's an interpretation by the welcomed guests in the galleries here that are watching the proceedings tonight that it's another name for a hospital. It's another name for a hospital. [disturbance in the galleries]

THE SERGEANT-AT-ARMS: Order. Order in the gallery. You're not part of the proceedings.

8:10

MR. WICKMAN: Mr. Chairman, if the maximum stay for any type of surgical procedure, an insured surgical procedure in one of those facilities was 12 hours like the amendment proposes, of course it would no longer be perceived as a hospital in the eyes of the public, in the eyes of the opposition, in the eyes of most Albertans. So the Member for Edmonton-Meadowlark has drafted up an amendment to try and convince the government, and hopefully the government members will look at the amendment and feel that in fact this could be an opportunity for them, that this could be an opportunity for them to proceed with the bill, at the same time getting the egg off their face. In other words, a nice, gentle way of kind of wiggling out, because then you really wouldn't need the bill because it wouldn't serve the intent that the government wants it to serve; that is, to set up a system of what I call private hospitals. They may be referred to as private surgical facilities, but to me they're private hospitals.

Mr. Chairman, clearly this amendment if approved – and hopefully the government will allow its members to vote according to the wishes of their constituents. I would assume there are many, many members sitting in this House here tonight who, when they talk to their constituents – and we're hearing even more in rural Alberta than in urban Alberta that the opposition to Bill 11 is as strong as it is. Very, very strong. I would say that there are ridings out there, particularly in urban Alberta, where if the MLA had the opportunity to talk to each of their constituents and respected their wishes, they would realize the vast majority of their constituents do not want surgical facilities that allow overnight stays on an unlimited basis.

Once you start allowing that, when you say a surgical facility for minor surgery, we've got to remember that just as this government has the power, the authority to pass Bill 11, to pass its amendment, to pass this amendment or reject this amendment, the government at any time also has the legislative authority to redefine what they call minor surgery. Pretty soon a minor surgery could become more and more a major surgery that would be performed at one of these so-called surgical facilities.

Mr. Chairman, if the government were to amend the bill as recommended by the Member for Edmonton-Meadowlark and supported by myself and I assume other members of this caucus – and I'm sure it would be supported by most Albertans as well – at least it would be one step in the right direction to try to minimize the damage this bill is going to do to the public health care system. Of

course, this amendment then would have to be followed by some other amendments that would even tidy up the bill and make that bill more and more compatible to the wishes of the people. There's actually no question in my mind that what the public is saying is to protect our public health care system. The bill should actually read "protection of the public health care system," which it doesn't, but that's what Albertans want. They want to have a public health care system that responds to their needs, a health care system more compatible with what we saw five or 10 years ago, where you didn't have the massive lineups you have now.

Where you have more and more contracting out, where you have a bill that's going to allow even more and more contracting out until it comes to the point where a good portion if not the majority of health care provisions in the province are carried out by the private sector, the taxpayers are telling me, Mr. Chairman, that they don't want their tax dollars being funneled off to professional health care givers, who are businesspeople with a portion of those proceeds going into their pockets as profit. They don't want that. They want a system that is governed by the legislators, that is accountable to the legislators, that is accountable to Albertans. That is a public system, and they want that public system preserved. They don't want to see in Alberta what has happened in other countries, like New Zealand, where this type of experimenting has led to disastrous results.

Mr. Chairman, because of the number of members of our caucus that want to speak to this amendment proposed by the Member for Edmonton-Meadowlark, I'm going to conclude my remarks at that point and allow others to follow.

Thank you.

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

MR. DICKSON: Thanks very much, Mr. Chairman. You were looking around so hard I was thinking maybe you were hoping somebody else would speak at this stage of the committee.

THE CHAIRMAN: No, hon. member. To be truthful, another member indicated to me that he was going to speak and then chose not to. He would have normally come next, being on the other side. But Calgary-Buffalo is the one that stood up, and the other one didn't.

MR. DICKSON: Thank you very much, Mr. Chairman. Well, I'm not perhaps going to take all of my allotted time, so I'm sure that there'll be lots of opportunity for other members to participate in the debate.

I'm delighted to speak to the subamendment that's been brought forward. What are we, A1?

THE CHAIRMAN: SA1, subamendment number 1, section A.

MR. DICKSON: Thank you very much.

On the subamendment. I think what's important about this is that this really puts the test to the government's claim that we're not proposing to do anything different than what's being done in other provinces. We've heard in the House comments about Saskatchewan and comments about Ontario and British Columbia. Well, those of us who have done any independent investigation have determined that in none of those provinces are they doing overnight stays. In Saskatchewan, that we've heard so much of, we're talking about day surgery. In British Columbia it is day surgery. The Shouldice clinic I'll come back and address in a moment because there's so much confusion about it. In Ontario, if you look at the independent facilities act and the Private Hospitals Act, it's clear there that what

you're talking about is you're not having insured services done in facilities that keep patients on an overnight basis other than public hospitals.

So my colleague for Edmonton-Meadowlark has put forward an amendment which really tests the government rhetoric. In fact, what she's challenging the Minister of Health and Wellness to do is to live up to those many bland assurances we've heard from the Premier since November: "Look, folks; don't panic. This is no big deal. It's just what's being done in other parts of the country." Well the reality, Mr. Chairman, is that what's proposed is significantly different, qualitatively and quantitatively different than what's being done in other provinces.

Now, the proposal also ties in with the concern that I raised earlier this afternoon. I've now got in front of me a city of Calgary application for a development permit, land use bylaw number 2P80. This is the one I referred to earlier where we discover that the former Holy Cross hospital operators are in fact . . .

MR. HERARD: Point of order.

THE CHAIRMAN: The hon. Member for Calgary-Egmont is rising on a point of order.

Point of Order Relevance

MR. HERARD: Yes. Relevance, Mr. Chairman, *Beauchesne* 409. You know, we're speaking to an amendment, and I don't know what the city of Calgary's development appeal and/or whatever has to do with it.

MR. DICKSON: To the point of order. Well, if the Member for Calgary-Egmont looks at the subamendment that's in front of him and he looks down to the (b) part, we're adding some words after "approved surgical facility." The words we're adding are "that requires a stay by the patient of under 12 hours." What I'm attempting to do is talk about a proliferation of facilities certainly in the city I'm from and that member is from, the city of Calgary. That's what I'm speaking to, but it's specifically the (b) part of the subamendment. So people can look at it and see that what we're doing is talking about what kind of services are going to be possible in an approved surgical facility.

I'm raising the question as the MLA for Calgary-Buffalo. I'm very concerned about the proposal, which is currently in front of the city of Calgary planning department, to turn the old Holy Cross hospital into a private hospital. I would think that the Member for Calgary-Egmont would be as concerned as I am. I'd think he would be as worried about the prospect of yet another private hospital being set up in the city of Calgary.

8:20

The reason we talk about the importance of the 12-hour cutoff, which is the gist and essence of the sub part of the amendment, is the fact that many of us don't want to see us move from day services being contracted out to major surgery being done in overnight places.

Mr. Chairman, I'm talking specifically to the (b) part of the amendment that we have in front of us.

THE CHAIRMAN: Yes. Thank you very much. I was just wanting to check and see whether you'd finished addressing the point of order before going on to the rest of your comments.

MR. DICKSON: Actually, that was all directed to the point of order,

and if you're not persuaded yet, somebody else may want to speak to the point of order, but I'll wait for your ruling, Mr. Chairman, before I proceed.

THE CHAIRMAN: The hon. Member for Calgary-Egmont referred to – I thought you said 409, or was it 459? If it's 459 then it is relevance.

Just so I can understand what we're saying, you're talking about clause (b) of the subamendment, that it requires a stay greater than 12 hours, not under; right?

MR. DICKSON: Less than. We're explaining why that's important.

THE CHAIRMAN: If I understand you right, hon. member, the point is that no physician would be able to provide an insured surgical service, except in – that's where I'm kind of missing the point. The point is that we're talking about a property proposal in the city of Calgary, and you're trying to make this part of your discussion. That's what the objection is. I don't have a problem with your doing that as long as I understand how it is that it is part of the subamendment of the hon. Member for Edmonton-Meadowlark. That's what I need help with.

MR. DICKSON: Well, I wonder if I might try and help, Mr. Chairman. I understand the confusion, and I take full responsibility if it hasn't been as clear as I'd hoped.

The purpose of the amendment, of course, is to ensure that we don't have private hospitals in this province. That's really what this amendment is all about, and I think it's engineered and designed specifically to make it crystal clear to not just my 82 colleagues in this place but to Albertans that we're not sanctioning private hospitals. So what the subamendment currently says is that "no physician shall provide a surgical service," and there's the (a) part, which I'll come to in a moment, but the (b) part is what I'm speaking to: "except in . . . a public hospital, or . . . an approved surgical facility." Now the proposal here is that it would be an approved surgical facility "that requires a stay by the patient of under 12 hours." So it's a limitation that's imported into the second part of section 2.

People may ask: why is that important? I think it's tough sometimes talking about legislation as if it exists in some kind of a sterile academic context. These things are in a real world context, and what I was attempting to do for our friend from Calgary-Egmont was to help him appreciate that we have decisions being made right now by the Calgary regional health authority, by Enterprise Universal Inc., the outfit that owns the former Holy Cross hospital, that in fact are going to give the meaning of these sterile words on a piece of paper a very real meaning, the real meaning being a private, overnight hospital.

That's what I'm trying to do. I'm trying to suggest that there is a context that this amendment should be reviewed in. I haven't even gotten yet to talk about the Health Resource Group, which is Calgary's other private hospital, just salivating at the prospect of more contracts and more public money, and they would love to be able to do overnight stays. That's what they've asked for.

I'm attempting to make the case, Mr. Chairman, why that 12-hour cap is in there, why it's in the amendment, and why it's necessary. That's what I'm attempting to do. I see that I'm not doing a good enough job, because I see the Minister of Learning, a very knowledgeable member, in fact the one member of the Assembly who is a physician – and I don't know whether he's on what would be called sort of the active practising list, but he's certainly a trained physician. If I haven't been able to make it clear to that minister,

I've got some distance to go, and I hope in the time remaining I'm going to be able to make it clear to the Minister of Learning as well as to his other colleagues.

So, Mr. Chairman, if there's any other confusion, just say the word.

THE CHAIRMAN: Thank you, hon. member. We're still on the point of order, if you believe it. To the extent that you've explained that, then that would presumably fit within the thrust of your subamendment, which raises a whole other question. I think we've explored that point of order enough.

Would you continue or conclude, whichever the case may be, your comments on subamendment SA1, section A.

Debate Continued

MR. DICKSON: Thanks very much for the invitation, Mr. Chairman. Perhaps you might confirm that that time won't come out of my speaking time, that that time spent with the point of order won't count against the 20 minutes . . .

THE CHAIRMAN: No.

MR. DICKSON: Thank you very much.

Mr. Chairman, the question is: why is it important that there be a 12-hour cap? Some people may say: why couldn't it be 15 hours or 20 hours? What's the magic in that? Well, I guess my view of this whole private health care thing is that there are sort of two fights that have to happen, two major things that have to happen. The first one is to absolutely, irrevocably say that in this province a private, for-profit hospital receiving taxpayer dollars is just plain outlawed. It's bad. It's forbidden, verboten. It can't happen. That's the first thing that has to happen.

The second thing that has to happen is to find a way of addressing the proliferation of private surgical services, whether it's ophthalmology or a host of other clinics, and determine how we get a handle on these things that in fact have created real issues in terms of accessibility. They have in many respects undermined what I understand to be the five principles of the Canada Health Act. So I think it's critically important, Mr. Chairman, that that be done secondly. That's sort of the context within which I speak to the two amendments.

In terms of the amendment (b), I understand from speaking to people who have been involved in health care administration, health care supervision in a host of other provinces and places . . .

MRS. SLOAN: Can you hear them chanting, "Kill the bill"?

MR. DICKSON: Mr. Chairman, it may be a reflection of the depth of conviction and concern that Albertans have that even in this place, not only do we hear the voices of legislators, but from time to time we hear the voices of Albertans. [disturbance in the galleries]

8:30

SERGEANT-AT-ARMS: I will say again that people in the galleries are not participants in this debate. I'll clear the galleries the next time anyone claps. You're here to watch and that's it, regardless of what's going on out there.

THE CHAIRMAN: The chair has some concern that what we're hearing outside this Chamber is in fact an intimidation of the Chamber, of how we should conduct ourselves in here regardless of

how popular or unpopular whatever going on here is. I at times cannot hear the hon. member even though he be only a few metres away. I don't know whether other members are finding it difficult to hear.

Calgary-Buffalo, as long as we can hear you.

MR. DICKSON: Thanks, Mr. Chairman. The two comments I'd make. Firstly, the . . . [disturbance in the galleries]

THE CHAIRMAN: We'll continue as long as we can hear. For those who are still in the galleries, we presume that you're going to remain here with good purpose in mind as we carry on the debate. If you're going to be disruptive, then we will have to clear the galleries. That would not be something I would like to do, but we are going to continue.

The hon. Member for Calgary-Buffalo.

MR. DICKSON: Thanks very much, Mr. Chairman. I think the point I was making is that of all the concerns I have heard – and I have heard many, not just from Calgarians, not just from constituents but from a host of people in different places – the number one issue appears to be the prospect of allowing overnight stays in these approved surgical facilities. I see the Associate Minister of Health and Wellness is here. Maybe he or the Minister of Health and Wellness might challenge that. If they've heard another more frequently cited problem with Bill 11, I wish they'd stand up and say that. But the single one that seems to resonate, that seems to offend most Albertans is that one that specifically deals with a stay which is longer than 12 hours.

Mr. Chairman, I'm going to carry on. As much as I'd like to take credit for all these people who've come out tonight, I can assure you that they have come of their own will. If you had been at the Round-Up centre at the Calgary Stampede grounds on Saturday afternoon and saw 3,000 people come out, you would understand why this subamendment is in front of us. This subamendment would go a long distance to addressing the issue that was identified by person after person. You know, it may be that some of the government members – I'd like to encourage them. They missed the opportunity to attend the Round-Up centre in Calgary, and perhaps they missed the opportunity to attend the Northlands AgriCom, where the meeting was on Sunday, but they would have found out how many people were looking for an amendment like subamendment A1. So it seems to me there's a very rich context that supports the need for this kind of change.

I see that I have not been particularly persuasive with the government members in the Assembly, so I am going to suggest that one of my colleagues who is a more effective presenter than me speak to this, and our colleague from the third party looks poised to offer some commentary as well. Perhaps I can offer some advice later on.

Thank you very much, Mr. Chairman.

THE CHAIRMAN: Hon. members will recall that when we're in debate, it goes back and forth and back and forth. If you go to one side and there isn't anyone wishing to speak at that time, then you might have two or three on one side speaking in a row. We do have an indication from at least one member on this side that they would like to speak, so we'd call on the hon. Minister of Health and Wellness.

MR. JONSON: Mr. Chairman, in speaking to the amendment, I would like to first of all put my opposition to it in context. In Bill 11 it is quite clear that the legislation bans private hospitals. There's

clear provision in the legislation stating that categorically.

Secondly, Mr. Chairman, the legislation does propose that there be approved surgical facilities under a very, very limited mandate in terms of providing a specialized targeted surgical service.

The issue as to 12 versus 24 versus 18 versus six hours: that particular provision is to be handled by the College of Physicians and Surgeons. They will decide the safety factor, the overall ability of the facility through its staffing and through its other characteristics to offer that service safely and in the interests of the patients they would serve.

I would like to further point out, because the amendment is quite wide ranging in terms of things that have been said in support of it, Mr. Chairman, that the legislation has very specific provisions, for instance, to prevent anyone being forced, or verbally harassed at least, to buy enhanced services. That is very, very clear.

It is very clear in the legislation that there will be no queue-jumping. There will be no incentive provided to the facility in any way to not provide services in a regular and equitable way to the people that are referred there for surgical treatment.

It's very important, I think, at this point to emphasize that the bill overall bans queue-jumping. It bans people from having to be forced into paying extra for either materials or services that are not required for dealing with their particular condition.

8:40

Further, since it is also being referred to in debate on this amendment, elsewhere in the legislation there are very strong conflict of interest provisions. There is a very wide-ranging set of criteria that has to be considered when a contract would be approved by a regional health authority.

So there are many, many controls and protections for the public interest in this particular section of the legislation.

Now, Mr. Chairman, I would like to refer to a couple of other things that have been raised in debate. One is the reference to what is happening in other parts of this country. I notice that the reference to the Shouldice clinic was passed over rather quickly, but the fact of the matter is that that facility does offer surgical services. It does have overnight stays and has been operating quite successfully. I would credit the facility and the government of Ontario, but it has been operating quite successfully for many years. So that is an example.

We can refer to the Saskatchewan legislation, but the fact is, Mr. Chairman, that although perhaps at this point in time Saskatchewan has not chosen to have a surgical facility approved, the legislation is quite open to that occurring. In fact, it is more wide open with fewer requirements and protections than Bill 11.

I would also like to point out, Mr. Chairman, that my reading of the amendment that's been put before the committee would in fact remove our ability to deal with another very important control and protection in this legislation, and that is to deal with the whole area of regulating uninsured services that would be offered in our public health care system in a surgical facility that might be approved but also throughout the system. So I do not support this amendment for that reason as well.

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

MRS. SLOAN: Thank you, Mr. Chairman. The opposition really finds itself in a bit of a tight spot with this bill, because in our minds Bill 11 is an unsalvageable piece of legislation. It doesn't matter how many amendments we make to it, it is not what Albertans want. It's not what numerous reports of government have told, and I'll

make reference to the government's own health summit report in a moment.

The public have for weeks now been trying to get their message across to this government with respect to the bill. The government's response was to introduce a form of closure to quickly end the second reading of this bill. We now find ourselves in committee, which is the amendment phase of the bill, and if we took the solid position, Mr. Chairman, that this is not a salvageable bill, we would not be introducing amendments this evening. But, in essence, that would give the government what they want. It would give them an expedient passage through committee. So we find ourselves tonight proposing amendments to the bill under section 2(1) that have been read into the record, so I will not repeat them. I think it's appropriate, though, to just reference back to some of the suggestions the public made to this government in 1999 through the government's own orchestrated health summit.

I'd like to specifically highlight the two that related to the public wanting a clear plan for health care, recommendation 3. Under that recommendation the following reference was made:

Government should establish a forum for health planning to develop a long term plan for Alberta's health system." This is what the public told this government less than a year ago. "The forum should include an ongoing process for significant involvement of people across the province, people in the health system and community members." The government didn't respect that recommendation, Mr. Chairman. We didn't see widespread consultation on Bill 11. We didn't see any form of public input into the bill that's before us, and subsequently the government's got it all wrong. Now the public has found another way to express their opinions and give their input.

I'd like to make reference to another recommendation in the health summit report that is under: "The public should have effective ways of participating in future decisions." The recommendation: "Government should consider extending the public consultation process on a regular basis to involve more people in discussions about the health system and its future." It's interesting, Mr. Chairman, that we're here this evening debating subamendments to government amendments on the Health Care Protection Act, Bill 11. The public has not had any say on what was proposed in that bill originally, nor does the government find itself even honouring the recommendations made by its own summit less than one year ago.

I think it's also important to point out in the context of the subamendments that if we look back to what was perhaps the seedling of Bill 11, the Gimbel Foundation Act, it is important to reference in the record what the Gimbel Foundation Act was to accomplish. In its objects it said that the foundation would engage in every phase and aspect of rendering the same medical services to the public that a registered practitioner of the College of Physicians and Surgeons of the province of Alberta is authorized to render. This was the legislation, the private member's bill, proposed by Howard Gimbel, who performs many of the cataract surgeries in the province.

Further, the proposed bill was also intended to establish and maintain health clinics, institutions, lodgings, and facilities for those in need of health care or education and for the aged; to engage in, conduct, support, aid, and advance medical, surgical, scientific learning, skill education, investigation and research; and most importantly, Mr. Chairman, to provide health care including, I would emphasize, surgical services in Canada and throughout the world. Exactly the intent that was in Private Member's Bill 6, the Gimbel Foundation Act, in 1994 we now find embodied . . .

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

Point of Order Clarification

MR. HERARD: Mr. Chairman, besides relevance, under *Beauchesne* 459, the hon. member has now several times said: private member's bill. Wrong, wrong, wrong. It was a private bill from a citizen of this province, not a member of this Assembly. Try and get it straight, because that is not the same thing.

MRS. SLOAN: Mr. Chairman, I think what the member is providing is a point of clarification. This is most certainly relevant to the discussion tonight. Explicit in the citations I've referenced was the discussion about the provision of surgical services.

THE CHAIRMAN: There are three kinds of bills: a public bill, a private member's public bill, and a private bill, which is by a private company and applies separately for usually insurance companies, religious orders, that kind of group. To be truthful to the committee, we were discussing other issues related to this and I did not hear the reference, so I can't really comment on the reference other than to make the comment that there are three kinds of bills. You know perfectly well, hon. member, since you sit on the Private Bills Committee, as does the chair, that there is a substantive difference between them. So if that was the point of the intervention, then it's quite right. Hopefully you can address the subamendment, hon. member.

8:50

MRS. SLOAN: My honoured colleague from Calgary-Buffalo would like to make a few remarks.

MR. DICKSON: Mr. Chairman, I wonder if I might make the observation that the Member for Calgary-Egmont stood and referenced a question of relevance. Well, I didn't hear a ruling on the point of order in terms of relevance. What I'm suggesting is that if the Member for Calgary-Egmont wants to harass opposition speakers while they're speaking to a bill . . .

THE CHAIRMAN: Hon. member, the chair was trying to make a point. One, the chair could not hear the hon. member in the sense of what she was saying about whether it's a private bill or a private member's bill. The hon. Member for Calgary-Egmont got up and indicated that she was talking about a private bill. The chair confessed that at the table here we were discussing another issue, so the chair had not actually heard what the hon. member said, but if we are dealing with three kinds of bills and we're talking about a private bill – she's a member of the Private Bills Committee, as I am and some other members are – that is not the same as a private member's public bill.

MR. DICKSON: That's not a point of order, Mr. Chairman. That's a clarification. If he wants to debate it, he can.

THE CHAIRMAN: You can't make a point of order on a point of order, and I think you recall that.

Could we just move on – we're in difficult times anyway – and let the hon. Member for Edmonton-Riverview continue.

MRS. SLOAN: Thank you, Mr. Chairman. I would hope the same provisions apply to the exchange relative to this possible point of order not being taken from my debate time this evening.

Debate Continued

MRS. SLOAN: With reference to the Gimbel Foundation Act,

perhaps to alleviate any discomfort the government members may have with respect to the reminder about this particular bill, one of the things the Gimbel Foundation Act also proposed was that the foundation would have the rights, capacities, and powers of a natural person, which makes it very, very interesting, Mr. Chairman, that the government's initial reference under this section 2(1) was with respect to a "person." We find ourselves this evening in a position where, in proposing the amendments to this section, it's a mechanism which the opposition is utilizing to restrict any intentions the government or potentially a government in the future might have of someday approving private hospitals, 24-hour facilities, under this bill.

I also, though, want to just quickly reference debate that occurred on Bill 37. Again, really we're redebating, Mr. Chairman, things we had debated in 1998 and in 1994. I would reference the *Alberta Hansard* of February 17, 1999. At that time we were debating Bill 37. I would like to cite statements made by both the Premier and the minister of health. The Premier says:

Well, Mr. Speaker, during the last session, the fall session, we attempted to introduce legislation that would indeed protect the fundamental principles of the Canada Health Act. Obviously that legislation was not acceptable to the opposition Liberals or the opposition New Democrats. So the Minister of Health struck a blue-ribbon panel to examine that legislation, and hopefully legislation will be tabled later in this session that will address that issue.

I will, if time permits, cite from the blue-ribbon panel report. Somehow I think the government has strayed yet again from the recommendations made by its own committees and summits.

The minister of health said on the same date:

What I am aware of is that the College of Physicians and Surgeons is working on by-laws and regulations with respect to what services or procedures require overnight stays in a facility and what procedures or services can be safely and appropriately provided within a less than 12-hour period. This area of developing clinical practice guidelines is something that the College of Physicians and Surgeons has had under consideration for some time. I am pleased to see that they are addressing that area in more detail.

My point, Mr. Chairman, is that we have not seen in this Assembly nor has the public had the privilege of seeing any of this work completed by the College of Physicians and Surgeons. So how are we to be in a position to be confident that in the designation of providing services, whether it's within a 24-hour period or a 12-hour period, the government vis-a-vis the College of Physicians and Surgeons has done their homework in this particular area? We don't have those before us this evening.

Now, I'm going to go back to the health summit report, and I'd just like to highlight a couple of other things Albertans told the government and the amendments to Bill 11 do not address. The first one is that the health summit told the government that "people know what they want from the health system," and they listed a number of areas: access, accountability, affordable and sustainable, adequately funded, publicly funded and administered, consistent with the Canada Health Act, standards, information, choices, and the list goes on. The health summit told this government that they wanted the government to "explore options for managing the growing costs of pharmaceuticals including the feasibility of expanding public coverage for pharmaceuticals," again something which Bill 11 does not address.

Thirdly, the health summit told this government that they should look at establishing

a task force to review education and training programs for health care providers to develop better links among the programs, build greater awareness and understanding of the roles of . . . health providers.

They recommended the government look at alternative ways of paying providers, particularly physicians. I'm referencing all these areas, Mr. Chairman, because our debate, the debate on this bill, is being confined to a very, very narrow aspect of health care. The government, on the other hand, has been given by the public this broad range of recommendations which the public expected them to act on. Instead, we find the government bringing forward a bill which really doesn't benefit the public but demonstrates providers who will provide care in a private, for-profit context.

In terms of the subamendments which we've proposed, the first one this evening, Mr. Chairman, is just to clear up what I believe was probably an administrative error on the government's part. They indicated in their amendments that "no dentist shall provide an insured surgical service," but when they referred to physicians, they simply said that "no physician shall provide a surgical service." That clearly, I believe, was an oversight. I think they intended that it would be: no physician shall provide an insured service except in a public hospital or approved surgical facility. We've assisted the government in clearing that matter up.

9:00

In terms of our 2(1)(b), adding "that requires a stay by the patient of under 12 hours" after "approved surgical facility," again, Mr. Chairman, to put it on the record, this is clearly that only patients whose surgery requires less than 12 hours' stay would in fact be appropriate for these types of surgical facilities, even though in principle we don't agree with the concept of contracting out public services to surgical facilities in the first place.

With respect to the subamendments that we proposed this evening, that pretty much sums up my comments. I know that there are other members of our caucus who are willing and ready to respond. I look forward, Mr. Chairman, to referencing the amendments made by government at some point later in this debate.

Thank you.

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

MRS. FRITZ: Thank you, Mr. Chairman. I'm pleased to stand up in the Assembly this evening and speak to the subamendment that's on the floor. But prior to doing that, I would like to say to you – and I know I'm not going to ask for a ruling on this – that I quite frankly see this subamendment as being contrary to the bill and the amendment originally. I know it's been signed off by Parliamentary Counsel, though, so I will speak to it.

We did have previously in the Legislature here, from a number of members in this Assembly, what I'm going to speak to, in regards to the 52 nonhospital surgical facilities that are currently operating in the province of Alberta. In those clinics, Mr. Chairman, we have over 150 surgeries that are taking place today and have been for a number of years. Those surgeries, I have to stress, have been approved by the College of Physician and Surgeons. They are surgeries that we look at as being elective surgery. It's surgery that's conducted on people that are relatively healthy. It is not surgery that is urgent or emergent but is elective.

In Calgary alone we have 12,000 people on the waiting list for elective surgery, which is one of the reasons why this bill has come before the Legislature. And that is – and it fits it in with the Canada Health Act – that we look at accessibility for people that require day surgery.

Now, the college provided a list, and members of the Legislature have had the list given to them. I think it was the Member for Calgary-Buffalo who mentioned in the Legislature that this list was filed with the Legislature. In this list, which was approved by the

college, I must say that many of these surgeries require a general anesthetic, Mr. Chairman. Not only do they require a general anesthetic or sedation, which means that you need to monitor the patients' vital signs, but they include all uses of intravenously administered sedatives or narcotics.

I think that is something that could be stated over and over again, and it may be during this debate in the Legislature. I really don't know. It's something that's very serious. You go in, and it's elective surgery. It means that you can have a general anesthetic, but also you can have the use of drugs by injection which are intended to or may induce a major nerve block or a spinal epidural or intravenous regional block.

I am absolutely amazed, when I read this list, that people would look at it and say: I can go in for my surgery and have a general anesthetic in the OR at 3 o'clock in the afternoon, and because that clinic is open for 12 hours, I can have that surgery at 3 o'clock in the afternoon and can be in the OR for two to four hours. They may have complications arise with the nursing observation or whatever, when they've had sedation or if they require a dressing change or some pain sedation of some sort. I may have that, and you expect me to leave that facility within a four-hour period and go home and recover? I don't think so. I think it makes good sense for patients to be able to have nursing observation and stay in that facility as long as necessary.

So, Mr. Chairman, what I'm going to say too – and to the people in the gallery as well – is that patients that go home too early are the patients that get into trouble, and that is why it is so necessary to have this bill be over a 12-hour stay.

Thank you.

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

MS CARLSON: Thank you, Mr. Chairman. Well, I'm very happy to be able to speak to this subamendment, which amends a very flawed bill, and eventually to respond to the Member for Calgary-Cross's comments.

First of all, on the subamendment. I would like to share with you what the folks outside have been saying to us about this subamendment and other components of the bill. Those several hundred people who have gathered in the rotunda have moved up the stairs to the Legislature and are up on the upper floor trying to get into the gallery. Of course, we're in lockdown now, so they can't get in. So to our guests in the gallery, if you leave, you can't come back in. Perhaps at this point in time this may be the safest place to be, because those folks out there aren't very happy. They're fully in support of all subamendments, not just this one but any future subamendments that we bring on to this Legislature floor this evening to prolong this bill, giving the government a chance to have sober second thought and do what they are asking for, which is kill the bill.

The hundreds of people out there are insisting that we prolong debate as long as it takes for the government to consider killing the bill, and you can hear them in support of that out there now. I would suggest that when hundreds of people start to gather and are this enthusiastic – and it's the first time certainly since I've been elected, since 1993, that we have seen this kind of response to any legislation that has hit this floor – the government has misjudged themselves on this legislation, and they need to kill the bill.

MRS. SLOAN: This is their House.

MS CARLSON: This is their House. This is the people of Alberta's House, Mr. Chairman, not the government's House. It is for the

people of Alberta, and they have a right to have their voices heard. They are being heard in a lockdown situation right now outside of this Chamber. [disturbance in the galleries]

THE SERGEANT-AT-ARMS: Order. Order in the gallery. For the third time, you are not part of the proceedings. You are simply here to observe.

MS CARLSON: We certainly appreciate the support of all of you who have come this evening and those who are outside so that when we need information in terms of whether people support this legislation and any subamendments we may bring forward, we can get firsthand knowledge from those people. They support what we are doing. They do not support what you are doing, and you are going to find out next time in the polls. All of these folks who yesterday were not activists politically are today activists politically, and they will keep that in their minds when it comes to working on campaigns and supporting legislators who want to be in this Assembly after the next election. I thank you very much for that.

Mr. Chairman, the Member for Calgary-Cross made some quite frightening statements in terms of her comments. First of all, she talked about the parameters of this bill in terms of the connection to the subamendment fitting in with the Canada Health Act. You know, at the end of the day, Calgary-Cross, we may find that this bill does adhere to the letter of the law of the Canada Health Act, but one thing I know for sure and one thing that all those folks out there know for sure is that it is not in the spirit of the Canada Health Act. There is nothing in this legislation that adheres to the spirit of that act, and it is certainly not in the spirit of those people who founded the act.

THE CHAIRMAN: We have a point of order, hon. member.

Point of Order Provocative Language

MRS. O'NEILL: I don't know what the point of order is except for the fact that the Member for Edmonton-Ellerslie is inciting the gallery and the sentiment of the people outside. Quite frankly, it's unacceptable.

THE CHAIRMAN: Hon. members, you know the rules about speaking as you move and when you're not in your place.

To the point of order, Calgary-Buffalo.

MR. DICKSON: If government members think that somehow they're going to discourage the opposition by standing up without citations, without authority, to harass opposition speakers to this amendment, I can tell them that they will be unsuccessful. Mr. Chairman, I know that you're not going to allow interruptions unless there's a properly documented citation. Without a citation, we end up with a bit of a free-for-all, and I would think that in this place we try and maintain some order.

Thank you.

9:10

THE CHAIRMAN: The hon. Government House Leader on the point of order.

MR. HANCOCK: Yes, Mr. Chairman. I'll provide the hon. member with a citation. It's 23(j) of our Standing Orders, which precludes members from using language "likely to create disorder." The hon. member is clearly speaking to the gallery instead of speaking to the members. Now, I appreciate that we have people in the gallery here

tonight. Many nights we work late hours, and we have no one watching and no one listening, so I think it's great that we have people here tonight.

But the rules are the rules, and the hon. member should not be inciting the gallery to participate in the debate, nor should she be applauding what's happening outside. By giving any encouragement to that sort of disorder, it does abuse the privileges of the members of the House, and it could be something rather grander than a Standing Order breach that she's accomplishing. I would ask you to admonish members to be very careful not to breach the privileges of the members and not to create disorder by encouraging disruption from the gallery.

THE CHAIRMAN: I have several people wanting to speak on this point of order. You have spoken once already, Calgary-Buffalo – have you not? – on the point of order?

MR. DICKSON: Yes, I did.

THE CHAIRMAN: We have Edmonton-Rutherford on the point of order, which is Standing Order 23.

MR. WICKMAN: Mr. Chairman, government members are standing up and suggesting that we should somehow participate with them in muzzling Albertans. Certainly if you don't get the message by now, with all due respect, that Albertans don't want this bill . . .

THE CHAIRMAN: Hon. member, you're debating the issue. There's nothing wrong with debating the issue, but right now we have a point of order, and when it's your turn, you can have your opportunity to debate the issue.

MR. WICKMAN: I'm speaking on the point of order in response to the comments made by the Member for Edmonton-Whitemud.

THE CHAIRMAN: Certainly you have a right to speak, hon. member, but you have to speak to the point of order as opposed to entering into the debate.

Edmonton-Ellerslie, are you wanting to speak to the point of order, or would you like me to rule?

MS CARLSON: To the point of order, Mr. Chairman.

THE CHAIRMAN: Okay.

MS CARLSON: Mr. Chairman, it is not my intent to incite anything in this Legislative Assembly. However, I was elected to be the voice of my constituents in this House, and I intend to do that. I intend to be a voice that is representative of what they want to say. It is not my intention to incite or to provoke, but if the government members feel provoked to enter into the debate based on what I have to say on behalf of my constituents, then I welcome that debate.

THE CHAIRMAN: The chair would observe that although the hon. member did not know the citation, it was presented to her. Citation 23(j): "uses abusive or insulting language of a nature likely to create disorder." Not unlike beauty, it's in the eye of the beholder. Nevertheless, it is a point to be recognized, hon. member. The hon. citizens who are without the doors, I am sure, are unable to hear us, so it would be of some difficulty to do that. To the extent that the present members in the gallery are prepared to listen without clapping of hands or encouragement or boos to discourage, as long as they're here as observers, that's perfectly fine.

So if the hon. member could continue her reflections on subamendment A1, section A. Edmonton-Ellerslie.

Debate Continued

MS CARLSON: Yes, Mr. Chairman. I'm happy to continue. I was just getting to the part in my discussion here this evening on this subamendment where I was responding to the Member for Calgary-Cross. She made some statements that are clearly not accurate and are clearly out of touch in terms of how the current medical system is conducting itself. I expect that in her comments she was referring to the subamendment being amended in clause (b) by adding "that requires a stay by the patient of under 12 hours" after "approved surgical facility." She talked to us about the sedatives in narcotics and the use of drugs by injection in terms of citing reasons why patients should be in the hospitals for longer than 12 hours in some cases.

But it's clear to me that she doesn't know what happens in hospitals now, Mr. Chairman. For sure there are any number of day surgeries that occur where in fact people are given injections, when people are put under general anesthetic, and it's day surgery. They're in at 8 o'clock in the morning. They don't go for their operation until 11 or 12 o'clock, lunchtime, and they're out of that hospital by 2 o'clock because the hospital needs that bed.

I know that from personal experience. My son, when he was 10 years old, had to go for day surgery to have a tube put down his throat to have his stomach looked at. Well, he was just a little boy, and we know how serious it is to put young children under general anesthetic and how they need to be specifically monitored and watched afterwards. Well, in we went, no breakfast. Of course, we're there by 7 that morning. He doesn't go in for the scoping until 11:30, 12 o'clock, at noon. He's out of there by 2 o'clock. He's out of the anesthetic by 3 o'clock, and we are out the door by 3:15.

So if the Member for Calgary-Cross is deluding herself by thinking that the kind of legislation they're going to pass here is going to change that in this province – it's not going to, Mr. Chairman. It's already happening, and because of that we think it's very important that the legislation be specific now and that we include a clause in this subamendment that states: "that requires a stay by the patient of under 12 hours" after "approved surgical facilities." If you don't do that, you're talking about major surgery in this province, not minor surgery. That is exactly where we say the government is going on this bill, and that is not what they have been telling the people of the province.

I stand by these words, and I'm happy to see her correct them if she can, but she can't. In fact, the exact example they use in this Legislature day after day as being a good example of that is Shouldice in Ontario. Shouldice requires people for hernias to stay three nights in their hospital, when the same public hospital in Ontario will do complicated hernia operations – not simple hernia operations like Shouldice does – and kick them out as day surgery. Now, how can that be, Mr. Chairman? If we don't put some qualifiers in this legislation, like we have in this subamendment, then how are the people of the province ever going to know what's going to be happening with this legislation and ever have any control over what's happening? They're not going to, because this government wants people not to understand what's happening, to promote private hospitals, and to allow different kinds of behaviour in the private hospitals than is currently happening in public hospitals, and we know that because they've used example after example where across this country it's happening right now.

They say that's not the case, but in fact we have proof that it is the case, Mr. Chairman, and that is why we need to bring in these

subamendments to tighten up this legislation. Who can believe that in a bill like this, that's been studied for years, we need to go to the extent that we have subamendments that we have to bring in? It's unbelievable that a government with the kind of manpower and alleged expertise that they have can bring in a bill that's so flawed that before it even gets to committee, the first thing they do is introduce amendments. The first thing that has to happen is we have to correct their amendments.

Look at what they left out. I refer now specifically to subamendment SA1. We're striking out "No physician shall provide a surgical service" and substituting "No physician shall provide an insured surgical service." Was it their intent all along, Mr. Chairman, to say that private hospitals in this province under their legislation would be able to provide surgical services that weren't insured? That's how the legislation reads right now, and that means that somebody out there is going to make a pile of money, and it means that it's completely contrary to what they've been stating in this House, that they were talking about only insured surgical services. Yet that's not what the legislation says.

So exactly what is the intent of this legislation? I believe that it is the government's intent to deliberately mislead the people of this province and ram this legislation through this House as fast as they can. We will see closure this week one more time, and it will be a shame, because this is the most substantive bill that has ever hit the floor of this Legislature since I have been elected, and it is the most seriously flawed legislation as well.

With those comments, Mr. Chairman, I will take my seat and make room for my colleagues.

9:20

THE CHAIRMAN: The hon. Minister of Learning.

DR. OBERG: Thank you very much, Mr. Chairman. It certainly is a pleasure to be able to get up tonight and speak on this very important bill. The hon. member's absolutely correct. It is a very important bill, as are the subamendments.

Mr. Chairman, I will preface my statement by first of all letting the gallery and the MLAs know that I am a licensed anesthetist; I give anesthetics. I'm also a licensed surgeon; I do surgery. I'm also a licensed practising physician in the province of Alberta as well as being the Minister of Learning.

Mr. Chairman, what I would like to do tonight is address three points as they pertain to this subamendment. The first point is the overnight stays or the 12-hour stay, depending on which side you look at. I would put to you that it is an absolute fallacy to put a time limit on the procedures. To put a 12-hour time limit on the procedures is absolutely wrong. What should be done and what we are looking at in this bill is that we must look at each procedure individually.

The College of Physicians and Surgeons is the licensing body of every physician in the province of Alberta. It is a public body. It is a body that has every one of its meetings in public. You can go and listen to what the College of Physicians and Surgeons are talking about at every single meeting that they have.

Mr. Chairman, the overnight stays, as I said first, are an absolute fallacy, because what has to happen is quite simply that a patient should stay at the facility as long as is necessary. The hon. Member for Calgary-Cross hit it right on the nose. There is no reason, if you go in at 3 o'clock or 4 o'clock in the afternoon and if you have a complication from an anesthetic – and as I've already said, I am an anesthetist, and there are complications from anesthetics – that that patient should be kicked out, that that patient should be sent to a hotel, which is what happens right now, or that they should be sent

to the hospital. I say this a little bit facetiously, but half of it is partially true. I think that the 12-hour limit is extremely discriminatory against rural people.

Mr. Chairman, when my people come from rural Alberta to have surgery in a day clinic, whether it's day surgery in the hospital or whether it's in a surgical facility, because of the 12-hour rule they do not have the ability to go home and have their family look after them. They go to a hotel, and the nurse calls them in the middle of the night to see if they're okay. What is wrong with this scenario? What needs to happen is that these people need to be in a facility overnight if they need it. As everyone in this room knows, people are individuals. What that means is that . . . [interjection]

Chairman's Ruling Decorum

THE CHAIRMAN: Hon. Member for Edmonton-Meadowlark, if you wish to speak to this bill again tonight, you're perfectly free to do so. As you know, you can speak an unlimited number of times in committee. So I wonder if we could just hear the Minister of Learning, and when he's finished, followed by the hon. Member for Edmonton-Strathcona.

Debate Continued

DR. OBERG: Thank you very much, Mr. Chairman. As I was saying, every patient is independent and every patient is individual in how they respond to an anesthetic. To put a 12-hour artificial time limit is wrong. What you must do is approve or disapprove procedures that are done in surgical facilities.

Mr. Chairman, this amendment is absolutely wrong. It has to allow overnight stays where the procedure warrants an overnight stay, where the patient warrants an overnight stay. Let's get away from this . . .

MRS. SLOAN: Point of order.

THE CHAIRMAN: I think, hon. members, we have a point of order. The hon. Member for Edmonton-Riverview.

Point of Order Imputing Motives

MRS. SLOAN: Mr. Chairman, under 23(i). The member is imputing that the opposition somehow has false motives in bringing forward this subamendment with respect to 12-hour stays, and I would cite from *Hansard* in 1994 where the hon. minister of health, in fact, indicated that he was directing the College of Physicians and Surgeons to establish what services and procedures can be safely and appropriately provided within a less-than-12-hour period. He's implying that we have some type of false agenda this evening when his own licensing body and the minister of health have clearly been on the record as saying that 12-hour guidelines are necessary.

Thank you.

THE CHAIRMAN: Hon. members are reminded that the point of order as cited is whether or not a member "imputes false or unavowed motives to another member," not to a group. We've had that raised a number of times. Whether you're saying it's the government or whether you're saying the opposition, it isn't a specific individual, so therefore it doesn't obtain. That's why it's there, to protect an individual member, and there was no individual cited that the chair heard.

MRS. SLOAN: It's false.

THE CHAIRMAN: But it doesn't go to a group.

MRS. SLOAN: The individual is affected by the 12-hour stay whether it's appropriately applied or inappropriately applied.

THE CHAIRMAN: No. Anyway, the hon. Minister of . . .

MRS. SLOAN: I'd like to know, Mr. Chairman. I might need a 12-hour procedure someday.

THE CHAIRMAN: Right. You're arguing the issue, and that's fine. You can argue the issue when it's your turn, but you can't use it as a point of order, because it doesn't obtain. But you can argue that as an issue. You're free to do that. I'm just the referee.

The hon. Minister of Learning.

Debate Continued

DR. OBERG: Thank you very much, Mr. Chairman. The hon. member just said a very interesting thing. She said, "I might need a 12-hour procedure." I'm sure that what she is saying, because she is a nurse and I am a doctor, is that we want to stay in hospital as long as is necessary. We want to stay in the hospital if it's done in the hospital. If it's done in a surgical facility, quite frankly, if there are complications with my anesthetic, if it is me, I want to stay there where my doctor is, where my nurse is, and where the people who are recovering me are. The people who did my operation, who know exactly what happened in that operation, I want them to be there. I don't want to be transferred to a hospital anywhere to look after my recovery.

A couple of other points that I'd like to say, and the one issue is, I suppose, a little bit in rebuttal. The hon. member was talking about regional anesthetics, injectable narcotics, and she was talking about them leading to a general anesthetic. Well, obviously the hon. member does not know what she's talking about. In many cases they are given injectable narcotics. They are given benzodiazepines, and they are not asleep for some of these procedures. Mr. Chairman, you know as well as I know and as well as the hon. Member for Calgary-Cross knows, often these drugs can cause as many side effects and can cause as long a recovery as a general anesthetic. So quite literally, if I were in a facility of any sort, I'd want to stay there until my recovery was complete. I don't want to be kicked out after 12 hours if I'm not well.

9:30

Mr. Chairman, there's one other point I'd like to say – and it is in this subamendment – and that's just the whole discussion about the hospital versus the surgical facility. I will fault our side a little bit, I'll fault the opposition a little bit in that it has not been absolutely clear what a hospital is and it has not been absolutely clear what a surgical facility is. I'll be the first one to say that. But it really is quite simple. Ask your 3-year-old kid, ask your 5-year-old kid what a hospital is. "A hospital is where I go when I get sick. A hospital is where I go when I have an emergency."

These surgical facilities have nothing to do with emergency treatment. Mr. Chairman, these are elective surgical facilities. They will undertake surgery on patients when it is an elective procedure. That is the difference. Hospitals provide all-spectrum care. They provide emergency services. They provide 24 hour a day emergency services, 24 hour a day inpatient services. When you get pneumonia, are you going to go to a surgical facility or to a hospital? You're going to go to a hospital because that is what a hospital is for. It is not an elective surgical facility, which is what is being contemplated here.

Mr. Chairman, quite simply, the elective surgical facilities will be in place. They will decrease the waiting lists in the public system. They will allow the public system to focus on the sick people. [interjection]

Obviously the hon. member who just threw out something at me has not been in a hospital. She is a nurse, but she obviously has not been in a hospital. Mr. Chairman, hospitals are for sick people, and when I'm sick, when I have diabetes, when I have heart problems, when I need surgery, I want to be in a hospital. That's what our hospitals are for. When I need a small operation, when I need a hernia done, when I need something minor done, I want to be in a surgical facility. I want to be in a surgical facility and I want to stay there until I am fully recovered. This is what this legislation is all about.

MS LEIBOVICI: On a point of order.

THE CHAIRMAN: A point of order.

Point of Order

Questioning a Member

MS LEIBOVICI: *Beauchesne* 333. I'd like to ask him a question. Then why does Bill 11 define a private hospital as one that provides emergency services, diagnostic services, surgical services, and medical services? Why does your own bill say that, then?

THE CHAIRMAN: Order. Thank you, hon. member. As you well know, you're entitled to ask whether you can ask a question . . .

MS LEIBOVICI: And I did and I want an answer.

THE CHAIRMAN: No, no, no.

. . . but you don't ask the question. The hon. member who is being the question has two choices, to say yes or no, and they give no reasons for it.

DR. OBERG: Mr. Chairman, I will not answer that question, but I will allude to that question.

Debate Continued

DR. OBERG: It is common sense that a hospital is where you go when you have an emergency when you are sick. In elective surgical facilities that is not what happens. Mr. Chairman, if these members don't know that, then these are the people that are trying to put across falsehoods to the people of Alberta.

Mr. Chairman, another thing I want to comment on – and this is indirectly what is related to the bill – is the whole idea of contracting out. Under section A in the amendment it says:

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.

Mr. Chairman, I have done lots of surgery. I have done lots of surgery in clinics. I have done lots of surgery in my clinic, that I built, that I own, that I pay the expenses on. If that is not a private clinic, I don't know what is. We do it all the time. If you go in for stitches, if you go in to have surgery on your back, on your arms, you do it in a clinic. That is contracted out from Alberta Health to the physicians. That happens every day in Alberta.

AN HON. MEMBER: Aren't you in conflict of interest? You're in conflict of interest.

DR. OBERG: Mr. Chairman, it sounds like they're calling me on a point of privilege.

Mr. Chairman, what it says in the bill, if I can read this in making reference to the question that was asked:

"Public hospital" means

- (i) a hospital that is established by or under, or the establishment or operation of which is governed by, the Hospitals Act, the Regional Health Authorities Act, the Cancer Programs Act or the Workers' Compensation Act, or
- (ii) a hospital that is established by the Government of Alberta or the Government of Canada.

It is very, very plain the difference between a hospital and an elective surgical facility. That is something that has not been brought out.

I was getting at the contracting out, and I was reading from subamendment A. Mr. Chairman, contracting out happens all the time. Contracting out is happening everywhere we go in Alberta. When we are talking about overnight stays, all we are saying quite literally is that where things can be done cheaper, where the quality is equal or better than what is in the public facility, where the contracts are made, where we can put money into getting people service rather than the bricks and mortar of hospitals, the bricks and mortar of surgical suites, we will look at that. I think it is imperative upon us as elected members to look at saving money for the taxpayer of Alberta if we can.

But, Mr. Chairman, I will say that we will not sacrifice patient care to save money. If the private sector can do it under the accreditation of the College of Physicians and Surgeons, under the numerous things that the Minister of Health and Wellness has put forward, if those are satisfied, then, yes, I agree that overnight stays should occur, I agree that surgical facilities should be open, and I agree that we should do it right now, that we should do it today.

Is this going to turn Alberta into a two-tier system? Absolutely not. Absolutely not. Mr. Chairman, we still pay as the government of Alberta. We're the ones who put out money. As an individual citizen of Alberta am I going to have to pay when I go to these surgical facilities? The answer is no. The answer is very simple. The answer is no. Regardless of who owns a facility the answer is no; citizens of Alberta will not be paying for health care when they go to the elective surgical facilities.

The elective surgical facilities will decrease waiting lists. The elective surgical facilities will increase patient care. They will decrease patient suffering, and, Mr. Chairman, that is what Bill 11 is all about. It is not about Americanization. It is not about two-tier systems. What it is about is improving patient care. Let's get off the politics. Let's talk about patient care.

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

DR. MASSEY: Thank you, Mr. Chairman. I'm pleased to have the opportunity to speak to the subamendment introduced by the Member for Edmonton-Meadowlark. I think it's important to note the context of this subamendment and the amendment it would change.

Mr. Chairman, we have in front of us a bill that's been sent to all Albertans, a bill that is a little less than 20 pages in length, yet before the Assembly the government has placed in front of us six pages of amendments, so it's that subamendment that we're discussing tonight. But that's the context. How well thought through, how well crafted is a piece of legislation when just weeks after its introduction we're forced to look at six pages of amendments by the government and I'm not sure how many subamendments by the opposition and then some substantial amendments? So it's within that context of a very flawed piece of legislation that we look at tonight's subamendment.

THE CHAIRMAN: Hon. member, we have a point of order, I presume. The hon. Government House Leader.

Point of Order Questioning a Member

MR. HANCOCK: Thank you, Mr. Chairman. Pursuant to *Beauchesne* 333, would the hon. member permit a question?

THE CHAIRMAN: Yes or no is all you have to say.

DR. MASSEY: No.

THE CHAIRMAN: Okay. You got your answer.

9:40

Debate Continued

MR. MASSEY: The offending word in the amendment and the offending word in the . . . [interjection] You'll get your turn. The offending words in the subamendment that have been modified are "approved surgical facility." Those are the words that have everyone in the province hung up, and it doesn't matter how the government tries to spin, how the government tries to define what an approved surgical facility is, people read "approved surgical facility" as private hospital. No matter what kind of spin campaign, no matter how many million dollars are spent, that's how people are interpreting it.

I find it quite astounding that members opposite would stand up and try to declare that people don't understand, that they're being misled by the opposition. After all, this is the bill that was sent to every Albertan in the province, and as much as I like to think the opposition is powerful, we're not quite that powerful yet, Mr. Chairman.

The test of any amendment – there are a number of tests. One, does the amendment clarify? I would submit that's exactly what this subamendment does. It clarifies that the services are to be an insured surgical service. It clarifies that the approved surgical facility is not going to be an overnight surgical facility. Those are major, major items of importance to those people who are opposed to Bill 11.

Does it correct errors? Well, I think it does correct an error. The error was in ever introducing approved surgical facilities and trying to pass them off as something other than a private hospital.

One of the other criteria for a good amendment is that it should provide some assurance in response to a concern that's been raised, and that's exactly what the amendment from the Member for Edmonton-Meadowlark does. It assures Albertans that approved surgical facilities will remain clinics, that they won't in any way become private hospitals.

Another criteria for a good amendment: does it strengthen the bill? Yes, certainly. By referring exclusively to insured surgical services, by limiting the length of stays in these approved surgical facilities, it assures Albertans that we don't see the introduction of private hospitals.

Does it change the bill for the better? Another criteria of a good amendment. Certainly it does in ways that I've already mentioned: by containing the kinds of activities that can be undertaken at an approved surgical facility and by directing the kinds of services that can be performed at those facilities.

Does it set some standards? It certainly does. By including the notion of 12 hours and limiting stays to that, it sets a standard that can be used to judge approved medical facilities.

Does it alter the bill for the better? Yes. Again, it makes the bill clearer, and it makes it very certain in people's minds exactly what these approved surgical facilities are going to be.

The last criterion that I would look at: does it correct some

oversights in the original bill? I think it can be argued, Mr. Chairman, that these two subamendments do exactly that.

Mr. Chairman, all of the upset, all of the discussion, all of the protracted hours of debate could be eliminated if this subamendment were adopted. It would take the most obnoxious part of Bill 11 and make it palatable for people in the province.

So with those comments, Mr. Chairman, I know there are other speakers that want to make comment.

THE CHAIRMAN: The hon. Member for Calgary-Fish Creek.

MRS. FORSYTH: Thank you, Mr. Chairman. I'm pleased to rise and speak about the amendments, and I'm pleased to speak about Bill 11. Today it's not difficult to find a newspaper article that doesn't talk about physician shortages, long waiting times for treatment and lack of high-tech equipment. It doesn't matter what daily newspaper you pick up, the problems are the same in Saint John's, Toronto, Saskatoon, and Vancouver. They're the same all over this country.

Let's recognize what the political partisans reflect to acknowledge: we have a problem in health care. The Liberals speak with great passion when they espouse their point of view on health care. The hon. Member for Edmonton-Centre speaks passionately in her newsletter about Bill 11, and I'll quote: I personally feel strongly that Bill 11 will not address the problems in our health care system. Well, through the whole newsletter there is not one idea about how to fix that problem.

Why all the fuss? First, a vocal stand is popular with Albertans and Canadians. Health care continues to poll well. For all their rhetoric the federal Liberals cut the transfer payments by 50 percent to 13 percent, a cut that certainly impacted provincial health care funding. The federal Liberals are . . .

AN HON. MEMBER: Relevance, Mr. Chairman.

MRS. FORSYTH: Yes, Mr. Chairman, we've given a lot of latitude tonight. Bear with me, please. We're talking about an amendment that's been brought forward from the opposition, and I'm speaking to the amendment.

The Liberals can easily blame all problems with the medicare system on the provinces by pointing out that health care is after all a provincial responsibility as set out by the Constitution, but the federal government does have an important role as the guardian of the principles of health care. The provinces have a legitimate grievance. The federal government contributes well under a quarter of the funds for health care yet refuses to allow flexibility. Well, Mr. Chairman, the simple solution is to put up or be quiet. One must examine the Canada Health Act and the irony of Mr. Rock, who has made it clear that there is no flexibility in the five principles of the act.

Let's examine it for a minute, Mr. Chairman. Portability: portability means that a Quebecker getting medical care in Alberta wouldn't have to worry; the insurance coverage is portable. Well, Quebec doesn't have an agreement with the other nine provinces. Many physicians in English Canada are reluctant to take Quebec patients because the Quebec government pays low compensations to physicians, and the Quebec government doesn't cover hospital stays in other provinces. Portability across Canada? I think not, Mr. Chairman. Not once did the hon. Leader of the Opposition talk about that when she spoke about her life and time spent in Quebec in her passionate speech about equity.

The principle of universality is supposed to mean that every citizen is covered by insurance, but this isn't the case in several

provinces when citizens are charged to help fund some medical services.

Accessibility is another one, Mr. Chairman, a principle that Canadians hold dear. Wrong. Provinces must provide services with uniform terms and conditions.

MS BLAKEMAN: Point of order.

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

Point of Order Relevance

MS BLAKEMAN: Thank you. The citation is 23(b), relevance. As I understand it, the amendment that we are looking at is discussing insured and uninsured services and stays of 12 hours. While I appreciate that the member may not have had an opportunity to do her second reading debate, we do have an amendment in front of us that's fairly narrowly focused.

THE CHAIRMAN: Do you wish to make comments on the point of order?

MR. HANCOCK: On the point of order, Mr. Chairman, I think it's passing strange that as we sit quietly and listen to wide-ranging debate from the Liberal side of the House and people shouting across at me, I'm wanting to muzzle debate when I'm asking for a little decorum. Then when one of our members gets up to speak to this very important section of this very important bill, members opposite want to curtail debate down to the narrowest of the narrow.

In fact, the hon. member is following the practice that has been happening in this House over the last, I think, six hours that we've had in debate on amendment A1, section A, and its subamendment SA1. There's been about six hours at least and maybe seven hours of debate so far on this particular section and this rather modest amendment to the bill. That debate, if we review *Hansard*, has been very wide ranging in coming back to this particular section, so it would be totally inappropriate for the chair to rule this hon. member's contribution to the debate as irrelevant when there's been so much irrelevant debate from the other side.

9:50

MR. DICKSON: I hadn't intended to join the point of order, but after hearing the provocative comments of the Government House Leader, let's recognize that every one of my colleagues who spoke to it has referred to elements of the amendment that's in front of us. [interjections] Every single one of them. I challenge any of these people . . . [interjections]

THE CHAIRMAN: I wonder if we would allow the gentleman to have his point. Calgary-Buffalo is the only one that's been recognized.

MR. DICKSON: I listened to the Member for Calgary-Fish Creek, and no doubt they're heart-felt, genuinely believed sentiments, but they had absolutely nothing to do with the subamendment in front of us. You know, we started off with her colleague. I don't know what happened to the Member for Calgary-Egmont, who was quick on his feet a couple of times to raise questions of relevance when we started out but was nowhere to be heard when his colleague started taking us on basically her second reading debate speech. I understand she may have been one of the 44 government MLAs that never spoke at second reading of the bill, so she's probably taking some heat at home and she's anxious to get up and get some items on the record now, but she's not being relevant, Mr. Chairman.

THE CHAIRMAN: The hon. Member for Calgary-Fish Creek. On the point of order, or do you want to continue?

MRS. FORSYTH: I'd like to continue.

THE CHAIRMAN: Okay. Well, the ruling first, then.

The hon. Government House Leader has made an astute observation in that we have been trying, whether it's for five hours or seven hours or whatever, to bring members to please address the amendment that was before us for about four or five hours and now, since 8 o'clock, the subamendment. The chair feels that indeed it's been honoured more in the breach than in the keeping. To the extent that members are staying at least within the parameters of the package that has been referred to as these six pages of amendments, collectively known as amendment A1, then I think the chair has been relatively quiet on that.

However, the chair is anxious to hear how the comments you're making are related to the subamendment. If you can then make your comments and fit them to the subamendment, that really would be then in compliance with the rules of the House.

Calgary-Fish Creek.

MRS. FORSYTH: Thank you, Mr. Chairman. I think, you know, I really have to say that sometimes patience is a virtue, and I am getting to the subamendments. I think if you hear what I have to say, you'll see how it all intertwines.

Debate Continued

MRS. FORSYTH: Now, I was talking about the universality, Mr. Chairman. I wanted to add that the Prime Minister and the Governor General in this country are treated at the National Defence Medical Centre in Ottawa. One must ask herself why the silence on the problem with the health care system? As I said earlier, when I mentioned the brochure from the hon. Member for Edmonton-Centre, lots of talk and no action. Health care is a very emotional and sensitive issue, probably more important than any other issue in this country. Every citizen is touched at one time or the other by health care, and we must examine what health care means. Well, it means different things to different people.

MS CARLSON: Mr. Chairman, a point of order.

THE CHAIRMAN: The hon. Member for Edmonton-Ellerslie is rising on a point of order.

Point of Order Relevance

MS CARLSON: It isn't relevant. She is not on the subamendment at all, Mr. Chairman. We have just had this discussion. She's not getting to the subamendment at all.

THE CHAIRMAN: The chair will not reflect upon past members who were called upon a number of times to try and discuss the issue at hand but will say one more time: please tie your remarks into the subamendment.

Debate Continued

MRS. FORSYTH: Thank you, Mr. Chairman. To the subamendment, then, one must ask oneself: why have hospitals meant to provide acute care become centres for non acute care? Part of the answer lies with people's demands. Given the choice between in-hospital recovery and day surgeries, people prefer the convenience

of a hospital stay. Given the choice between an impressive teaching hospital and a surgical facility, people choose the hospital. Why has the system become so reliant on institutional care? Why was an elderly patient occupying a bed in a surgery ward at approximately \$800 or \$900 a day when a home care program would be just as effective? Why would you take up an operating room for minor surgery when it can be used for major surgery?

[Mr. Herard in the chair]

The health service utilization working group report *When Less Is Better: Using Canada's Hospitals Effectively* cites several studies that estimate inappropriate use of between 19 percent and 60 percent of total patient care depending on the type of hospital. In other words, on any given day roughly half the hospital beds are taken up by patients who don't need to use them.

So in closing on the amendment, Mr. Chairman, we know health care is a big problem made up of several small problems. Firstly, health care is a societal problem; Canadians are getting older. Secondly, health care is a budgetary problem. Thirdly, health care is an economical problem. Fourthly, health care is a political problem. Fifthly, health care is a moral problem. With waiting lists continuing to grow, there are bigger problems, urgent problems, complicated problems.

Reform in the health care system requires people to change their thinking. The opposition asked in question period if there was a free vote. Yes, Mr. Chairman, my colleagues can make up their own minds on this very, very delicate issue. Yes, we are getting calls, faxes, and letters, and yes, we are listening to what they have to say. In the same breath we also are getting calls of support. The calls are asking questions about the bill. Yes, Mr. Chairman, I also believe that this government is doing the right thing.

As a baby boomer I will be utilizing the health care system in a few years. I have a 77-year-old mother who has not been well for some time and using her full share cost of health care. I have a son who was in a terrible, terrible car accident several months ago, and, yes, he used the health care system also. I have another son whose career continually takes him into high-risk situations, and, yes, Mr. Chairman, he uses the health care system too.

Hell will freeze over before I will jeopardize what we hold so dearly to us and cherish. Mr. Chairman, Bill 11 is about reform. Nothing more and nothing less, and I believe it's the right thing.

Thank you.

THE ACTING CHAIRMAN: The hon. Member for Edmonton-Calder.

MR. WHITE: Thank you, Mr. Chairman. With this dissertation I suspect that this member could go on from bed knobs and broomsticks. The relevance in that last little speech left something to be desired, but I shall not. I shall do the best I can to deal with the amendment and the supplement to that amendment and therefore do the best I can to expose the fallacy of this entire bill. The effect of this bill is more than just that which is written on the pages, and we all know that. The effect is a fundamental change in how we perceive the deliverance of health care through the hospitals in our province.

This particular amendment, particularly the second portion, which would limit stays of a patient to under 12 hours would definitely make approved surgical facilities redundant. There would not be any need for them. In fact what is needed here is funds to run the hospitals that we have. There is no question about it. You needn't go so far as 12 feet out that door to hear the almost – almost, I say

– riotous situation in the province of Alberta. Those people are here for a reason. It's not to listen to an amendment and a subamendment, and in fact it goes to the heart of the bill. They simply do not want two tiers. They don't want anything to do with private clinics. They don't want to have to concern themselves about the loss of the health care system for their lifetime.

10:00

I heard the member opposite speak of her 77-year-old mother. We all have those. We all have mothers and relatives and sisters and aunts and uncles that are elderly. We have younger people that require the system, and we all want the best that we can provide for them. But those people and this side are worried. This is the third time, not the first, not the second, but the third time this government has tried to – I can't say manipulate, but it certainly would be mold, change, augment, modify the current system of delivery. [interjections] Manipulate might be a little bit strong, Member for Edmonton-Rutherford.

These people understand that. They don't have to understand the fine points of the bill. They don't have to understand that. They understand the intent of this government's work. They bring forward for the third time a bill that purports to modify the system – and that's being euphemistically correct – and they get worried. Listen to them. That's not insightful. I mean, how do you pay people to do that?

Chairman's Ruling Relevance

THE ACTING CHAIRMAN: Hon. member, I've listened for a while now, trying to weave the amendments into what you're saying, and I hope that you'll do the same. Please confine yourself to the amendments.

MR. WHITE: You're calling me on relevance after that? Mr. Chairman, you're going to call this member on relevance?

THE ACTING CHAIRMAN: No, no. I'm saying, hon. member, that I'm hoping that you're going to weave the amendments into what you're saying, because the history of two other bills that have already been decided in this House is not relevant.

MR. WHITE: It is relevant relative to 12-hour stays.

THE ACTING CHAIRMAN: Are you challenging the chair, sir?

MR. WHITE: I'm merely pointing out that what's good for the goose has got to be good for the gander here.

THE ACTING CHAIRMAN: Please, on the amendment. Carry on on the amendment.

Debate Continued

MR. WHITE: Thank you. I'll do the best I can to weave, as you will, the patient stays under 12 hours.

Approved surgical facility is a misnomer at best. This is an approved debating facility, I suppose. We probably would not call it a House on any other day.

If we do restrict stays to 12 hours, then it is clear that all reasonable precautions would be taken for any kind of procedure in a hospital, in a proper hospital. You will recall that about five days ago the Member for Edmonton-Manning made mention of the loss of a child in what would be under this bill an approved surgical facility. This particular procedure was a dentistry procedure that in

the current law is allowed to be held in another facility. There are a number of them in the province that dentists do their work within. That procedure was a normal procedure. An anesthetist performed the function, and that particular child developed complications. That child was rushed not to an approved surgical facility but to a proper hospital, where the child didn't make it, and that's a shame.

Would we want that to be repeated again and again? This member certainly wouldn't want that to occur. Not being a medical expert certainly but knowing the history, that complications do occur and reoccur from the simplest – the simplest – of procedures, this member would prefer that anything that requires over a 12-hour stay with a recovery would be in a proper hospital, defined in, I believe, the Canada Health Act. In any event, it is properly defined, and actually it is defined, I think, at one point in Bill 11 as a proper hospital.

Now, moving on to the other part of the amendment, "No physician shall provide a surgical service," there's a difference between a surgical service and an insured surgical service. This particular item is rather difficult to debate, because quite frankly it's an error, a void, if you will, in the act as it was written. This merely repairs that act so as to prevent any kind of misinterpretation of what actually should occur in those facilities. It is an insured service. Uninsured services, of course, can be left outside this subamendment, and it would not offend this member, nor would it offend this side of the House.

However, I do believe that the surgical services required are insured services, and so long as this government doesn't try to move away from or redefine insured services, this provision would be a natural. It would be quite reasonable and proper, and this member believes it would be a reasonable assumption to pass at least that portion of this subamendment so as to fully and completely define that which is required in the service.

So in closing, Mr. Chairman, I did try my best to stay on the topic, but quite frankly this particular amendment on 12-hour stays goes to the very heart of what an approved surgical facility is, in this member's view, and what a hospital is. That is the fundamental argument for a great many of the people that are gathered here today outside these doors.

Thank you for your time, sir.

MRS. McCLELLAN: Mr. Chairman, I'm pleased to stand and join in the debate on subamendment SA1. Before I discuss the amendment in some depth, I would like to just quote *Hansard* from July 2, 1992, to put my remarks into context. The question was raised by Ms Barrett.

The government can save a lot of money if it doesn't allow hospitals to contract to the for-profit sector. On that basis alone, will the minister reconsider her position and tell hospitals the for-profit sector has no role in the public health system?

The answer from the minister of health on July 2, 1992, was this.

Again, Mr. Speaker, no, I will not, because the private sector does in fact have a role if it can prove that it is efficient, that it's operating fairly, and that it's meeting the responsibility of our health sector to provide access to health services.

Mr. Chairman, that is what Bill 11 is about.

I respect the right of every Albertan to provide their comments on this bill, and I think there has been ample opportunity to do that. In fact, I have had now three meetings in my constituency to encourage people to come and ask questions and provide their input, which has led in part, I believe, to some of the amendments that we are looking at tonight.

What is difficult in this debate and has been experienced tonight is that there is a lack of accurate information, and sometimes things are alluded to in a way that suggests things that don't occur.

I'll be interested to review the Blues on the Member for Edmonton-Riverview's statements on the Gimbel Foundation Act. That was, in fact, a private bill. It was not a private member's bill. It was not a public bill. The member should know very well that private bills can be brought forward. Some pass; some do not. This bill was in fact brought to this Legislature. This bill was in fact dealt with by this Legislature. In my recollection this Legislature defeated that bill, and it did not pass. I think we should have things on the record in the right context and displayed for the benefit of the people who are here and those who may choose to read *Hansard*. Accurate information should be given to them. That is a point that must be made.

10:10

Mr. Chairman, also raised in that discussion was the point – and I believe rightly so – that the College of Physicians and Surgeons are determining what array of surgical services might require an overnight stay, but the hon. Member for Edmonton-Riverview's comments would leave me the impression that somehow that August professional body might not appropriately determine that. Well, I have a great deal of faith in the professionalism of the College of Physicians and Surgeons, and I do believe that they are the appropriate body to determine the appropriate setting for surgical services. It gives me a great deal of confidence when any member of my family – and I've mentioned before I keep a picture of my three grandchildren on my desk to remind me very clearly of what this is all about. This is about the importance of a health system that will serve not only my generation, my parent's generation, my children's generation, but my grandchildren's generation.

I would remind all hon. members that 10 years ago or so a lot of services were delivered in hospitals. I recall all abortion services being delivered in hospitals, and I also recall the consternation of some professional staff in those hospitals at having to participate in that activity. They had a great deal of difficulty with their personal feelings and their professional life.

Cataract surgeries 10 years ago or so were all provided in a hospital and for good reason. The technology, the medical know-how at that time made that the most appropriate place to deliver that service. I recall that at the time elderly people in my community traveled 200 miles to Calgary to have this service provided. They were in hospital for a week or 10 days, their head in sandbags. When they were allowed up it was to be very carefully monitored. They were not allowed to lift anything. They came home to six weeks to six months of convalescence. They couldn't lift. They couldn't actually perform many of the day-to-day duties they needed to do.

Well, you know, the government didn't change that, ladies and gentlemen, colleagues. Medical technology changed that, and we should applaud that. We should say thank goodness for the people in the health field who are every day performing research and learning new technologies, new drug therapies that allow people to convalesce at home in a setting that is comfortable to them. We can't put our heads in the sand and say: the same as I've always had is all I ever want. The world will not allow us to do that. Technology and medical know-how will not allow us to do that, nor should we want them to.

There are some 52 clinics in this province. Over 30 of those operated under the past health minister's watch without guidelines governing them. We paid the price for that in 1994. The federal government at that time asked us to introduce private clinic legislation to deal with this very amendment, putting rules around how private clinics can operate. There were four provinces that moved ahead. We said that we felt we had a responsibility to have a

discussion with the health professionals in our province to make sure the rules and guidelines that we put in place were appropriate, and out of that came the 12 principles that were agreed to by the federal government and by the province.

Today there are 52 clinics in this province. They provide about 152 services. They save 20,000 hours of operating theatre time in this province that can be awarded to those surgeries that truly do require a hospital stay. Mr. Chairman, I am not a medical professional, nor have I ever pretended to be. We do have some in this Legislature, and I listen with great respect when they speak, on either side of this House. However, this amendment talks about stifling the ability of the College of Physicians and Surgeons to determine the appropriate setting for services to be delivered in this province. I don't believe that this Legislative Assembly is the determiner of what services are provided. It is our responsibility to ensure that there are guidelines, appropriate rules that will ensure that those services will be delivered in a safe manner. The appropriate people to determine the setting and determine the professional security of care in that setting is the College of Physicians and Surgeons working with groups such as the AARN, who, incidentally, were miles ahead of any of us in this Assembly on health reform.

We have examples in the nursing fraternity of nurse practitioners. It was not allowed a few years ago. However, it was happening in northern Alberta where, because of remoteness, nursing professionals were called upon to provide care that perhaps was not in their guidelines. We worked with them and the AMA, with some difficulty, to ensure that they were protected, that they were able to offer the care, and that they were trained to do that.

Mr. Chairman, that's what Bill 11 is about. No matter how much some try to say that it's something else, it is about protecting the integrity of the delivery of surgical services. It is something that perhaps we should have done in 1994, and you wouldn't have heard any of this today. Saskatchewan's legislation – and I've looked at it carefully – will allow, if they wish, overnight stays. It is totally silent on that subject. We're more up front, and we're saying that if this is allowed, this is how it will be done and this is who will determine it. I've looked at that legislation very carefully. It is not in any way as restrictive on the issue of overnight stays as, in fact, ours is.

One last thing about what happens when you bandy around information, and again I'm going to read from the bill, because I heard Edmonton-Meadowlark very indignantly quote out of the bill on a surgical facility. Well, I read it as saying that a "surgical facility" means a facility whose primary function is to provide a limited range of surgical services." What I read in here, which I understood to be the quote on surgical services, is that

"private hospital" means an acute care facility that

- (i) provides emergency, diagnostic, surgical and medical services, and
- (ii) admits patients for medically supervised stays exceeding 12 hours,

but does not include a public hospital.

Well, in fact, in this bill those hospitals are banned.

So let's tell the facts. Let's not try to incite people by misinformation. Let's be accurate. Let's depend on our medical professionals, in this case the College of Physicians and Surgeons, to determine what is appropriate for an overnight stay and what professional security of care should accompany that.

10:20

Mr. Chairman, all I ask is the opportunity for fair, honest debate. I have a lot of respect for this Legislature. When I came here almost 13 years ago, I promised my constituents that I would treat this House in a manner of respect. I have tried – I'm sure I've strayed

once in a while – to keep that promise to them. When I met with a group the other day, I thought that one of the elderly gentlemen of the Legion was going to give me a bit of a lecture on Bill 11. What he said was: Shirley, I wish that when you stand up in the House, you'd speak into your mike; I'm having trouble hearing you.

[Mr. Tannas in the chair]

The opportunity has been there in my constituency. I have had people who have raised concerns. I have tried to provide to them by simply using the bill – we sit down with the bill and go through clause by clause. Where there have been questions raised, I have passed them on to the minister of health and asked if we could amend this bill to clarify that. I believe that the minister has responded and introduced those clarifications.

If the opposition really wants to help the system that we have presently in this House, if they devote as much energy to encouraging the federal government to put \$4.8 billion back into the system out of the \$18.8 billion that they removed rather than passing that off as inconsequential, I think they would serve the people of this province in a much better way.

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

MS BLAKEMAN: Thank you very much, Mr. Chairman. I'm very pleased to be able to be here tonight and speak to the subamendment proposed by the hon. Member for Edmonton-Meadowlark. With previous amendments, I had spoken of my frustration in trying to answer my constituents' concerns that this bill was not acceptable in any form or shape, yet I did want to be able to comment on amendments. This is an amendment that I can support, so I'm very pleased to be able to rise and speak to that.

Now, that is not to say that this amendment is perfect, that this makes the bill wonderful. It's amending one very small section. It doesn't correct a lot of things that are happening outside of this one section, but speaking specifically to subamendment SA1, I think this is worthy of our consideration because it is constructive. One of the issues that is concerning Albertans the most is the problem of overnight stays and getting into a definition of major surgery. For many people following the logic along, if it's major surgery and you need to be in this approved surgical clinic for several days or for a week, then that's pretty major surgery, and that's gone beyond the scope of what this legislation was supposed to be talking about. So the overnight stay really makes people uneasy, and having this amendment narrow that to 12 hours I think relieves some people's anxieties on this.

I have to be perfectly honest and on the record here. I have not had constituents writing, e-mailing, phoning, and faxing saying: please support this amendment requesting 12 hours. As I say, the overwhelming response – and I'm now at over 400 responses opposing the bill – has said: we don't want the bill, period; pull the bill; get rid of the bill.

Let me try to put something on the record for consideration. We all know and certainly I know that a major frustration with the bill has been the government's reluctance, inability – I don't know what words to use – to describe why the government feels that it needs this legislation. Well, it's to make waiting lists shorter, but when you look at the proof about shorter waiting lists, private clinics do not make the waiting lists shorter. So the whole idea of why we need this and the inability of the government to come forward with something concrete that Albertans can grab hold of has been a concern.

Now, the Minister of Learning spoke at some length that to put a

12-hour limit was not a good idea, that it wasn't long enough, that there were complications that could arise that would justify a longer stay. I'm not from a medical background, but I'm having trouble following that logic. Truly, this is a simple procedure that is being done in these clinics. It is minor surgery, and therefore it should be a very simple procedure. There should be no need for intensive or dramatic – or whatever the medical word is – intervention with it. Therefore, you shouldn't need to be in there longer than 12 hours. I mean, according to the definition in here, a surgical facility, section 29(q), "means a facility whose primary function is to provide a limited range of surgical services." I understand. That's the definition that's in the bill.

If what we're trying to do here is very limited, very narrow, very easy, very simple surgical procedures and then we have someone who's acknowledged as a medical doctor, trained, licensed, certified in this province, telling us, "Well, no; there could be complications; it needs to be longer than 12 hours," I say: where's the acute care in these clinics? There isn't one. Where's the emergency department? There isn't one. So if complications arise, as we heard the Premier say, no problem: pick up the phone, dial 911, get an ambulance and take them to a real hospital. Why would we need more than 12 hours? This doesn't logically follow. There's been more debate from members on the other side than I've ever enjoyed in my time in this House, so I'm sure someone will get up and answer me on that one.

MS CARLSON: It could happen; right?

MS BLAKEMAN: Well, it could happen. Sure. There could be an answer there.

The second issue that's been raised by this subamendment is the concerns that come out about insured and uninsured services. That is the first part of this amendment, changing it from "no physician shall provide a surgical service" to "no physician shall provide an insured surgical service." That has been another issue of concern that's been raised through the letters and correspondence that I have received. That's the idea of the government being able, behind closed doors and without consultation with Albertans, without any kind of advance notice actually, to delist what's considered a covered medical service.

Now, let me stop here and say that I'm not asking and nobody that I've listened to in the Official Opposition has said: let's go backwards in time. No one on this side has said: let's stay with the status quo. Everyone is saying that there needs to be an improvement in our medical system, in our health care system. We need to have legislation to deal with controlling private clinics. We need to be flexible enough to recognize when procedures through the use of advanced technology and pharmaceuticals are no longer, for instance, major surgery and in fact could be considered minor surgery or at least less invasive surgery. A number of people have talked about gallbladder operations. I remember my aunt was in the hospital for about three weeks, and now I think they do it through your belly button or they shoot you with laser sound waves or something.

MR. JONSON: Orthoscopic surgery.

MS BLAKEMAN: Orthoscopic surgery. Thank you very much. That was the minister of health assisting me.

So I do understand the need for that flexibility. We do need flexibility. That's fine. But the idea that the services that people have come to expect can be uninsured, delisted, taken off the coverage behind closed doors and without them knowing about it

really bothers people. They feel they got suckered somehow. That sort of debate needs to come out more into the public and have more consultation.

It's important that we tell people and be very up front about the fact that, you know, only the insured stuff is covered and don't be guaranteed it'll be covered forever. Because we already know that for those people who pay for Blue Cross, which is the extra coverage, the extended benefit coverage that's available, that's delisted all the time.

10:30

I have a constituent that grabbed me by the elbow and walked me about four blocks, telling me how some sort of dental surgery or dental checkup had been taken off that listing. That was a serious issue for her because it was costing her a lot of money out of pocket to be able to pay for a service that used to be covered. So that delisting really bothers people. We do need to come up with a way to involve people more in that whole discussion of how it happens, but I'm also not saying that we shouldn't be flexible enough to understand that things change.

I think that this amendment with its 12 hours and with its insertion of the insured services does give us some reasonable safeguards built around this first section in the bill. When I was speaking previously, I know I had been mentioning things like the idea that nothing had been done in the amendment to change these approved overnight-stay surgical facilities, whatever name we're calling them by now.

The other thing we have to remember is that legislation is not forever here. I mean, in my short time in this Assembly I've seen changes in the condo act from 1996. We're now amending it in the year 2000. It's only four years. I mean, if there's a real problem and adjustments need to be made, we can bring it back into this Assembly and open it up. [interjection] Well, actually if you had just waited, hon. Member for Calgary-Buffalo, that would have been the very next thing on my list, talking about the number of changes and the number of times that the Municipal Government Act has come back into this Assembly. Well, I don't think that's a bad thing. If you didn't get it right, then keep bringing it back. We'll happily work on it. You know, there were problems with it. They were identified, and we brought the act back in again. How many times has it been back from the original time? Twice more since then. So in three years we've had it forward three times.

We don't need to be so concerned that the bill or these amendments be written in such a way that they're going to last us for 15 years. Let's be honest about it. The likelihood that the act will be back in front of us here in four, three, or two, like the MGA, is pretty high. Let's take the time to do it right; then it will last us a bit longer. This amendment takes us a little bit down the road towards doing it right.

Those were all the comments I wanted to make on this subamendment. There is no need for me to repeat the excellent arguments that have already been raised and brought forward by my colleagues. There's another colleague jumping up, and I will allow him to speak.

THE CHAIRMAN: The hon. Member for St. Albert, followed by the hon. Member for Edmonton-Gold Bar.

MRS. O'NEILL: Thank you, very much, Mr. Chairman. I rise tonight to speak specifically to the subamendment of the amendment. First of all, I'd like to talk about the duplicity that I've heard this evening coming from across the floor. When people argue that this is an unsalvageable piece of legislation and then proceed to suggest, as they have put before us, a subamendment to an amendment, it tells me that they want to be engaged, that they want to

participate in something but for no other reason than to spout what they believe are the inconsistencies in their own minds. So I find it very difficult to put any credibility to what they are saying with respect to their subamendment to the amendment.

However, having said that, I would like to say that the suggestions that they have made in this subamendment seem quite inconsistent with what I have heard from a number of people, particularly those in my own community and my own constituency. The concerns that they have raised have been around the area of patient care. They want to be sure that this system is there for them. They want to make sure that this system is able to deliver the services to them in a very timely fashion. If we are to limit the procedures or the surgical services that this particular bill speaks to, if we are going to limit those, then we are going to break into what is called the vision or the ability that this piece of legislation enables health authorities to do, and that is to provide surgical facilities other than in public hospitals, the ability to provide surgical services and to deliver surgical procedures that are in the best interests of patient care.

So if we are to limit it to 12 hours or less, then what we are in effect saying is that the clinical care guidelines, which I heard a great deal of from a number of my constituents, those clinical care guidelines which are the guidelines that govern the stay, if you will, or the length of stay that is postoperative for minor surgical procedures as well as major – in this case I'll make reference to minor surgical procedures – then those clinical care guidelines would be enabled, put in effect, and brought to bear upon any stay that an individual would have in a surgical clinic, having received a minor surgical procedure.

There has been a lot said about the Shouldice clinic. From my experience I'd like to make mention of it, because it happens to be a facility that delivers a surgical service to a number of individuals and has done so over many, many years. In fact, it is the norm to stay longer than 12 hours after a hernia operation. I don't know whether anybody here has been to that facility, but it happened to be almost in my own backyard when I was growing up. This is a facility that provides for many, many, many people in the province of Ontario and beyond the opportunity for them to receive a surgical procedure, to get health care provided to them, and all they need is their OHIP card. Because it was built in the days when there were only semi-private rooms offered there, now there must be that cost, if you will, for the semi-private room, which is added to the OHIP care.

However, that is something that many, many people very happily pay because it provides them the ease of access, the surety of their appointments, and the confidence in the fact that they are receiving this surgical procedure delivered by those who are experts in that particular field.

So I would like to return the discussion to, again, what I have heard most specifically from my constituents when they say: please, make sure that the standards of care that are administered in these surgical facilities are those that are in due respect to the care that the patients deserve. So it seems to me extremely limiting, Mr. Chairman, if we were to prohibit a surgical facility to allow individuals or to disallow individuals to stay beyond 12 hours. It is not looking at the care for the individual. It is more specifically looking at what are the rules and regulations so that we can say we are in favour of the public health care system delivery over and above the fact that the public health care system most prominently and essentially is there to deliver health care and surgical procedures offered to individuals under the best conditions, not only for the procedure being done but for that care which follows the procedure.

So for us, Mr. Chairman, to agree to this subamendment, I think would be quite counter to the sentiments that Albertans who have

spoken to me have expressed, and that is their desire to receive in these clinical or surgical facilities care that is specifically and very carefully and directly focused on the delivery of health care to the individual who has received that minor surgical procedure.

10:40

I would remind the opposition and those who are in effect proposing this subamendment that there are other areas of this bill – in fact clause 3, that immediately follows this section, begins a very restrictive designation, if you will, of how these surgical facilities as identified in section 2 should operate. So there is ample room in the rest of this bill to accommodate the concerns that we have that we must protect and regulate and give us as government the ability to regulate the procedures and the manner of operation in these surgical facilities.

Again I return to the fact that if you were going to limit the time of stay in these surgical facilities, then you are in essence saying that we really don't want to go by the best clinical care guidelines that are already established in the health care field. More than that, you are saying that we really, really don't want to give the best health care that we can possibly give to the people who have come to this facility to receive that service.

So to be so limiting I find is quite unvisionary. To be so restrictive I find is quite inhibiting. I believe the citizens of Alberta want us to put in place legislation that will not only protect the public health care system but will also make sure that in the delivery and implementation of our legislation we are not restricted from giving what is the best kind of health care that we possibly can give.

Thank you, Mr. Chairman.

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

MR. MacDONALD: No. I was next, Mr. Chairman. I'm sorry. You recognized me before, and I was sitting waiting patiently for my turn.

THE CHAIRMAN: Hon. member, the hon. Member for Edmonton-Strathcona has been here about half a dozen times trying to get his chance, then goes back out.

MR. MacDONALD: He goes back out. Exactly.

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

DR. PANNU: Mr. Chairman, I rise to speak on the subamendment before the House. Speaking the other day on the amendment itself, I observed that this amendment as proposed by the government proposes no change of any significance in the original bill and that the substance of the proposed amendment was highly questionable. There was very little in it of substance, in any case.

The government amendment that's being amended by the subamendment reads: "No physician shall provide a surgical service in Alberta, and no dentist shall provide an insured surgical service in Alberta." In this statement itself there is asymmetry. The first sentence only talks about "a surgical service," whereas the second sentence, which refers to what a dentist can or cannot do, talks about providing "an insured surgical service in Alberta."

Of course, the second part of the proposed amendment to which this subamendment refers says: "except in (a) a public hospital [or] (b) an approved surgical facility." Of course, the notion of an approved surgical facility has received lots of debate both inside this House and outside. Albertans have expressed and continue to express right at this moment, as we hear outside, their concerns about this far too fine a distinction that's being made between what is an approved surgical facility and what's a hospital.

Mr. Chairman, subamendment A1 is an attempt to lend some

substantive status to the government's amendment A1. In section (a) in the subamendment it is proposed that "no physician shall provide a surgical service" be struck out and be substituted with "no physician shall provide an insured surgical service." The word "insured," which was missing in the original amendment, is now inserted in the proposed subamendment.

It's important to note that this subamendment is highly significant. It restores the balance to the government's amendment that was proposed, where the government saw fit to indicate that dentists shall provide only insured services while the physicians could provide any service, insured as well as uninsured.

THE CHAIRMAN: Hon. member, we have a subamendment, so you can't have a second subamendment. You can't have a sub subamendment, so we won't be able to move another amendment at this time.

DR. PANNU: Mr. Chairman, I take your point. I'm speaking to the subamendment.

THE CHAIRMAN: Okay. It's just that your amendments had come up here.

DR. PANNU: I have amendments, but I'm not speaking to those at all.

THE CHAIRMAN: Good. Wonderful. Thank you.

[Mr. Herard in the chair]

DR. PANNU: I'm speaking to the subamendment which was moved by the hon. Member for Edmonton-Meadowlark.

Mr. Chairman, if I may go on. Speaking to the subamendment moved by the hon. Member for Edmonton-Meadowlark, what I was saying was that the subamendment makes a very important change in the amendment as proposed by the government. I was speaking in favour of subamendment A1, section (a) on the grounds that it specifies that "no physician shall provide an insured surgical service."

Mr. Chairman, part (b) of the subamendment, "in clause (b)," proposes an addition to clause (b) of the government amendment, which refers to an "approved surgical facility." So the amended subsection (b) of the government amendment reads then: "an approved surgical facility that requires a stay by the patient of under 12 hours." That, I think, is a very, very important addition by way of the subamendment to the proposed amendment by the government.

Speaking on it the other day, I drew the attention of this House to the fact that the reason that I considered this first amendment in the package of amendments moved on that day by the minister of health really didn't speak to the central concerns about the bill that Albertans have been conveying to all of us. My constituents have been speaking to me about their concern with respect to this particular provision, and I'm sure that constituents of my colleagues have also indicated to them their serious objection to the notion of "approved surgical facility."

10:50

The amendment proposed by the Member for Edmonton-Meadowlark does a great deal of service to all of us in that it clarifies that such surgical services will only handle surgeries that require no more than 12 hours of stay. If we were to approve this amendment – and I hope we do – we will do two things at least. We

will address the most serious objections that Albertans have, short of scrapping this bill, which would be their preference and which is what my advice has been to the House and to the minister of health as well, that the bill be dropped rather than proceeded with. But given the stubborn resolve that the government has shown not to listen to not only members of this House in opposition but also to a vast majority of Albertans, we have to find ways of salvaging this bill by making the most reasoned and reasonable amendments possible, given the stance of the government not to listen to any major changes in this bill.

So this rather innocent little amendment that's being proposed here will limit surgeries in the so-called surgical facilities to those which require under 12 hours of stay. That's how it should be.

The Premier, talking on this bill, has talked at length about how concerned he is to provide some regulatory framework for the so-called 52 day surgery clinics that presently operate in this province. If this amendment were approved and received the support of the House, then we'd have a framework within which the very thing that the Premier so desperately now wants to do all of a sudden would be possible for us to do within the overall framework of this bill.

Secondly, Mr. Chairman, the federal government has also belatedly made its position rather clear about whether or not the proposed "approved surgical facility," which is referred to in the amendment by the minister of health – and that amendment is being amended by way of this subamendment. The federal government has belatedly spoken to clarify its position whether within the Canada Health Act provisions such an approved surgical facility will indeed be treated as a hospital. The answer that the federal government has given to this question is yes, the Canada Health Act would see the approved surgical facility as nothing but a hospital, a point that Albertans have been making to this government ever since the introduction of this bill and a point that all of us have been making. Certainly I've been making it in this Assembly on this score, and my colleagues have been making it on this score.

So if this amendment of subsection (b) were to be amended as proposed by the subamendment A1, then this bill in its amended form will have met one of the most serious concerns that Albertans have about this bill, the reason Albertans find this bill unacceptable and the reason they're here tonight, were in the galleries, but they have not been able to return to the galleries if they left once. The galleries are locked, so I have met citizens who were sitting in those galleries waiting outside to be let in, but the galleries are locked up. They cannot get in.

These are the very citizens who are out there and were in here before. They are calling on this government, they're calling on us, this Assembly, to make sure that these approved surgical facilities do not have legislated authority to undertake surgeries which will require 12 hours or more of stay in these surgical facilities.

So we have here, then, in the making by way of this SA1 amendment a good direction in which we can move, on which we can all agree. All Albertans can perhaps be persuaded to agree and can feel somewhat assured, not fully assured but assured to some degree, that this Assembly has moved some way at least in addressing their concern. Also, we can move forward with some degree of certainty that the federal government's interpretation of the Canada Health Act and how that is seen to interpret this proposed approved surgical facility – that concern, that direction, which is clearly encoded in the Canada Health Act, can be respected as well as we as legislators, we as lawmakers, move forward our debate on this bill and take seriously our undertaking that the government has been trying to give to Albertans and to Canadians that this bill is designed to respect the Canada Health Act and the provisions of that Health Act.

If this amendment were to be defeated, I'm sure that this bill as

amended through the proposal of the minister of health will be in violation of the Canada Health Act. That much we know. So why would we then want to proceed in full knowledge of the fact that to make approved surgical facilities legal in this province, giving the licence for overnight stays, would violate the Canada Health Act? Yet we say that we respect the Canada Health Act. There's a contradiction there in the logic of the government's defence, and the contradiction lies in this, Mr. Chairman. The federal government has clearly said that the proposed approved surgical facility will indeed be a hospital, and if it's a hospital, then it cannot be approved, it cannot be legislated unless we want to ignore what the Canada Health Act says. We have hospitals in this province. We have very good surgical facilities available in those hospitals, and what's not there can be installed on short notice without proceeding with this bill, which includes the provision of approved surgical facilities, which if approved will offend the Canada Health Act, and certainly it offends the citizens of this province who are out there chanting right now.

We must listen to Albertans. We must listen to them for a change. We have underestimated their resolve to make us listen to them. There's no point in pointing fingers at them in the galleries if someone sitting there shouts. There's no point in saying that that is wrong if we don't pay attention to what Albertans are saying.

11:00

What Albertans are saying loudly over and over again, whether they get together in the tens of thousands or whether they get together in the hundreds in the rotunda of our own Legislature, is to remind us that it is our duty, that it's our obligation to listen to them, to respectfully listen to them. We can ignore what people say to us only at the risk of imperiling the democratic institutions that we have. In a democracy legitimacy of authority is very, very important. If people withdraw their trust in your power to make rules, then the rules that you make become unacceptable to people.

That's the danger that lies in our proceeding with this bill without considering either dropping the bill altogether or at least doing everything we can to bring in reasonable and thoughtful amendments. That's what this subamendment SA1, section A represents. It's an attempt, as a last resort, to bring all of us back to reason, back to a stance where we can say that we're open to listening to the people of Alberta. If we don't, we'll be creating a crisis of legitimacy in this province, a crisis of legitimacy that we will regret to have created in the wake of the debate on this bill and in the wake of passage of this bill if it's not properly amended and, better still, if it's not stopped and scratched. That's what I think Albertans want. That's what we should do. Short of doing that, at least we should give our support to a subamendment like this, which will make some improvements. It would go at least a small way toward indicating that we understand.

THE ACTING CHAIRMAN: I hesitate to interrupt, but your time is up.

DR. PANNU: Thank you, Mr. Chairman.

THE ACTING CHAIRMAN: The hon. Member for Edmonton-Gold Bar.

MR. MacDONALD: Thank you very much, Mr. Chairman. It's a pleasure to rise tonight and speak to the subamendment to amendment A1 as presented by the hon. Member for Edmonton-Meadowlark. She is to be congratulated for bringing this amendment forward. There is certainly no doubt that this was necessary. I'm surprised that it wasn't in the original bill, because it is in the original policy document that was presented by the government to

the people back in the middle of November, and I will elaborate on that in a few minutes.

[Mr. Tannas in the chair]

Mr. Chairman, I listened with a great deal of interest to hon. members who have spoken before me. I heard about the Shouldice clinic. I heard about the Canadian health and social transfer. I heard about a variety of issues which are really current to the discussion on Bill 11, which is not only going on inside this Assembly but outside this Assembly all across the province, Mr. Chairman. There was also a concern brought up about patient care and how this is going to be dealt with. Of course, as in the subamendment here, the number one concern of the Member for Edmonton-Meadowlark is patient care in the public system.

In starting my remarks, Mr. Chairman, I am going to refer to the policy statement on health principles as released by the government of Alberta. This was dated November 17, 1999. It was not a fireside chat. I don't know what you would describe it as, but it was certainly the start of this entire public discussion since Bill 37 and the blue ribbon panel report occurred. This was the start of the current stage of the government's attempt to privatize the health care delivery system.

Now, the mission here was to adhere to the principles of the Canada Health Act. I'm not going to get into that, because I want to speak specifically to this amendment. If we go down a little further, we read the proposed policy on contracting for surgical services. This is where I have to commend the hon. Member for Edmonton-Meadowlark, because obviously she has detected something here. I don't know whether it was overlooked or whether it was omitted.

The government of Alberta proposes the following policy with respect to the delivery of surgical services:

1. All Albertans will have access to insured surgical services on a fair and equitable basis through the publicly funded and publicly administered health system.

That is why I have to commend the hon. Member for Edmonton-Meadowlark for proposing this amendment to describe and provide insured surgical services. This is what's in this document as provided to the Alberta public by their government of the day. I can't understand why "insured" would have been inserted in the following phrase to start with in section 2(1) of amendment A1: "No physician shall provide an insured surgical service" in Alberta.

If we go further down in this policy document, we see that another goal on the proposed policy is this, Mr. Chairman:

3. Private providers of insured surgical services . . .

Here we see the word "insured" again.

. . . will operate only under the jurisdiction of a Regional Health Authority. There will be no private hospitals; there will not be a parallel health system.

We know that there are going to be private hospitals, and this is where the hon. Member for Edmonton-Meadowlark has struck the nail on the head with her amendment, because "insured" is key. It's key to the whole debate what an insured surgical service is. It is a necessary word. We can go through these amendments one by one and satisfy not only the crowd that's outside but all Albertans. Sixty percent of Albertans, poll after poll after poll, tell us they're not satisfied with Bill 11.

Now, we look also at another statement from the policy statement. In here it states:

4. Regional Health Authorities are responsible for determining the appropriate means for delivery of all insured surgical services.

There's that word again to describe insured surgical services.

Now, if it was to be included in the policy statement, perhaps in the description of surgical services, it should be included in the bill. This is why I commend the hon. Member from Edmonton-

Meadowlark, and I would encourage all hon. members of the Assembly, to quote the hon. Member from Edmonton-Rutherford, do the right thing and support this subamendment. It is crucial that “insured” be in there to describe surgical services.

11:10

We are going to, if we are to believe what was in the policy statement, leave everything up to the regional health authorities. The hon. Minister of International and Intergovernmental Relations spoke earlier about how the Alberta Association of Registered Nurses was miles ahead in health reform. When they go around the province and talk to their members in the professional association, it is interesting to note that they have a map, and I believe their map has the province divided up into seven different regions, not the 17 that came about with the Regional Health Authorities Act. I would like to remind the hon. minister across the way of that fact.

When we talk about an approved surgical facility, what has everyone in the province upset is the length of the stay. I think we should remember that when we talk about an approved surgical facility, this is a hospital, and it is a private hospital. No one in this province wants a private hospital to have this ability to provide an insured surgical service and compete with the public hospitals – that’s what’s going to happen – and also compete with the public hospitals for health professionals, which are in short supply. I do not believe that in discussing this amendment at this time we will talk at length about the health professions and the shortage. It doesn’t matter which regional health authority you talk to. Every one of them is experiencing shortages in at least one discipline.

When we talk about the 12-hour stay and what exactly that means, I would commend the member for clarifying this, because if we don’t clarify the length of stay – and it certainly should be reduced – we’re going to have to start dealing with many other definitions. We’re going to have to deal with coinsurance, cost shifting, copayment, employer contributions, fee for service, health management organizations. These are all definitions Albertans will have to familiarize themselves with if they want to understand the government’s initiative with this bill.

The 12-hour stay as described here in this subamendment will satisfy the majority of Albertans, because that is exactly what is going on in the province now. When we talk about 12-hour stays, sometimes, Mr. Chairman, some hon. members of this Assembly get confused. They think that other provinces have these approved surgical facilities and they have more than a 12-hour stay. That is just – well, they’ve been misled or they’ve been misinformed. Certainly I wouldn’t say this is going to change anything, but I don’t think there is any need for change. This is reflected in the second part of the hon. member’s amendment, but there’s no consistency with this bill. What the hon. member is trying to do – and she certainly has her work cut out for her – is to give this bill some consistency and some direction, but it is difficult to see if the hon. members across the way are going to agree or not. I can only encourage them to support this subamendment.

In conclusion, I would like to remind all hon. members again that when we’re talking – this is the government speaking, the policy statement on health principles going back to November – about surgical services, the word “insured” is there before it. And it’s not on one occasion. In the entire document, when we describe a surgical service, we are using the words “insured surgical service” in an approved surgical facility.

So with those brief remarks, at this time, Mr. Chairman, I will cede the floor to another hon. member of this House. Thank you.

THE CHAIRMAN: The hon. Government House Leader.

MR. HANCOCK: Thank you, Mr. Chairman. I would move that the committee now rise, although I hesitate to put it in these terms, and report progress.

[The voice vote indicated that the motion carried]

[Several members rose calling for a division. The division bell was rung at 11:18 p.m.]

[Ten minutes having elapsed, the committee divided]

[Mr. Tannas in the chair]

For the motion:

Boutilier	Hierath	O’Neill
Cao	Jacques	Pham
Clegg	Jonson	Renner
Doerksen	Langevin	Severtson
Forsyth	Lougheed	Stelmach
Friedel	Lund	Tarchuk
Fritz	Mar	Trynchy
Graham	Marz	West
Hancock	McClellan	Woloshyn
Herard	Oberg	Zwozdesky

Against the motion:

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

Totals:	For – 30	Against – 14
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[Motion carried]

[The Deputy Speaker in the chair]

11:30

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

MR. HERARD: Thank you, Mr. Speaker. The Committee of the Whole has had under consideration certain bills. The committee reports very little 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.

THE DEPUTY SPEAKER: Does the Assembly agree with that report, minus the editorial?

SOME HON. MEMBERS: Agreed.

THE DEPUTY SPEAKER: Opposed? So ordered.

head: Government Bills and Orders

head: Second Reading

Bill 7
Alberta Science, Research and Technology
Authority Amendment Act, 2000

[Adjourned debate April 4: Mr. White]

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

MR. DICKSON: Thanks very much, Mr. Chairman – Mr. Speaker. I'm sorry. I've spent so much of the evening seeing you in the chairman's chair that it takes a moment to readjust.

A couple of observations I wanted to make with respect to Bill 7. Let me go specifically to the things that give me some concern. First I'd say that I think the new section 4, dealing with ownership of intellectual property, makes some sense. If you look at the old section 9, it was sort of convoluted, and it makes some sense in terms of dealing with who's going to have the copyright or the patent or the industrial design equity interest. I mean, it makes sense to deal with that, and in fact I think it's much clearer in the way this is being presented. So I think that's a significant improvement.

I should say that I'm supporting the bill, so whatever comments I make, Mr. Speaker, should not be taken as criticism of the bill or at least a reason to vote against it. Unlike some members opposite, if I've got a concern with a bill, I expect my constituents would want to see those things identified on the record. So I'm going to take a moment, depending on how much encouragement I get from across the way, from Dunvegan, to go through the items that gave me some concern.

The first one is the new section 7, 16.1(5) and 16.1(6). Now, if you look at the existing Alberta Science, Research and Technology Authority Act and the provision for who is going to be appointed to the authority, we have the provision for appointing citizens to the authority. In the new bill what we've got is that the persons appointed to the Alberta Ag Research Institute "must include at least one member of the Legislative Assembly." You know, Mr. Speaker, I've watched with some concern as we have seen members of the government caucus appointed to a host of boards and agencies. I don't mean to be critical of individual members, but, you know, I'm not sure it represents necessarily value added to each one of those agencies. That's not because the MLAs who are appointed to the boards don't have talents and abilities.

DR. WEST: What a slam. Shame on you. What a slam.

MRS. FORSYTH: Very offensive.

MR. DICKSON: Mr. Speaker, I was going to make a couple of observations and sit down, but I see I'm being encouraged to develop this line of argument more fully. It's clear – the Member for St. Albert is so busy shaking her head – that I didn't make it clear, so I'm going to spend a little time, then, going through and trying to explain why I think this is a problem.

I think the difficulty is that it sends mixed messages to members of the public. You know, whether it's the Alberta Agricultural Research Institute or whether it's the Alberta Oils Sands Technology and Research Authority, there is some value in these groups being seen to be at least independent of government. I would assume that government would not appoint fools and incompetents to these various boards. Why is it felt necessary to install a government member on each one of these agencies? I mean, what's the reason that advantages the work of the different institutes and so on?

I think of the succession of people who have been on the AADAC board. I pick on that because AADAC is in the same office building where I have my constituency office. You know, it comes up from time to time, and you look at the succession of government MLAs that have been appointed to the AADAC board. The question is: do these groups really have any genuine independence from government? Maybe the answer is that there's no interest in having these groups independent from government. I think there is. I think it affects the credibility of the recommendations. I think it affects the weight – and I'm not talking about the weight that I assign to it; I'm talking about the weight of Albertans. We can go through, and

whether it's the Seniors Advisory Council or the board dealing with persons with disabilities, all those boards I think are in effect weakened and compromised by insisting on having a government representative on every one of them.

I note that it appears for each one of the boards that is covered in Bill 7, and I'm disappointed to see that. I haven't heard compelling reasons why we do it this way. The Member for St. Albert: I'm not sure what board she's on, Mr. Speaker, and I'm sure she expects she's doing a darn effective job. But it seems to me that at some point we've got to look at what the impact is on the particular board or commission or agency. So I'm disappointed to see that, and I think it's not very helpful.

The other comment would be on page 5. If we look at 16, the new 16.12, where the institute, in the (b) part, "must, at the request of the Authority or the Minister, advise the Authority or the Minister on questions of science, engineering and technology," would it not make more sense to have the authority advise the Assembly? Why is it that we create these little loops where the minister gets advice from this group or that group?

You might use the example of the Alberta Human Rights and Citizenship Commission. The mandate of that commission is to offer advice to the minister. Well, some of us wonder why we don't get more advice from that human rights commission to the Assembly. You can apply the same test right across, Mr. Speaker, to a whole range of different authorities. So I have a real concern in Bill 7 when I see that in both 16.12(b) and (c) we have recommendations going to the minister and no recognition that the executive branch is but one component of government. The other component is the Legislature, and it's effectively written out of this process.

The other thing is that the Regulations Act doesn't apply to bylaws of the different institutes. There's no compelling reason that's being offered why the Regulations Act wouldn't apply. The problem with these bylaws – and we find bylaws for each one of these organizations – is that they can be virtually inaccessible to Albertans that are interested. You know, you talk to reference librarians in the province, and one of things people have a lot of trouble finding are bylaws. Whether it's bylaws of a professional organization or bylaws of a quasi-public authority, it's tough to find those things. One of the things the Member for Peace River and I have both heard from different panels we've been on is that citizens say they want laws to be accessible, understandable. They don't want to have to follow some great chase to be able to find out what the law and the regulation that applies to them or their interest area, what those rules are.

11:40

We have a provision here that makes it difficult rather than easier for Albertans to get access to that information, and I think that's a step backwards. Section 16.3 talks about an annual report being done by the ag institute "in a form satisfactory to the Minister." What we have seen in this Assembly is that too many reports come in, frankly, that are not very helpful in terms of answering the questions people in the Assembly have, so whether the minister is satisfied or not may not be the test.

If you look at the proposed section 16.4(5) and (6), the same observation that I made to the ag institute applies. Similarly in the new 16.42, the energy institute, once again we've got the authority advising the minister on questions on science, engineering, and technology. Why wouldn't that be a resource to at least the Legislative Assembly? If the group does credible work and they develop some expertise, why do we have to rely on a minister who most often will not share the information with the legislative branch of government? So that's a problem in 16.4(2).

For section 16.5(2) my question is: why? Section 16.51: why would we do it that way?

Part 4, section 8, the proposed section 16.7: I've got a problem with 16.7(3) and (4). Again in the proposed 16.8(2). So those are the concerns I've got.

I think we could just do so much better and frankly make the authorities far more effective than they're going to be with the limitation imposed by Bill 7, and I would have hoped we would have learned something from the record of having so many government MLAs on a host of these boards and tribunals. I think there's a better way of doing it and a way to make these boards and agencies more effective.

I expect the government MLAs have lots of other things they can do to occupy their time. I'd hope that none of them have so much time on their hands that they have to wait for an assignment like this, so I hope we'd see some changes in that respect with respect to Bill 7. Otherwise, I'll support the bill, but I'd sure encourage the Minister of Innovation and Science to try and address some of those areas of concern.

Thank you very much.

MRS. SLOAN: Just a very brief comment with respect to Bill 7 this evening, and that relates to the amendments proposed to section 9 being repealed and a new section substituted. These areas deal with the issues of ownership, and I think these areas have been quite elaborated from what was in the original bill. Again, as is the common practice, we haven't had the privilege of any kind of consultation or recommendations from those parties affected, but it seems to me, Mr. Speaker, that what was in the previous bill,

all discoveries, inventions and improvements made in processes, apparatuses, or machines by a person while engaged under section 8(1),

is quite different than

the ownership of any invention, work, information or material, regardless of form, including any patent, copyright, technological or industrial design process or trademark acquired or produced by the person

that results from or is connected with a person's engagement under section 8.

To me, Mr. Speaker, the government has chosen to quite extensively expand its ownership rights under the amendments proposed to the Alberta Science, Research, and Technology Authority Act. I think particularly as researchers, regardless of what field they may be in, whether it's forestry, whether it's agriculture, whether it's energy, these researchers spend considerable time, a considerable number of years in their professional career making discoveries, establishing the basis for their research and products, and all it says here is that "the Authority may compensate a person described in subsection (1)" and we really don't have the benefit this evening of knowing whether or not that compensation will be fair, whether it will be negotiated or made on the estimate of the market value of that particular work, patent, copyright. How are we to be assured that researchers in this province will in fact be fairly compensated by this government given the vagueness of amendments proposed under section 9?

I also would like to raise a concern with respect to section 16, remuneration. It has been quite a common practice for the government to provide honorariums for those individuals that have provided service, whether it be on community health councils, whether it be in the child welfare area. It seems to me, Mr. Speaker, to be somewhat of an inconsistency to say that members who are not employees but are appointed by government to serve as members of the institutes, whether it be agriculture or energy, will in fact actually be paid an hourly wage, if I'm reading this amendment correctly. In addition to that they will be paid "traveling and living expenses." I think the government would be wise to consider having

some consistency as they increase the variety of appointments they make to these boards, albeit they're not elected, that there be some consistency in those processes.

Relative to the comments made about appointment of members of the Legislature to the authority, I would read from the sections proposed in the bill that we would be seeing members of any party or any jurisdiction in the House really eligible for appointment, and I would expect there would be some diversity of representation on the agricultural institute or energy institute boards with respect to that area.

With those comments I would conclude my remarks. Thank you.

[Motion carried; Bill 7 read a second time]

Bill 3 Statute Revision Act

[Adjourned debate March 14: Ms Blakeman]

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

MS CARLSON: Thank you, Mr. Speaker. I'm happy to have an opportunity to speak to Bill 3, the Statute Revision Act, at second reading. As I read through it and the comments we have heard in this Assembly on this particular bill, I do have some concerns.

As I read the bill, it looks like once again this government is taking sweeping powers to revise the *Statutes of Alberta* under the direction of the Minister of Justice. As we have said many times in this Assembly, we don't approve of that at all and don't support it. Why? Because we've seen some rather shoddy legislation come through this Assembly, legislation that has required many revisions and amendments, and there's no guarantee that wouldn't happen again when we see the government try to make a major power grab and diminish the powers of the Legislative Assembly and strengthen Executive Council's power. So what we see happen is that bills get passed in essence as mere shells, and the real laws are put forward through regulations as set out by the minister or by orders in council. It just doesn't work for us at all.

11:50

In this bill the power certainly is excessive, and I particularly have concerns about section 3, where they talk about revision powers.

- (h) make minor amendments to clarify what is considered to be the intention of the Legislature;
- (i) make changes to reconcile apparently inconsistent provisions . . .
- (n) make minor amendments to other enactments not being revised that are required to reconcile them with a revised enactment as if the minor amendments were amendments consequential to the revised enactment.

All those sections send up serious red flags for me, Mr. Speaker.

As I understand it, there are some amendments coming that we'll be seeing in committee, and certainly this is a bill that requires amending, Mr. Speaker. So I am looking forward to seeing that set of amendments and listening to the government's comments as they come forward, and I will save the rest of my comments until that time, at which point I will be happy to engage in debate on the amendments as they come forward.

THE DEPUTY SPEAKER: The hon. Minister of Justice and Attorney General to close debate.

MR. HANCOCK: Thank you, Mr. Speaker. I had hoped that we could just proceed to a vote, but I think it wouldn't be appropriate to

do that without making some comment on the comments we've heard tonight and comments we've heard previously in second reading.

Bill 3, the Statutes Revision Act, is simply that. It's the type of legislation which has been brought forward on a periodic basis every 10 years, in this case 20, to provide for the provision of an official consolidation of the statutes. This act that's being brought forward is entirely consistent with earlier acts that have been brought forward in this province since 1905. To suggest that in any way there's a power grab or executive lawmaking or any of those connotations which the hon. member tried again to allude to is absolutely untrue, unfounded, and patently inappropriate.

Now, I have agreed with the hon. Opposition House Leader, and we're working with the leader of the third party to bring forward some clarifying amendments. It's clear that there is absolutely no intention in this act to in any way take power or authority away from the Legislature, and there could not be in any way any attempt to write law outside the Legislature with this act. It is simply a process that is being brought forward, as has been done in the past, to

consolidate and provide an officially consolidated version with one exception – and it's a very important exception: to allow the authority to continue to do those consolidations on an ongoing basis as and when it's needed.

So I have to rise and protest most strongly again the connotation that there's something insidious or wrong about this act. It's a very valid act. It's a very appropriate act. It has the powers and the authorities that these acts traditionally have. It's being done in the traditional way, but because there's some wording in section 3 that members opposite take some offence to, I'm perfectly happy to see if there's a clarifying way to make sure the intent of the act is clear, that there's no intention to bring forward any executive lawmaking authority.

I just wanted to put that on the record again, Mr. Speaker, before we went to the vote.

[Motion carried; Bill 3 read a second time]

[At 11:55 p.m. the Assembly adjourned to Tuesday at 1:30 p.m.]