Legislative Assembly of Alberta

Title: **Wednesday, April 19, 2000 8:00 p.m.**
Date: 00/04/19
[Mr. Tannas in the chair]

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

THE CHAIRMAN: Good evening. I'd like to call the Committee of the Whole to order. We have as our first item for consideration Bill 11, the Health Care Protection Act.

Before we proceed with that, I'd like to just address the gallery for a moment. This is the informal part of the Legislative Assembly. You're probably used to seeing the Assembly when the Speaker is up here, and there are a certain set of rules and regulations that govern that process. This is the informal part, where you're allowed to go clause by clause through a bill, to look at it, to ask questions, and it allows either side to ask an unlimited number of questions – whereas in the Assembly there are specific limitations to that – or to debate unlimited amounts of time, except only 20 minutes at a time.

I would also like to remind people in the gallery that you're here as observers, not as participants, which means, then, that if something good is said, you're not to encourage that through clapping or cheering or, if it's something that you don't care for, by booing or stomping your feet or whatever. In other words, you're not invited nor permitted to engage in whatever debate goes on here.

For those of you who are here and may wish to sometime later on this evening or at another time, we are on the Internet. I can't say that I'm that fluent in the language, but if you want to copy down the location, it's www.assembly.ab.ca. You might want to refer to that later on this evening or perhaps at another time.

The chair would make the usual reminder to hon. members that only one member speaks at a time. Only one member stands and speaks at a time, although, as you can see, hon. members are allowed to take off their jackets, because it does get warm in here. They're allowed to have coffee or juice at their desks, and they're allowed to go and sit and talk to other members. Very quietly they're allowed to talk. It is much less formal than the regular Assembly.

With that, I would begin this evening with the opportunity to introduce guests. May we have unanimous consent for Introduction of Guests?

[Unanimous consent granted]

head: Introduction of Guests

THE CHAIRMAN: The hon. Minister of Children's Services.

MS EVANS: Thank you very much, Mr. Chairman. It's my honour and privilege to introduce to you and through you to the members of the Assembly two people seated in the members' gallery this evening: John Craig from Ardrossan and John Stainton from Sherwood Park. I would ask that the members here present do acknowledge their presence with pleasure.

THE CHAIRMAN: The hon. Member for Edmonton-Centre. Sorry, Calgary-Buffalo; I'll get to you.

MS BLAKEMAN: You'll get your turn.

Thank you very much, Mr. Chairman. It's my great pleasure to introduce to you and through you to members of the Assembly a very active family that lives in my constituency. I think there are four of them here tonight. This is John and Diane and Tim and Kate Oxenford. John and Diane are very active with the Concerv group in Rossdale, and I would ask them to please rise and accept the warm welcome of the Assembly.

THE CHAIRMAN: Now the patient hon. Member for Calgary-Buffalo.

MR. DICKSON: Thanks very much, Mr. Chairman. Not wanting anyone to be left out, I'd like to invite all of those people that are here to express their concern with Bill 11 to rise and receive the warm welcome of Members of the Legislative Assembly.

head: Government Bills and Orders
head: Committee of the Whole
(continued)

Bill 11
Health Care Protection Act

THE CHAIRMAN: Well, just to remind ourselves where we're at, we're on a subamendment to the first amendment. So it's subamendment SA1, part A.

The hon. Member for Edmonton-Rutherford.

MR. WICKMAN: Thank you, Mr. Chairman. First of all, I want to again thank the citizens that have expressed so much interest in this particular bill and have made a point of coming out and viewing the debate that's carried on here. This is now the third night in a row that we've seen the galleries full, and in my 11 years that I've been here, I haven't seen that before. It's the third night in a row that we've seen crowds: Monday night, of course, inside the building; Tuesday night and Wednesday night, outside of the building. Again, there's a crowd out there tonight.

Mr. Chairman, I would hope that you would show us the same latitude that was shown by the chairman last night when we were making comments. At times we do stray somewhat, but that latitude was basically given to all members. Again, I thought it provided a great deal of assistance in allowing the members that participated in the debate to really participate. So if there's no objection to that.

Mr. Chairman, on the way here I drove into the parking lot where the people are gathered. I was going to go out last night and speak to the people out there and explain to them what we were doing, why we were working on this subamendment that we feel is so important, but because of what I saw there on the main floor – you know, the full alert, basically, the sort of a shutdown – I kind of hesitated. I thought: well, maybe it would be a bad scene out there. But when I drove there tonight and I looked at the young people and the people with Canadian flags and a fellow pushing his wife in a wheelchair, to me it looked like citizens that are peacefully demonstrating, that are very, very concerned about this particular bill.

Mr. Chairman, the frustration that these people find and that I find and that I'm sure all members of the opposition find is: what do we have to do? Now, this is the third night we've been debating this subamendment. What do we have to do to try and get the viewpoints of Albertans across that there is major concern with this bill, with the amendment that was proposed? Albertans want to see it radically changed. Despite the fact that we had 8,500 participating in two rallies over the weekend, with potential for thousands more if the AgriCom could have accommodated them, despite the rallies, despite the petitions, despite everything, the government for some reason chooses not to listen.

So as we are the voice of Albertans in the Legislative Assembly who want to express an opinion that's contrary to the government position or philosophy, they have no choice but to come to us and

ask us, and we have no choice but to aid them and do what we're doing now by debating this and continuing to debate it. If we've got to go till June, if we've got to go till July, if we've got to go till August, so be it. Eventually somebody is going to start to listen to Albertans, and they're going to realize the error of their ways. They're going to say: well, we've been wrong, and we've got to in fact make some changes in our philosophy towards health care reform.

On this subamendment specifically, Mr. Chairman. I know that last night and the night before there was a tendency for the audience to want to participate and show their agreement or disagreement with statements that were being made by various members. When the Member for Edmonton-Mill Creek, for example, was up and sort of indicated that he felt that Albertans in the gallery were supportive of what he was saying, well, there was a chorus of boos that came down. Of course, our good Sergeant-at-Arms has no choice but to call the House to order. Mr. Chairman, if people really want to show their displeasure, can't they do like those guys do on TV reviewing the movies: two thumbs down or two thumbs up? If you like what I'm saying, two thumbs up. That'll give me a signal. If you don't like what the government members are saying . . .

Chairman's Ruling
Decorum

THE CHAIRMAN: Hon. member, just listen. All hon. members, when you have the opportunity to address the committee, you do so through the chair, not to the gallery, not to your opposite number over here but through the chair. That's a long-standing tradition that helps keep our tempers down and helps us to perhaps focus. That's why I try and keep visual contact with you, and if I nod from time to time, it primarily means that I'm agreeing that I'm hearing you, not that I'm agreeing or disagreeing.

So with that in mind, hon. Member for Edmonton-Rutherford, would you continue.

8:10

MR. WICKMAN: Thank you once again, Mr. Chairman, for your valuable guidance. It's always appreciated when we go off track just a wee, wee bit, and it helps put us back on track.

Debate Continued

MR. WICKMAN: One of the things that I talked about last night when I spoke – and I want to touch on it again because it is so, so important to the subamendment. The subamendment that we're dealing with right now really revolves around one of the most important aspects of Bill 11, one of the aspects that I feel that Albertans object to so strenuously, as I'd indicated, and that is the question of the surgical facilities being allowed to operate with no maximum stays in terms of overnight stays and that type of thing.

There is a perception out there, which I agree with, quite frankly, that these surgical facilities are for-profit hospitals, and that's what's so bothersome. Now, we see the terminology "surgical facility" of course used in our subamendment because we're addressing the amendment that was put forward by the Minister of Health and Wellness, which again referred to surgical facilities but added the terminology of the dentists. Of course, "surgical facility" is in the original bill.

I would have hoped that one of the government members, when they stood up last night to speak, would have addressed one of the concerns that I expressed. I'm going to express that concern again in anticipation of being somewhat optimistic that it is going to be addressed. That goes to the whole indication of the government's perception of the overall support for Bill 11 where they indicate that a majority of Albertans support the particular bill, down from their own previous poll, by the way. I just wonder why the government didn't have the courage to state within the question that Albertans were asked that it was surgical facilities that were being referred to, not private institutions.

Why did the government choose to be so misleading in that question they asked Albertans if they really wanted to find out how Albertans felt? This question doesn't give any indication as to how Albertans feel. In the previous three polls that we have access to, where the question was more direct and addressed the issue, in all three cases without question the vast majority of Albertans by a substantial portion indicated that they were opposed to Bill 11. Had this been properly worded, the same thing would have happened as well.

It troubles me, Mr. Chairman, that we see that type of thing happen, because when the government brings forward a bill, the government has a duty, a responsibility to try and sell the content of that bill to the public based on what is in the bill, not on some cleverly worded terminology that may deceive Albertans or may fool them or mislead them, whatever expression you want to use. That's what's happening here. First of all, in that poll using the term "private institutions" is really, really startling. Equally startling is why in the bill they used the term "surgical facility" instead of just saying what it is, a hospital. Just imagine. If the question asked of Albertans would have read, "The stated goal of the health protection act is to reduce waiting lists and increase overall efficiency; under this plan Alberta Health will pay for all insured services performed at for-profit hospitals," how many Albertans do you think would have said yes?

MRS. SOETAERT: Maybe two.

MR. WICKMAN: Well, one doctor would have said yes for sure, because he does stand to benefit. He made that position very, very clear in his support of Bill 11, that he did in fact support the bill.

You know, interestingly, Mr. Chairman, in the hundreds of phone calls my constituency office has received, the e-mails, the letters, the people that I have talked to, there's only been one – and I tabled that letter in the House as well in fairness to the person that sent it to me, because I promise people that if they want their views tabled in this House, I'll do it. Just one has contacted me and said, "I support Bill 11," and he raked me over the coals for opposing it, and he said that I was way out to lunch, that I hadn't read the bill. I didn't want to get into a debate with him, but I could have pointed out that there were government members that were confronted by the media that obviously hadn't read the bill, because they weren't sure of the content of the bill.

But all members of this caucus have read the bill, studied the bill. We've debated the bill. We've talked to Albertans about the bill. We've talked about the amendments. We've talked about the subamendment. We've gone over it so many times that I am extremely comfortable that I have a pretty good perception of what this bill is going to do, what this amendment would do, what this subamendment would do, and I think the people that come out here and listen know what's going on, and that's why they're coming out here. It's a fine evening. If you had your druthers, would you rather be sitting here watching us or would you sort of rather be at Hawrelak Park on a picnic with your family, whatever, or enjoying a good movie, like some people do? Now, on occasion I do enjoy a good movie myself, although I don't make movies priorities over the opportunity to debate here in the House when we have a chance to present our views to Albertans.

Mr. Chairman, you may wonder and government members may wonder why we have made a point of going on with this subamendment for the number of days that we have. It has now been – what? – three full days, or did we first introduce it last week?

MS CARLSON: Wednesday night we started.

MR. WICKMAN: Last week, Wednesday night. We're already a week down the road, and we're still dealing with the same subamendment. It's so important to us, and I guess we'll . . .

Chairman's Ruling
Decorum

THE CHAIRMAN: No, don't conclude, hon. member. It's just that I want to try and discourage this business of engaging others in the discussion and also those people from entering into the discussion, because it isn't. It's a debate, one person at a time.

So if we could keep that in mind, hon. members, and with your indulgence and the indulgence of all members, please stick to the script or your heartfelt thoughts.

MR. WICKMAN: Mr. Chairman, I don't know what we'd do at times without you trying to keep us on track.

Debate Continued

MR. WICKMAN: Mr. Chairman, questions on the surgical facilities have been raised, and I've gone through some of the documentation here. Government members have stood up and talked about the various issues. They key in on what they support in what the Minister of Health and Wellness is proposing in terms of the original bill, in terms of the amendment that he's proposed, and why they denounce the subamendment that we've made. When I go through, the one thing that comes out the most often that they refer to, that they're uncomfortable with is this 12 hours. They're feeling that this 12 hours is going to create a problem.

I guess they feel the 12 hours is going to create a problem in the same sense that we recognize that if there isn't a subamendment to that, then the other option the government is proposing is to allow the overnight stays to continue to happen on an unlimited basis. So what we're trying to do through a subamendment is take what the government is attempting to do, turning these facilities into private hospitals, and we want it focused on just the clinics we see out there now. When you need surgery that's going to require more than a 12-hour stay, then it should be done in a proper facility, and a proper facility of course is a public hospital that we as Albertans pay for through our taxes, pay for through Alberta health care premiums.

Mr. Chairman, I know there are members in this House besides myself that have had to use the emergency services because we saw a need for some type of surgical procedure. When I had to go by ambulance a couple of years back – I didn't actually have to go by ambulance; I drove. I was having a medical problem, and my first thought was: "Well, where am I going to go? I'm going to go to a hospital because I've got a problem here, and I would venture to say that I'm going to be there for more than two or three hours." I called that one right, because I ended up being there for actually 10 weeks. Had I gone to a clinic at that particular time, I'm not sure what would have happened. They, of course, wouldn't keep me in there – I would hope not – for the whole 10 weeks.

8:20

If the government feels that 12 hours isn't acceptable, that it should maybe be 14, well, fine, then bring in a sub subamendment. But 14 hours, 12 hours, that two hours wouldn't make any difference. The point is that in my opinion you cannot allow facilities that are going to perform the basic function of being a hospital that provides some enhanced services that are going to cost taxpayers more dollars than they're presently paying through their tax base and such.

Mr. Chairman, I've said it before; I'll say it again. When we come back after the Easter break, I'm sure this debate is going to continue, and we're going to have lots of opportunity to repeat it. I plead with Members of the Legislative Assembly of all three parties that are represented here: recognize what Albertans are telling us; recognize our obligations to those people; recognize that they put us here to respond to their wishes, to respond to what we feel will benefit them, not an agenda that we choose to take upon ourselves because we feel, for whatever reason, that it's government's right to do it and government is the first to have it done that way.

Mr. Chairman, that's not right. That's not what we're elected for. We're elected to listen to the people. We're elected to act upon what the people are telling us, and other than the one day when the Premier rushed out of here – I think he may have been a little upset that day. He came back with two letters of support that he read into the record, and of course previous to that he read into the record a letter from Dr. Dennis Modry. Other than that, there hasn't been any evidence presented to me, to this caucus by government that Albertans want this.

What are they basing their decision on that this is for the benefit of Albertans, that this has to be done, that this is good? Whose wisdom is directing them? It's not coming from the people that elected us. I don't care if one is from Edmonton, if one is from Calgary, if one is from Drayton Valley, if one is from Beiseker, Thorsby; Albertans are saying the same thing. That evidence is being tabled in the House. That evidence is being tabled by members of this caucus when we table the petitions day after day after day from all parts of the province. We're over 60,000 now. By the time the dust settles, I would say well over 100,000 people will have asked us to represent them, to table on their behalf their opposition. If you look at where those petitions come from, they don't all come from Edmonton; they don't all come from Calgary. They come from all parts of the province.

This concern is very widespread. Our member here from Lethbridge-East is participating in the agricultural summit, and from his comments that come back to us as he travels northern Alberta, there's a fever out there, and the fever out there is the opposition to Bill 11. That fever continues to grow. It continues to escalate, and it's going to continue to escalate. It's not that this caucus is directing that opposition. That opposition is developing on its own; it's growing on its own. Certainly there are groups out there that are representing their members, whether it be CUPE, the Alberta Federation of Labour, Catholics. All types of various segments of the population are expressing their opposition to the bill.

We can't just write these people off as left-wing nuts, Mr. Chairman, because they're not left-wing nuts. They are concerned Albertans.

THE CHAIRMAN: We appear to have a point of order. The hon. Minister of Gaming.

Point of Order
Relevance

MR. SMITH: *Beauchesne* 459. Mr. Chairman, as engaging as the speaker is and as far as the latitude ranges, from The Pas to La Paz, Bolivia, I can assure you that I have heard no word of amendment SA1, and I believe A1, section A has been the subject of discussion

and debate since last week sometime. I would just ask that the speaker stay on topic.

THE CHAIRMAN: The chair would comment that the chair has heard on a number of occasions the hon. Member for Edmonton-Rutherford referring to subamendment SA1, but the other part of the commentary is quite correct. The hon. member is ranging wide. If hon. members recall, this afternoon the Speaker commended the chairs for allowing a wide range of . . .

Okay. The hon. Member for Edmonton-Ellerslie on the point of order.

MS CARLSON: Mr. Chairman, it seems that on these points of order at the beginning of every evening here we have to establish the parameters that are allowed for the speech. I would remind the member who brought up the point of order and refer him to *Erskine May*, page 378, Relevance in Debate, where wide scope is given to people in debate on subamendments and in committee. It has been the standard practice. We have seen that from all members in the House on both sides of the Assembly.

Specifically with reference to page 378 I would point the chair to the sentence that says, "The precise relevance of an argument may not always be perceptible." We do have 20 minutes of speaking time in our debate time to get to the point, Mr. Chairman. Certainly the hon. member who has the floor at this point in time has several times referenced the subamendment and the amendment to which it refers. So we would point that he was entirely within his mandate to make the comments he did.

THE CHAIRMAN: Thank you, Edmonton-Ellerslie and Minister of Gaming.

As the chair was trying to say, there is a bit of a contradictory nature to this. When we were discussing whether or not the group of government amendments should be dealt with as one unit or separately in the 14 units, both the House leaders of the two opposition parties wanted to go at them clause by clause or section by section, and because it requires a unanimous sort of arrangement to make it otherwise, then one would have thought that the debate would have followed the request. If you request them to be voted on one at a time, then the debate would. However, the chair has experienced that this is darn near impossible to enforce, and unless one wants a life of continuous hassle, then the wide-ranging would be allowed, hopefully, staying within basically the parameters at least of the bill and, better yet, of the set of amendments that have been forthcoming.

So in that light, the chair has not interceded with relevance because if we were on the narrow application it would be certainly called. Again recalling that the Speaker had indicated that this would be allowed, then we will continue to hear. But, please, let us not stray beyond the confines of the bill, and I don't think that the hon. member has.

The hon. Member for Edmonton-Rutherford.

MR. WICKMAN: Thank you. Mr. Chairman. A ruling with a great deal of wisdom, I might say.

Debate Continued

MR. WICKMAN: In any case, I'm down to my final minute of speaking time. So I'm going to conclude by saying that as long as I sit here, as long as this bill is in front of us, I'm going to continue to support the subamendment, I'm going to oppose the government amendments, I'm going to oppose Bill 11, and eventually the will of the people of Alberta will prevail. I'm convinced that somewhere along the line the government will see the light.

THE CHAIRMAN: The chair would make one other observation. It's quite warm down here, and I can imagine that it's even worse up there. We have arranged for the outside and the inside doors to be opened. I don't know whether it's our imagination, but there is a little bit of breeze, so hopefully it will be able to reach the levels there.

The hon. Member for Calgary-Egmont to enter into debate. [interjection] You remember the long tradition that debate is on one side, then on the other side, then back? Okay. Good.

8:30

MR. HERARD: Thank you, Mr. Chairman. It's a pleasure to rise and speak in committee on the amendment. I'm going to try and speak to the amendment rather than everything else.

I think it's important to start to realize that, first of all, there's been, from what I understand, a total of 31 hours of debate so far on this bill: 19 and a half hours at second reading and 11.6 hours in committee, 6.4 hours on the amendment and 5.2 hours on the subamendment. We're still on the first amendment, so I'd like to speak to the amendment. To speak to the amendment, I think we have to look at where we are in this province prior to Bill 11 and then after Bill 11.

The thing is that we have to recognize that private clinics have been a reality and a fact of life in this province for a decade or longer. This is not just in Alberta. This is pretty much all over Canada.

AN HON. MEMBER: Not with overnight stays.

MR. HERARD: I'll get to that, hon. member, through the chair.

Over the last 10 years, there have been a large number of surgical clinics in operation. I know that they began at a time when the hon. Leader of the Opposition was health minister, and I don't really have a problem with that. You know, that was then, and this is now. It started back then. There were 30-some odd clinics during that time, and now there are approximately 52. Over the last 10 years improvements in technology and surgical procedures have made it possible for 52 private surgical clinics to perform more than 20,000 – 20,000 – relatively minor surgeries that formerly were all done in hospitals. So I can understand why the Leader of the Opposition, when she was minister of health, could see that there were better ways of doing things.

In fact, when you look at 20,000 surgeries per year, that's quite a few per day, isn't it? Because I would imagine that we're not looking at any more than perhaps 200 or 250 days a year when surgical facilities would be in operation. That's a lot of Albertans who are getting the benefit of surgeries done in private facilities. The reason they're being done there is because they can be safely done there. That's the reality that we have in this province at the moment.

In the last decade we've had an increase in the volume of procedures done safely every day in clinics, and it frees up thousands of hours of hospital operating room time per year and releases expensive hospital beds. We all know that they can be up to, you know, $800 a day or more. That's the reality in this province as we speak. What this does is improve access for more serious cases that continue to be done in our hospitals. In other words, if 20,000 of these cases were put back into the hospitals, imagine just what would happen to the waiting lists. So this improves access.

In addition, cancellations due to emergencies are all but eliminated. We all have heard of cases of that; I've had it happen in my family. I'm sure everyone has. It happens much too often. You know, you go to the hospital at 6 or 7 in the morning, you're prepared for surgery, and all of a sudden you're told that due to an emergency they can't do you today. They can't tell you when they can do you, but they'll be in touch. So there you are, having to go back home, and you've got to reschedule the operation.

Currently we have more than 150 different types of surgical procedures that are done safely every day in existing clinics, but they are subject to the 12-hour rule. That's where we go from prior to Bill 11 to after Bill 11. Essentially they are subject to a 12-hour rule. This prevents the health system from taking advantage of continuous improvements in technology and surgical procedures such as laparoscopic and laser techniques, that continue to be performed, perfected, and improved, with improved outcomes every year. Essentially the College of Physicians and Surgeons can look at what's being done in hospitals today, and we know there are certain numbers of these procedures that could be done safely in an accredited facility, assuming that the College of Physicians and Surgeons accredits the facility and the staff and the procedure and so on. But today, you know, if it takes a little bit more recovery time or monitoring time, then you have to keep that procedure within the hospital system, the most expensive route, even though a clinic properly equipped and accredited by the College of Physicians and Surgeons could quite safely do the procedure. I know that all of us have a great deal of esteem for the College of Physicians and Surgeons because they represent the professional side of the medical profession.

So should the province continue to use the most expensive route to health when every month we all marvel at the new techniques that are implemented by our health professionals? Why should regional health authorities be prevented from implementing new, accredited advances brought about by an increasing investment in high technology and world-class medical research? We know how proud we are over medical research that's being done in this province and how successful it's been, but for some reason there's some magic around this 12-hour thing. Why should regional health authorities not have the option? If in fact a facility can be accredited by the College of Physicians and Surgeons and the procedure can be done safely with good outcomes, why should they be forced to continue to use the most expensive OR and surgical recovery and hospital bed?

So that's really the issue around what we're talking about, because before Bill 11 all those things that I've talked about happened every day in this province and with great success. After Bill 11 there is the 12-hour situation that as a result of the bill is now opened up so that . . .

MRS. SLOAN: Point of order, Mr. Chairman.

THE CHAIRMAN: The hon. Member for Edmonton-Riverview on a point of order.

Point of Order
Questioning a Member

MRS. SLOAN: Under *Beauchesne* 482, I'm wondering if the member would entertain a question.

THE CHAIRMAN: The hon. member is reminded that you only have to say yes or no and you don't have to give any reasons.

MR. HERARD: No, Mr. Chairman, because I didn't note what time I started, and I don't how much time I've got left. Therefore, I think I'll just continue. She'll have her chance many times, I'm sure.

Debate Continued

MR. HERARD: Anyway, the bottom line, I guess, the fundamental question is that if the College of Physicians and Surgeons and the federal Health department didn't want us to look at this, then they would not have asked for this bill. In fact, the bill introduces controls that should've been there from the start but weren't. I'm not going to point the finger as to why that may or may not have happened.

MS OLSEN: Point of order, Mr. Chairman.

THE CHAIRMAN: We appear to have another point of order. The hon. Member for Edmonton-Norwood.

Point of Order
Questioning a Member

MS OLSEN: Yes. Mr. Chairman, I'd just like to know, under *Beauchesne* 333, if the member would entertain a question regarding his comments on the federal government.

THE CHAIRMAN: No, no. Just: would he entertain a question? Again, either a yes or a no.

MR. HERARD: That meant no.

8:40

THE CHAIRMAN: Okay. That's the second time, hon. members. I think maybe we get the point that the hon. member does not want to answer any more questions than almost anyone else when they are in debate.

Before I call the hon. Member for Calgary-Egmont, perhaps I'll explain a little bit to the gallery. Each member is allowed 20 minutes. As I've already said, they can speak unlimited times; they just can't succeed themselves. Many have spoken three or four times to this already. When someone has a point of order, the clock stops and doesn't start again until they have recommenced, so it doesn't take away from their speaking time. They still get their 20 minutes. If you get a lot of interruptions, it could be 25 minutes, but they only get to speak for the 20 and the other five are taken up in the interruptions or points of order.

So with that explanation, the hon. Member for Calgary-Egmont.

Debate Continued

MR. HERARD: Thank you again, Mr. Chairman. I guess the bottom line is that if you look at the province before Bill 11 – and I guess that's where we're at today because Bill 11 has not passed – then we know what is happening everyday safely in 52 clinics, and if Bill 11 were to pass tonight, tomorrow the difference would be that the College of Physicians and Surgeons could look at a list of procedures that could be safely done inside a clinical setting that could take longer than 12 hours if required.

Now, it doesn't make a whole lot of sense to have an artificial regulation get in the way of a doctor's performance with a patient. It seems to me that things go well in many cases, not so well in some cases, and not very well at all in other cases, and a doctor should be free to make the decision as to how long that person should be under his or her care, because it's the doctors that discharge patients. It's not the regional health authorities or, thank goodness, politicians. So doctors have to have the flexibility to be able to treat their patient

with absolutely the best possible care, and that's what this is all about. There's no magic with respect to a 12-hour or an 18-hour or a 22-hour or a 27-hour stay. If that's what's required medically, then that should be done automatically and not stopped because some piece of legislation says you can't do that.

You know, there's not a lot of real science with respect to what we're trying to do here. It's very simple, but unfortunately it's been blown into a whole host of things that it isn't. So from that perspective the amendments that are being proposed would in fact, I think, almost be considered negative amendments to the principle of the bill, because they're just reversing what it is the bill is trying to do. If that isn't negative, I don't know what is. So I could not support that amendment, and I would hope all hon. members would see their way clear to not supporting it as well.

Thank you.

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

MS OLSEN: Thank you, Mr. Chairman. I'm pleased to rise to address the issue. A key point for me under the subamendment is that the clause that adds "that requires a stay by the patient of under 12 hours" seems to be a significant issue.

Before I move on to that, I had wanted to ask the last hon. member – he talked about the last 10 years, but he failed to mention the pre-Pearson era, when there was no medicare, when people didn't get surgeries because they didn't have the money or people lost their homes because they didn't have the money to pay. As I've previously said, I had a constituent who wanted to bring their very ill son home from the hospital and were told that unless they came up with 10 more dollars, the child was going to be staying in the hospital. God knows what would have happened to him.

It was the collective wisdom, I might add – and there's not a lot of collective wisdom happening over there – of Emmet Hall, Tommy Douglas, and Prime Minister Pearson that allowed for medicare to expand across this country, but the other side seems to neglect the purpose of this whole process and the purpose of medicare. I think it's important that we keep highlighting that.

The other aspect that I was trying to focus on. The hon. member brought up the notion that the federal government asked for this bill. Okay? Well, I'm asking through the chair for that member to table all the documentation, the letters, the source material, to back up his statement.

I'm going to read into the record here, quite clearly, that

> private clinics or "surgical facilities," as proposed under Bill 11, are considered hospitals under the Canada Health Act. I do not believe there is any reason for confusion here.

That was from a letter, tabled in this Legislature, to the Hon. Halvar Jonson, Minister of Health and Wellness, and it was written by the Hon. Allan Rock, the Health minister. He has very clearly stated that a surgical facility is, in fact, a hospital under this bill.

I want to get back then, Mr. Chairman, to the issue at hand, and for me that's the 12-hour stays. I find it interesting that the associate minister of health states that, technically, if you are in a facility longer than 12 hours, you're deemed to be in an overnight stay situation. Well, there's nothing technical about that. The relevant fact right now is that if you are in a facility for over 12 hours, then you are considered to be in a facility that should have overnight stays, and that's a hospital in this country. That's a hospital in this province. It's not a surgical facility. It's not anything by any other name. It is a hospital, and that Mr. Rock has addressed. So I'm wondering where the leap of logic is missed here for the other side. I'm wondering what they don't get, and what they don't understand.

I'm going to also speak to this issue. Dr. Bond from the AMA has also denounced the bill once again; the AMA has denounced the bill once again. He has a number of concerns that were outlined. His letter was also tabled in this Legislature today. There are a number of issues that he has identified, and in one of those issues he says:

> There are no "provincial standards on what services are covered and the level of access" as called for by the position statement. If contracting out of services is to be extended, there has to be much greater attention paid to the mechanisms that will ensure that patient interests come first.

The AMA is saying: nix this bill because it doesn't do the job right now. So again I'm not sure where the leap is for this group over here. They don't seem to get it.

I want to then draw your attention to some of the statements that have been made by previous speakers from the other side. I will start, Mr. Chairman, with the notion that the hon. Member for Calgary-Cross stated on April 17, 2000, and for *Hansard*'s reference, page 1041 in *Hansard*: "They are surgeries that we look at as being elective . . . It's surgery that's conducted on people that are relatively healthy." Okay? Surgery conducted on people that are healthy. "It is not surgery that is urgent or emergent but is elective."

Now, I'm just wondering. All surgeries that are going to be performed in these facilities are not elective surgeries, Mr. Chairman. Hernias and the proposal for gallbladders as well may be deemed nonurgent, but they are not necessarily elective. In fact, those specific surgeries may need to be done sooner than later in some instances, and a lot of that depends on the patient's overall health, the patient's well-being, emergency situations, complicating factors such as other diseases, maybe diabetes or something like that. There's a whole range of issues to deal with. They're not all just elective, that healthy people are going in and having surgeries, because healthy people don't usually have surgeries.

8:50

The second comment that hon. member made was regarding waiting lists. She stated in this respect that

> 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.

Two points I want to make very clearly, the first one quickly. The Calgary regional health authority chair, Mr. Dinning, has stated as recently as today, as a matter of fact, that they have more money in their budget, so they're going to be able to address the waiting list, but he'll need Bill 11 down the road. Well, maybe if we fund the system adequately – and that is what Mr. Dinning has just said: oh, my goodness, we're being funded adequately – they don't need Bill 11 down the road. Okay? So I'm not quite sure again. Leaps of logic are being made that are incongruent.

Let's go back to that waiting list. Clinics in the province, in Edmonton and Calgary, that are doing procedures such as hernias have waiting lists, and they're not diminishing. We've already stated a million times in this Legislature that a lot of those procedures that are being done currently in those private clinics have not – not, I repeat – reduced any waiting lists. So I'm wondering what the hon. member was driving at there. I can't see how private surgical clinics, hospitals, whatever you want to call them, are going to reduce the waiting lists. What we have Mr. Dinning telling us today in Calgary is that they have money, that they're going to be able to reduce the waiting lists.

Maybe it's a management problem. I don't know. [interjection] There are no beds in Calgary because they blew them up. That's why there are no hospital beds in Calgary. I'm sorry, Mr. Chairman.

Chairman's Ruling
Decorum

THE CHAIRMAN: Hon. member, we've made intercessions before.

Certainly one of the rules is that you don't speak when you're not in your own place, and only one member speaks at a time. So we ask hon. members not to engage one another in a dialogue when an hon. member is actually speaking. That goes two ways.

Sorry to interrupt you, hon. member, but I didn't want this to encourage others to do the same.

MS OLSEN: Thank you. Sometimes I take guidance from my colleagues, and I apologize. I should have been paying attention to you. Sometimes their guidance is really wise.

Debate Continued

MS OLSEN: Mr. Chairman, I want to go on and highlight another point, and that is where the hon. Member for Calgary-Cross speaks. I'll quote from *Hansard* again, page 1041. I don't know why I look up to the *Hansard* people. She says:

> 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.

Well, okay. Yes, she's right. Patients that go home too early are patients that may be at risk. However, they go home early. They get readmitted, and that's another cost on the system. But that's not a reason for this bill. That's not a reason to give private clinics stays over 12 hours. Again, I'm looking for some good deductive logic here, and the dots aren't connecting.

MR. DICKSON: We're all looking for it.

MS OLSEN: Yes, we are.

So I would challenge that member that if patients are sent home too early, then the operation should not have been done in that particular facility. You know, the comments that the hon. Member for Calgary-Cross made indicate to me that current facilities are not being properly monitored if patients are being sent home too early. Or is it that these patients go into clinics that are under 12 hours and they just want to make so much money that they're just putting them in and throwing them out the other side? All of a sudden we have people who need to be readmitted to the RA or the University hospital with some serious problems. So again I'm looking for some logic that is going to make sense, because that just doesn't.

The hon. member also said:

> 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.

Then she talks about, "They may have complications." Well, if they have complications, then their surgery shouldn't have been done there. If they have complications, then maybe there's not a good management use of the surgical facility they're in and they should go to a hospital. That's what would make sense to me, Mr. Chairman. I'm still waiting, and I'm hoping that one day we'll be able to connect the dots, but we can't right now.

I spoke a little bit about some of the issues that other provinces have talked about, and we know that other provinces don't have overnight stays, so we know that when the Premier and the truth squad and all the other players in this puzzle here tell us that this is just a little bit different than the other pieces of legislation in other provinces, that is untrue. That is absolutely untrue. Okay? The other provinces do not allow – and I will repeat for the members in this Chamber: do not allow – overnight stays in a private, for-profit facility. So that's a big difference, if you ask me. You know, for the life of me, I wonder why this connection continues to be made when it's very clear.

Again we have a letter from the federal Health minister, and he very clearly states the position of the other provinces. A lot of people have done a lot of work. All these folks in the galleries have done a tremendous amount of work to try and educate this Conservative caucus over here, but they're not getting it. They're not getting it. So, Mr. Chairman, we're going to keep going, and we're just going to try and try to help them out.

I think it's absolutely necessary that we educate people. I think it's very important to have an education process in place where everybody gets a little bit more information. You see, just saying: oh, you're telling me that, Mr. Health Minister; I'm going to take you at face value – a couple of members in this Assembly did that. They didn't believe the bill allowed for overnight stays. In fact, they went out and gave out bad information to their constituents based on that good faith they had. So you can't always just believe what you hear. You sometimes need to go out and check all other sources of information, and with that, Mr. Chairman, we have better informed legislators.

I in fact know that my colleagues have done that. We've got pounds and pounds and pounds of information in our offices, and there's not a whole lot of it that's similar. We all took on a different responsibility to attempt to keep ourselves informed, look at what's going on around the world, look at what's going on in the U.S., look at what's is going on everywhere else. Quite frankly, that has been part of the strength that we have. We've actually opened a book. We've actually done so much work that I couldn't file all the information I have on this. But I do know one thing. I do know where this bill is going. I do know where this amendment is going, and I don't like where it's going. I'm having difficulty supporting any notion and of course I'm not supporting any notion that this is the best direction for Albertans.

9:00

If I can just grab one of the books that I've read, Mr. Chairman, on this issue, one of the things that I did learn about the American system – and this is a quote from John C. Goodman on health insurance out of *The Fortune Encyclopedia of Economics*. It's a great text for people to read. You don't have to believe everything in it, but you certainly need to read it. What Mr. Goodman says in his quote is:

> In the thirties and forties a competitive market for health insurance developed in many places in the United States. Typically, premiums tended to reflect risks, and insurers aggressively monitored claims to keep costs down and prevent abuses.

Do we think that for one minute that if this bill is passed, if this government gets that opportunity, we're not going to have an explosion of health insurance? We're going to have more American companies come up here. They're all going to be going out there, and they're going to be going to all of these folks here and all those folks out there, and they're going to be saying: Hey, we've got a good deal for you.

Point of Order
Referring to the Galleries

MR. JACQUES: Point of order.

THE CHAIRMAN: The hon. Member for Grande Prairie-Wapiti rising on a point of order.

MR. JACQUES: Well, thank you, Mr. Chairman. I just want to reflect back on your earlier admonishment this evening with regard to reference in debate particularly to the gallery and to others who

may be observing and in particular to the ruling and to the advice that was given this afternoon by the Speaker on this subject. I believe that all members in the Legislative Assembly at the time took this to heart and are attempting to follow it, but I do notice there is consistent reference by the member, and I would ask that you uphold your original concern in this area as well as the concern that was expressed by the Speaker this afternoon.

Thank you.

MR. DICKSON: On the alleged point of order.

THE CHAIRMAN: The hon. Member for Calgary-Buffalo on the point of order.

MR. DICKSON: Yes. I heard no citation, but let's be absolutely clear. What the Speaker admonished all members not to do was to solicit reaction from members in the gallery, to involve members in either the public gallery or members' gallery in what's going on down here. Never was there ever a suggestion that a member cannot refer to the fact that we have Albertans in the gallery. That would be as foolish as saying that we can't talk about Albertans who are outside the building or Albertans who are in your constituency in northern Alberta, in Grande Prairie. I mean, those people exist.

I'm sorry if I was speaking too loudly, Mr. Chairman, but my concern was simply this. We do not operate in a vacuum. We're not here representing numerals. We're not here representing some abstract quantity. We're here representing the 3 million people in the province.

There's absolutely nothing offensive – and I'm astonished that the Member from Grande Prairie-Wapiti would take issue with it – for any member in this Assembly to simply acknowledge that there are people that have concerns. That was not a solicitation. It was not an invitation. It was not some means of invoking any other reaction. I think the thin skin that we've seen evident around the debate on Bill 11 keeps on getting thinner and thinner.

Let's be real focused here and allow members the kind of liberty and the kind of latitude that all members are entitled to as part of their freedom of expression in this Assembly.

Thank you, Mr. Chairman.

THE CHAIRMAN: Hon. members will reflect back, as the hon. Member for Grande Prairie-Wapiti has, on the Speaker's direction about calling upon the gallery and making a visual reference to them by waving one's hand, et cetera, in the spirit of debate. This is a contentious debate. We did have some examples of people speaking to the gallery in the past couple of days that was probably less than parliamentary, and that's what the Speaker was speaking about today.

I was trying to pay attention, but a number of individuals felt it important that they convey their thoughts to me at the time that the hon. Member for Edmonton-Norwood was speaking. I wondered whether or not she was beginning to tread on the admonition that was given this afternoon. In that sense, the point is well taken, although I didn't hear a breach, nor see it, but just so we all take that caution either in praise of or in condemnation of.

The hon. Member for Edmonton-Norwood, with those strictures in mind.

Debate Continued

MS OLSEN: Thank you. Mr. Chairman, if you could just advise me of how much time I have left here.

THE CHAIRMAN: About two.

MS OLSEN: Thank you.

I was speaking about the 12-hour stay in relation to health insurance, and there is a correlation because health insurance could be offered for surgical facilities, well, maybe we could have health insurance that reflects a 15-hour stay or an 11-hour stay or a 24-hour stay. The reality is that the longer you are in a hospital, the next time you go to get a premium, it's going to cost you a lot more.

I just want to address that. This is out of *The Arizona Republic.*

> Health Plans Fight Hard for Business
>
> Health insurers fought hard last year to grab a bigger share of the managed-care market, snatching up contracts with big employers and shedding money-losing operations.
>
> The health plans that came out on top were those that could bargain a price, volume, good medical results and geographic convenience.

Mr. Chairman, that speaks a lot to this whole bill.

There are inequities for sure. The whole issue of 12- hour stays is an issue. And trust me, it will be an issue with health insurers. We already know that Liberty Mutual, I believe it is, are offering to insure people for the gap that now exists between Alberta health insurance and what used to be covered and is no longer covered.

So as we go through this process and we look forward to deinsuring more things, then we're going to have all of these insurance companies come out and market great insurance plans to Albertans, and I have a little difficulty with that. We have Alberta health care. We have a good health care system. We need to look at the management of it. We don't need to go down this path. We don't need to go over a 12-hour stay in these clinics that exist right now. We do not need private health care, Mr. Chairman.

Thank you.

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

MR. JONSON: Mr. Chairman, as is sometimes the case in committee, debate becomes quite wide ranging, and I hope you will allow me some latitude in my remarks this evening.

The previous speaker, correctly I think, referenced Saskatchewan being somewhat the origin of our current health care system vis-a-vis the Canada Health Act in terms of the leadership of Mr. Douglas and others, but this province of Alberta has been, I think, a leader in developing programs, developing protection for its citizens. [disturbance in the galleries]

Chairman's Ruling
Decorum

THE CHAIRMAN: Hon. Member for Edmonton-Riverview and other hon. members. Again, hopefully those people who remain in the galleries are there for a good purpose, to hear the debate and not to disrupt it as we've had several instances of. With that idea, then, I wonder if we could have the hon. Minister of Health and Wellness continue without interruption.

9:10 **Debate Continued**

MR. JONSON: The point that I want to make, Mr. Chairman, is that in Alberta I think we've had leadership for a long time that has been demonstrated in terms of being innovative, wanting as a province through our health authorities and through the government to provide for the health care needs of Albertans on an equitable basis.

If we go back to the 1950s, Mr. Chairman, one of the very first programs or initiatives that took place anywhere in Canada in terms of providing a base of support for its citizenry was exhibited in the area of Lamont. The people in the municipal government area of that time decided that in their limited scope of operation at that

particular time, they would levy I think it was a $10 or $20 levy against each quarter section of land so that there would be a pool of money which would support the local hospital, which was very highly regarded at that time and on into the years following. People wanting to access hospital services would have the ability to go there without charge. They would be covered within that limited area of the province.

Then later on, Mr. Chairman, in the history of Alberta – and probably one of the reasons that we're not identified as much with the Canada Health Act and its inception and later on with the commission that took place and so forth is that we developed an affordable insurance program which was a combination of something called MSI and Blue Cross. There were also provisions within that overall scheme for those people that were totally without income and resources to be able to use the health care system on a reasonable and equitable basis. So Alberta has not in many areas of providing services to its citizens been in any way behind or reluctant to provide the needed basic services to its citizens.

When the Canada Health Act came into existence, there was debate, as there was in all provinces across this country, in terms of what their obligations were going to be: was the federal government going to treat us fairly in terms of the way the legislation would be outlined and how it would be funded and supported at the federal level vis-a-vis the provincial level? But Alberta is a full participant in the Canada Health Act in the overall approach to health care being provided for people in this country. The legislation that is before the Assembly certainly states very, very clearly our adherence to the principles of the Canada Health Act, and those things which flow from it.

The second point I would like to make, Mr. Chairman, is that there have been also in these wide-ranging remarks on the subamendment to the amendment that we are currently debating this evening to the federal government, and I think that's probably quite relevant. I would like to just point something out, though. We have had correspondence back and forth between myself and the Hon. Allan Rock, Minister of Health for the dominion of Canada, and also there's been correspondence going back and forth between our respective first ministers.

The point that I would just like to make is that the Hon. Allan Rock has written to me and indicated:

> It is my intention to ensure that medically necessary services are provided on uniform terms and conditions. The principles of the Canada Health Act are supple enough to accommodate the evolution of medical science and health care delivery. This evolution must not lead, however, to a two-tier system for health care.

And we agree, and we're very careful in this legislation to make sure that is the case.

However, he also says in his letter, "In summary, the position of the federal government has not changed since the introduction of the federal policy on private clinics in 1995." Mr. Chairman, I would like to go back to 1995, when Ms Marleau was the Minister of Health for the federal government. She indicates in her letter – and I quote from it. This is public knowledge. I think it has been tabled in the Assembly already. I'm quoting from her letter. She's talking about equitable access to health care services, which we certainly agree with. She says:

> I want to make it clear that my intent is not to preclude the use of clinics to provide medically necessary services. I realize that in many situations they are a cost effective way to deliver services, often in a technologically advanced manner. However, it is my intention to ensure that medically necessary services are provided on uniform terms and conditions, wherever they are offered. The principles of the Canada Health Act are supple enough to accommodate the evolution of medical science and of health care delivery. This evolution must not lead, however, to a two-tier system of health care.

This government completely agrees with that. So that is a bit of background.

Let's get to the amendment which is before the Assembly. If we could just possibly, Mr. Chairman, get back to the actual amendment. The government has brought in an amendment to a section of the legislation which makes it clear that in terms of a judgment being made as to what should be offered in a surgical clinic and for what period of time, that is a judgment that should be made by the College of Physicians and Surgeons. That is what our original legislation said, and I think that is a very, very sound approach to this matter.

The amendment, which has been debated for a record period of time, Mr. Chairman, is simply to acknowledge that as part of our overall health care system in this province right now, it is a fact that dentists do surgery. We want to make sure that dentistry and dentists are included in this particular process and that there is reference to them, that we recognize that they do surgery in clinics, and it sets up a regulatory framework for the supervision of the dentists' surgery as well as for that which deals with physicians. That's what the amendment is about.

It would be, I think, helpful if we could get on with focusing on the actual amendment, deciding whether or not we should have dentists under standards, under regulations, or not. We on this side of the House certainly believe that should be the case. We feel the amendment as proposed should be passed. It was part of the representation that was made to us as we listened to Albertans on all aspects of the bill, and there are some very substantive ones in our other amendments as well.

I would suggest, Mr. Chairman, to all members of the Assembly that we just possibly deal with the amendment – I think it's a meritorious amendment – and get on with what I think is a very sound piece of legislation, which, yes, needs some amendment and improvement. We have responded to Albertans. They've indicated to us that those changes which are in our overall amendment package are needed and get into place what I think is a very important piece of legislation.

THE CHAIRMAN: The hon. Leader of Her Majesty's Loyal Opposition.

MRS. MacBETH: Thank you very much, Mr. Chairman. I was interested in the minister of health's intervention and the issues he raised. I think it's important, and the reason why we have proposed this subamendment is . . .

MR. JONSON: A point of order, Mr. Chairman.

THE CHAIRMAN: The hon. Minister of Health and Wellness is rising on a point of order.

Point of Order
Reflections on a Member

MR. JONSON: Just very, very diplomatically. I would just like to indicate that I thought the Liberal opposition recognized that the people on this side of the House, including the Minister of Health and Wellness, had the ability to engage in debate. I did not think it was a negative matter.

9:20

MR. DICKSON: Mr. Chairman, my responsibility is to respond to legitimate points of order. As hard as I listened – and maybe it's later than I thought or I'm more tired at the end of the week than I

thought – I don't have a clue what the Minister of Health and Wellness was saying. Can I make a proposal? After the Leader of the Opposition is finished, maybe the Minister of Health and Wellness would like to get up and spend his full 20 minutes developing that thought so it's comprehensible not only to me but to all members of the Assembly.

Thanks very much.

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

MR. HANCOCK: Mr. Chairman, I wouldn't have risen on the point of order. I thought the hon. Minister of Health and Wellness made his point perfectly clear, but because we've had this rather flippant response, I think it does bear saying that we have been in debate on the amendment and the subamendment for in excess of 13 hours. We have listened and relistened and sometimes relistened to points being repeated, and then when members from this side get up in the House, they are met with chastisement and obnoxious comments from the other side. That was the point the hon. minister was making, and he made it very quickly and very diplomatically and didn't need the type of response that he got.

THE CHAIRMAN: The hon. Member for Edmonton-Ellerslie has some additional thoughts on this point of order.

MS CARLSON: I do, Mr. Chairman. We speak about irreverence in this House. If a member is going to stand on a point of order, at least they could do the proper thing and bring forward a citation before they rant when a member on our side barely has a chance to make her opening comments.

THE CHAIRMAN: Hon. minister.

MRS. NELSON: Oh, I'm sorry, Mr. Chairman. I apologize.

THE CHAIRMAN: No, no. I wasn't recognizing you. I was just hoping that . . .

MRS. NELSON: I thought you were, with my laughing at the hon. member.

THE CHAIRMAN: Yes.

The chair must confess that he missed what struck the chord of the Minister of Health and Wellness, and if that's inattention on my part, then I apologize that I missed it. I assure the hon. minister that I will henceforth listen very carefully to the hon. Leader of Her Majesty's Loyal Opposition as she continues her thoughts this evening.

Debate Continued

MS CARLSON: Start over.

MRS. MacBETH: I will start over.

Mr. Chairman, thank you very much. I was rising because I wanted to pick up on some of the comments which the minister of health made. I thought it was important to put into context the reason we in the Official Opposition are proposing this subamendment. Really, if we look at the bill and look at part 1, Protection of Publicly Funded Health Care, and go to section 1, "No person shall operate a private hospital in Alberta," that's a pretty clear statement. You know, I think most Albertans would have picked up this bill with, as I keep saying, this dear little boy on the front of it and thought: well, that's a good sentence. I think it is important to put our subamendment in context, and that's what I'm going to attempt to do tonight.

If we say, "No person shall operate a private hospital," I think it's very important to then go to the definition section of what a private hospital means. If we go to that section on page 17, section 29(m), we will see the whole definition of what a private hospital is. It says that it's "an acute care facility." This is one of the issues which the government members may not have heard in terms of the work they have done to listen to the input on the bill, but I think it's a really important one to highlight. If we then look at the definition of a private hospital, which is allegedly prohibited under this act, we see that there are five criteria which need to be met. For a private hospital, that's an acute care facility it has to deliver "emergency, diagnostic, surgical and medical [facilities]" and admit patients for . . . 12 hours." So there are five criteria that have to be met.

The question becomes – and most people who have read the bill understand – when you then look at that definition, let's say that only four of those criteria are met; for example, let's say diagnostic, surgical, and medical, but no emergency services are delivered in an acute care facility, and it "admits patients for medically supervised stays exceeding 12 hours." Basically what you have there is a hospital, leaving aside whether it's private or public for the moment, which is delivering everything except emergency services for a period exceeding 12 hours. So that by the definition under this act would not be a private hospital. Yet I think most Albertans would say: "Wait a minute. Of course that's a hospital. It's delivering all those services." But under this act it would not be prohibited.

That in a nutshell is why people have concern about a bill that says, in the context of our subamendment, when we look at it, that part 1 bans private hospitals. It only bans the private hospitals as defined by this act, and if the criteria are not those that meet the definition, then that thing can go ahead. It's not banned by this bill, and a person will be able to operate it if we read the legislation as it's written. I think it's a very important context upon which to look at this bill.

[Mr. Shariff in the chair]

Then becomes the question, as we move to the subamendment, of the whole issue of overnight stay. People will often say: "Why is overnight stay such a big deal?" Why has the opposition made it its first amendment of many that will come, and why is it so significant? Well, there's a reason why overnight stays are as significant as they are. The best example I can give is that if we find our daughter or son comes home and has a crooked arm and we think, "Oops, we've got a broken bone here," you go to the hospital or emergency, and they look at the arm and they say: "Yup, take an x-ray. Yup, it's broken." So that young person then goes in, gets the arm set, gets the cast put on, maybe gets a fibreglass cast, maybe not – that's not what we're talking about here – but gets the cast, walks into the casting room, walks out. Their stay at the emergency maybe, if they're lucky, will have been about, say, three to four hours. It's done. They're in; they're out. That's part of the delivery of the service. That's what's known as an outpatient service.

But what happens if a child, for example, wakes up in the middle of the night wheezing terribly, has asthma perhaps or at least early asthma? You go to the hospital, the same emergency department. You walk in, and you perhaps expect to get emergency care. But just a second. The attending physician comes in and takes a look at the child and says: "You know what? I'm not comfortable with this. I'm going to admit this child to the hospital." At that point the child is no longer an outpatient service, no longer an emergency service. The child is then admitted to the hospital. That's the difference

between overnight stays, admitted to hospital, and an outpatient service. At least that's the way I think of it in my mind, and perhaps it can clarify some of the reasons why it is such a significant thing.

Now, the minister of health referred to the record of Alberta when it comes to health care, and he's absolutely right that before medicare there were MSI and Blue Cross insurance schemes in place that covered most Albertans, and it was certainly a precursor to medicare, which began to then come in at different stages from about the mid-60s on. I've told people that my father was a physician and never was able to practise in the medicare system because he passed away before it became operational. I actually remember that sometimes he was paid for physicians' services with things like fresh farm chickens. I mean, I love fresh farm chickens, and they used to come as part of the payment for the medical services if someone couldn't quite afford the dollars. To this day I miss those farm chickens and try to get them at the market or on the farm or wherever I can get them. That's part of the wonderful history of this province, part of the wonderful story that then led to medicare.

I would like to correct the minister's point about Alberta being such a leader in health care, because I think that in fact Alberta has been a leader and has the capacity to be a leader, yet we need to point out that the Canada Health Act, which the government says they are becoming strong proponents of in this bill, in the legislation – I think it's important to recall that Alberta was the last province to come under the umbrella of the Canada Health Act in 1984. Alberta felt that the extra billing – isn't that interesting that it was extra billing that was the key? – that was going on should continue. So let's not rewrite history. Let's accurately reflect the history of this province.

9:30

Mr. Chairman, getting back, then, to the bill, I now want to move on to section 2(1). Of course, this is the section which is the subamendment that we have proposed. The second section says: "No person shall provide a surgical service in Alberta except." Here's where we come to the creation of two tiers of hospitals in this province.

> No person shall provide a surgical service in Alberta except in
> (a) a public hospital [where we're used to having them provided], or
> (b) an approved surgical facility.

Mr. Chairman, what I believe and what I have heard from Albertans is that, on the one hand, you have the first section of this bill saying that "no person shall operate a private hospital" – we've already talked about what that might mean – and then the second section goes on to set up a framework by which exactly that, a private hospital, can operate. That is what gets people riled. That is what leads people to say that this is deceptive. This is not clear. That's why the issue of trust is before us in this legislation.

The hon. Member for Calgary-Egmont made some comments this evening with respect to the issue of facilities that may have been in place, really, in the late '80s and into the early '90s, facilities that were operating, if you like, almost as an outpatient service. He is very accurate in saying that those facilities were operating. He tried to make the connection, I think, that it was during the time I was the minister of health that these facilities began. That's inaccurate. In fact, there had been some in place in Alberta from about the mid-80s and on in various kinds of degrees.

One of the reasons why the facility fee issue was not one the federal government penalized Alberta for in that period from '88 to '92 was because we were working very hard as a province when I was the minister of health to come to grips with this whole issue of the independent facilities. The federal government was well aware of what was going on, was well aware of the issues that were being addressed, and I think it's important to talk about the ambulatory care services policy paper which was around at the time. The reason this is so important to this discussion is that the ambulatory care services paper was a very important part of getting a framework, a handle, a legislative control over these stand-alone facilities.

I think it's important to talk about what ambulatory care means. The definition in the policy statement that we came up with was: ambulatory care is defined as "the mode of service provision that requires the patient to ambulate," that is walk, "to the location of the provider," that is wherever the service is being provided, "and leave on the same day after receiving care." In the example I gave, it's the child going to the emergency clinic and getting the cast and leaving. That was the framework of this paper. This paper that we were trying to put in place, or at least beginning the discussion to put the legislative framework in place back in the early '90s, was simply for outpatient, non overnight stay services.

So when the government says that it's no big deal to just take this next wee little step, as the Premier is fond of saying, to move beyond these surgical centres that deliver day services into overnight services, in fact it's a huge step. It is a massive step, and it is a step that none of the other provinces have taken. Despite the attempts by this government to try and talk about what the other provinces are doing, none of them are sanctioning overnight stays and all that implies.

Mr. Chairman, I think there's another important part of this ambulatory care services. I kind of like talking about this paper because I think it actually laid out a framework, and had it been approved by the government of the day, we wouldn't be in this mess right now that Alberta is in. The Premier said and in fact repeated today at his news conference: you know, we have to get some kind of framework around these surgical centres because Alberta's behind the eight ball. He's absolutely right, but I guess it begs the question of what he's been doing for eight years. What has been going on for eight years?

So let's look at the process. The minister mentioned the whole issue of the subamendment, which is this whole issue of overnight stays, and said that it was important to look at the overnight stays in the context of the information he had received from Albertans. Well, the consultation process that led to this is puzzling to everybody. It's puzzling because the question becomes: who is supporting this legislation? The physicians don't like it. The nurses don't like it. The Roman Catholic health association doesn't like it. The Dental Association obviously didn't like it, because there's now a new amendment to involve them. The Calgary Medical Staff Association, the Edmonton Medical Staff Association, and all those people out there tonight quietly lighting and holding their candles are saying: we do not like this legislation. So the question becomes: how can the minister stand and say that he's consulted in order to come to this provision under this particular subamendment? It's beyond me.

The one group the Premier could name today that was supportive of this legislation was the regional health authorities. There you go. The people appointed by the Premier. I wonder why they might be saying they're supportive of this.

I think the process that's involved is extremely important. Let's look at the process that led to a paper like this. It isn't just something that lands on someone's desk out of some free thought by a couple of people in the public service. No, Mr. Chairman. It's a process that was first of all chaired under the utilization committee of Alberta Health back in the late '80s by a physician by the name of Dr. Moe Watanabe from Calgary, a fabulously committed Canadian to the Canadian health care system who led the utilization committee, whose recommendations then formed the basis for this paper. These were the issues that needed to be identified, and here was this very fine person. So there was a step-by-step-by-step process to lead to this.

Mr. Chairman, that process is extremely important. That process is what then allows pieces of legislation or policy papers to go out and be discussed without this question of why. Why do you need it, and who supports it? I mean, why wouldn't that be just checked off right off the top, right before anything else is done? But it hasn't been done. So that's why Albertans are concerned, and that's why we're spending the time on this vitally important amendment, which is one of several we will be bringing forward, but certainly overnight stays is a big one, a huge one, and one that we think is very, very important.

9:40

Now, I just have a couple of other points I would like to make, Mr. Chairman. I think it's important to just say that this section . . . I found my thought. It must be too many late nights. This particular section:

> 1 No person shall operate a private hospital in Alberta.
> 2(1) No person shall provide surgical services . . . except in [one of two tiers]
> (a) a public hospital, or
> (b) an approved surgical facility,

and then simply for purposes of context – I'm not diverting from the subamendment:

> (2) No person shall provide a major surgical service, as described in the by-laws.

In those three points, Mr. Chairman, lies the essence of this bill, the essence of it, because let's look at the issues of minor and major, which is clearly . . .

THE ACTING CHAIRMAN: Are you rising on a point of order, hon. member? The hon. Government House Leader on a point of order.

Point of Order
Questioning a Member

MR. HANCOCK: Yes. Mr. Chairman, under *Beauchesne* 333, I wonder if the hon. member would entertain a question.

MRS. MacBETH: No. No, Mr. Chairman.

THE ACTING CHAIRMAN: You may proceed.

Debate Continued

MRS. MacBETH: Thank you. Mr. Chairman, the point I wanted to make in terms of the context is that in these three sections this whole issue of minor and major is a very big one. I've been here each night to listen to the remarks by the members, and several have talked about this whole issue of the advancement of technology.

[Mr. Tannas in the chair]

You know, the advancement of technology has been going on since the practice of medicine began however many hundred years ago, and the advancement of technology is a very tricky thing when it comes to the safety of patients. I know that my learned colleague from Edmonton-Riverview is far more informed on the issues of patient and clinical care than I, but I suspect she will corroborate the whole notion that safety in terms of medical procedures is not just about the amount of time it takes to deliver a service that's been advanced technologically. Sometimes something that takes very little time – for example, a gall bladder operation may be relatively simple from the point of view of being three minor incisions, but don't ever mistake that that is major surgery. That's a major operation on an individual. [interjection] Sorry, Mr. Chairman. You're saying something to me, and I don't know what it is.

Chairman's Ruling
Speaking Time

THE CHAIRMAN: Yes. I'm trying to indicate that the 20 minutes are up.

AN HON. MEMBER: Mr. Chairman, point of order.

THE CHAIRMAN: Yes. Right. I know it has been drawn to our attention that the Leader of the Opposition and the Premier are allowed 90 minutes' speaking time, but 62(1) deals with committees.

> The Standing Orders of the Assembly shall be observed in the committees of the Assembly so far as may be applicable, except that
> (a) a member may speak more than once, and
> (b) in committees of the whole Assembly no member may speak for more than 20 minutes at one time.

There's no exception that I understand here.

The fact is, though, hon. member, that if you want to speak for another 20 minutes, as soon as someone else has spoken, you're quite free to speak again. It's no reflection on you as a person. It's just that that's the rule.

MRS. MacBETH: Mr. Chairman, I will thank you for your ruling. I will look forward to that opportunity.

THE CHAIRMAN: Okay. Thank you.
The hon. Member for Innisfail-Sylvan Lake.

Debate Continued

MR. SEVERTSON: Thank you, Mr. Chairman. It's a pleasure to participate in this debate and voice my support for Bill 11, the Health Care Protection Act. It's clear throughout the province that health care is an important issue to Albertans, and I'm proud to stand today and say that the government is doing something about it.

Mr. Chairman, before I go on about the subamendment, I want to make some comments that the Leader of the Official Opposition made in reference to a definition on page 3 of the bill in describing what public hospitals are, and she then went on to describe what her thoughts on surgical facilities are. She neglected to go back to page 17, where in the bill they describe what a public hospital is, and I'll read it:

> "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.

Then farther down it gives a definition of a surgical facility, which "means a facility whose primary function is to provide a limited range of surgical services," and that's the key, Mr. Chairman. The description in this bill makes a definite difference, because it's a limited range of surgical services that can be provided by a clinic. The Leader of the Official Opposition made it sound like a surgical facility could do a wide range of services, but it's prohibited in this act by the definition.

Mr. Chairman, I have some points that need to be addressed in regards to the subamendment. This subamendment would undermine the whole purpose of this legislation. The reason the government has brought this legislation about in the first place is because currently Alberta has no legal authority or regulation governing

surgical services being performed that require overnight stays. Currently our government has no method of controlling or regulating private health entities that perform overnight surgeries in this province. This is a serious gap in the law. Without legislation there's a real possibility of a two-tier system developing. Bill 11 gives the government the authority to protect the publicly funded health system by prohibiting, restricting, or controlling private surgical clinics.

Mr. Chairman, I want to remind this Assembly that this legislation was brought about at the request of the Alberta College of Physicians and Surgeons. I'd like to remind members across the way that not only has the College of Physicians and Surgeons agreed upon the need for such legislation; so has the federal government.

Mr. Chairman, this subamendment would leave us with the same problem that . . .

MS OLSEN: Why don't you just table that information so you can substantiate that?

THE CHAIRMAN: Hon. Member for Edmonton-Norwood, by and large during the course of the evening we've been able to get by without additional help to the speaker, and I wonder if we could continue to allow speakers to go unaided and unabetted.

The hon. Member for Innisfail-Sylvan Lake.

MR. SEVERTSON: Thank you, Mr. Chairman. As I was saying, this subamendment would leave us with the same problem that brought about Bill 11 in the first place. It would have no legislation to govern overnight stays. Any private clinic that performs surgery that requires overnight stays needs to be regulated. They need to be monitored to ensure that they do not contravene the Canada Health Act, so they do not create the ability to queue-jump, and so we can shut them down should they become a second-tier health provider.

Mr. Chairman, we are at the crossroads of how health care can be provided in this province. Every day new medical advances are occurring that make it safer to provide surgeries. Bill 11 allows us the ability to adjust to the new realities. It allows us to supplement our current health care system with private overnight clinics that can provide these services safely and only if it benefits the current public system.

9:50

Mr. Chairman, as we face the challenge of a growing and an aging population and changing health care needs, we need legislation that will adapt to the needs of Albertans. The consensus is that it would be irresponsible for this government to sit back and do nothing while the current state of our health care system needs to be addressed. The status quo is clearly not the option.

Right across this country, in every province, we have problems with health care. Presently in this province we're spending 33 cents for every dollar we spend on government programs. Mr. Chairman, that's 33 percent or one-third of all our budget that is spent on health care. Inaction would send the message to Albertans that the current inefficiencies are okay and should be accepted by Albertans, as the opposition would have us do.

Mr. Chairman, Bill 11 is only part of the solution that will ensure that Albertans receive the medical care they deserve. The Alberta government is firmly committed to protecting and improving Alberta's publicly funded health system, as it's committed to preserving the principles of the Canada Health Act.

Mr. Chairman, when considering the health of Albertans, we need action. We need to be aggressive to ensure our system provides the best for Albertans. Our government will always be committed to a quality, publicly funded health system that is accessible to all Albertans. That is what Albertans want, and that's what Albertans deserve.

Bill 11 will allow RHAs to contract out some minor surgeries requiring overnight stays. This subamendment would remove this possibility and maintain the status quo, with long waiting lists and inefficiencies. I do not believe that the way Albertans receive health care will change much with this legislation, but faster quality service will result, and the system will be prepared to adapt to future needs and developments. As elected representatives, we must provide solutions. We must support Bill 11 and reject subamendment SA1.

Thank you, Mr. Chairman.

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

DR. PANNU: Thank you, Mr. Chairman. Patience and patient waiting helps, doesn't it?

Mr. Chairman, with your permission I would like to speak to the subamendment before the House. I heard the Minister of Health, when he was speaking a while ago, saying that we have spent so many hours on this, and of course so did the Minister of Justice and Government House Leader sort of complain about the fact that so much time has been spent on this particular amendment. This amendment speaks to the most important section of Bill 11.

Bill 11 and the government amendments proposed to change the original version have now been available to Albertans, professional bodies, and nonprofit health delivery organizations, and they have been, of course, also listening to or watching the debate in the House on this particular subamendment. Some of these bodies have come to the conclusion that in spite of all the government amendments proposed, the bill "is premature and . . . it is imperative that it be set aside until the broader dialogue around sustainability and the common good has occurred." These are words that I take from the Catholic Health Association of Alberta & Affiliates' news release dated April 18.

If we were paying heed to the advice we are getting from these responsible public bodies, nonprofit health delivery organizations, we would be seriously considering the withdrawal of the bill on that side of the House, on the government side, but that has not happened as yet. I continue to hope that good sense will prevail and the government will in fact heed this advice and withdraw the bill, but until that happens, we must take very seriously the debate on amendments to the bill.

While I'm making reference to these either learned professional bodies or nonprofit delivery organizations giving this advice, I would also make reference to another letter, dated April 13, issued by the College of Family Physicians of Canada, Alberta Chapter. This is an important letter, Mr. Chairman; it does get to the heart of the subamendment and the issues associated with it. So with your permission I would like to read a few sections of the letter in order for me to get to the subamendment itself, because the letter does speak to the subamendment and what it proposes to do.

Just to give you background, the Alberta chapter of the College of Family Physicians of Canada is a provincial organization composed of more than 1,500 voluntary members. This organization focuses on the quality of family practice and on the role of family physicians within the health system of Alberta. The college strives to provide an environment for family physicians who offer the best possible care for patients. Among its many endeavours, the college supports and facilitates postgraduate training, continuing medical education, and primary care research. The activities of the college are guided by the four principles of family medicine, and the family physician follows the following four principles. He or she has a

patient/physician relationship based on trust, has comprehensive clinical skills, is community based, and is a resource to a defined practice.

I move on to the key and important observations made here by Dr. Connie Ellis, the president of this association, in her letter of April 13 addressed to the Premier. Dr. Ellis goes on:

> While we must be concerned participants in the debate, it is not the role of our College to lead the discussions about the funding implications of Bill 11, or whether or not this Bill infringes upon the principles of the Canada Health Act. However, as a standard setting body involved in ensuring the highest quality of care in the relationship between family doctors and their patients, we do have a responsibility to challenge the introduction of any model that could threaten the integrity of our publicly funded health system.

The model they refer to being introduced is by way of this new surgical facility in Bill 11. Dr. Ellis then suggests:

> We do question therefore, the validity and veracity of the research evidence that purports to support the underlying thesis of Bill 11, namely that the growth of private surgical facilities will reduce waiting lists, and that the services provided by these private facilities will be based on high standards, best practices and effective patient outcomes.

This challenge presented by Dr. Ellis on behalf of 1,500 family physicians in the province is an extremely important and serious challenge presented to the section of the bill that amendment A1, section A proposes to change. Dr. Ellis goes on to say:

> The practice of medicine is based, as much as possible, on evidence-based research and the application of the outcomes of this research to foster thoughtful and sound patient care. What evidence-based research has been done to validate the underlying thesis of Bill 11?

10:00

> Has the government conducted any studies to determine why the current system cannot manage long waiting lists? For example, it is well known to family physicians in all practice settings – rural, regional and urban – that a key element to expand surgery in any form is the availability of trained, experienced staff, yet almost every jurisdiction in Alberta is experiencing a dire shortage of physicians and nurses. The introduction of new facilities will not address that concern but will compound this serious problem.

The next paragraph in this letter by Dr. Ellis is most important, Mr. Chairman. Dr. Ellis observes that

> physicians, by the very nature of their profession in patient care, are required to first consider what is best for the patient: . . . 'first, do no harm.' All decisions in the provision of health care, whether they be in the doctor's office or by the government in the introduction of new health delivery systems . . .

as is being proposed, by the way, in Bill 11,

> must bear in mind that the primary responsibility of all parties is to ensure patient well-being. It is not sufficient to introduce change in the delivery of health care simply because the current options are difficult to sustain. [The first, do no harm principle] implores all those who are responsible for the care of patients to utilize the best of the current system until there is clear evidence of improvements available.

In summary, the good doctor says that

> the Alberta Chapter of the College of Family Physicians of Canada questions the fundamental premise of any health reform measure that is not based on clear evidence that supports and enhances the best interests of patient well-being.

Mr. Chairman, that is why it is so significant, so important that the subamendment before us should be debated for as long as it takes until the point becomes clear to the minister of health and to the government of Alberta that this bill is premature, it does not put the best interests of the patient up front, and therefore it's not worthy of further consideration by this Assembly and should be withdrawn.

Mr. Chairman, a few other important observations that I would like to put on record. The Alberta College of Physicians and Surgeons has restricted private facilities to doing day surgery since the first private surgical suites were accredited in the 1980s. It is only because of constant pressure from private interests like HRG that any consideration is being given to accrediting private facilities for overnight stays. There is nothing artificial about a 12-hour recovery limit, as some have argued. Twelve hours is the very outside of necessary recovery time for a day-surgery procedure. The 12-hour limit already exists in the college bylaw. Putting the 12-hour limit in Bill 11, as the subamendment attempts to do, will bring this very flawed legislation – nevertheless, since it's before us, then we must debate it – into line with what is already the practice of the College of Physician and Surgeons.

Make no mistake, Mr. Chairman. The reason for Bill 11 is to allow private facilities to expand into surgeries with a post-operative recovery time of more than 12 hours. With the 12-hour limit gone, the college will face constant pressure from private facility owners, some of whom are college members, to allow more and more complex surgeries to be performed by the private sector. That is the reason, Mr. Chairman, it is important in this bill to do what subamendment SA1, section A proposes to do, and that is, insert this statement which says that the surgeries will not be done except that it "requires a stay by the patient of under 12 hours," thereby banning any facilities from going on to take patients who need surgeries that require many nights' stay in those places.

Another authoritative professional body with a great deal of credibility, the Alberta Medical Association, after having carefully studied all the amendments proposed by the government, has come back and in its letter of April 18 has restated that the position that it has taken with respect to Bill 11 remains. It has not changed its position. In the view of the Alberta Medical Association, a body of physicians, Bill 11 should withdrawn; it doesn't serve any useful and helpful purpose.

To conclude, Mr. Chairman, I just want to bring some ordinary Albertans into the picture as well. What we are hearing from these professional bodies, from these highly reputable and credible social agencies is echoed in the letters to us in the House, letters by ordinary people, including grade 11 or 12 students. Let me just bring the ordinary grassroots Albertans into the picture here in concluding my observations on this bill.

There's a letter from Wayne Sklarski, a constituent of the Premier. In a letter to the Premier dated April 17, Sklarski asked the Premier:

> Honourable [Premier] Klein, Premier of Alberta and MLA for my riding, I would like to voice my opposition to Bill 11, the so called "Health Care Protection Act". I believe that passage of this bill will erode our medical safety net.
>
> As a former U.S. citizen who has fully experienced both systems (i.e., Canadian and American), I can tell you that the U.S. system disenfranchises many people from receiving even the most basic health care; a deplorable state of affairs for the "world's richest nation". In contrast the Canadian system of health care is excellent and available for meeting the needs for all Canadians.
>
> I strongly oppose Bill 11 and feel that it should be withdrawn. Moreover, I feel an election should be called on this matter.

The point Mr. Sklarski is making here is the point being addressed by the subamendment: to give some assurance to Albertans that if this bill passes with these amendments that are being debated now, it'll perhaps help slow down the slippage toward the two-tier American system. That's why I'm speaking in support of subamendment SA1, section A.

Mr. Chairman, would you indicate how many . . . Three more minutes. All right. Thank you.

I just want to read a letter from a young Albertan, 14 years old. The writer says:

> My name is Alise Palk. I am 14 years old, I live in Edson, Alberta. I am in grade 8 and attend Jubilee Junior High School. I have received honors in every subject, every year that I've been in school and like to think that I am a pretty reasonable person.

Then she goes on. I'm just reading some excerpts from it.

10:10

> The majority of Albertans are middle class citizens who can barely afford health care as it is now with all the extra billing. With Bill 11, I am positive that things will undoubtedly decline. This morning before I went to school I was listening to the radio. They were talking about the protests that had been going on at the legislature. Mr. Klein then gave his opinion of the ordeal. It was something like, we are free to protest, disagree, and have our own opinions, but he is also free to govern just because he was elected, and that's what he will do. To me, a 14 year old, it sounded like he was saying that we can do anything and everything in our power to try and get him to see that we do not want Bill 11! But our efforts will be ignored because he is almighty, all powerful so he can't be bothered by what his people think. Oh I probably shouldn't say his people, it might lead him to think that he owns us!

Pretty telling words, Mr. Chairman, from a 14 year old living in Edson, a grade 8 student.

> With all due respect, [she continues] if certain people (meaning you) . . .

Here this letter is now addressed to all of us. I've received it as part of everyone else receiving it.

> . . . do not open your eyes and stand up for Albertans, I doubt you'll be in a position to do so for very long. I am sure that deep down you are all good people, so please do not make the mistake of letting Bill 11 pass. By the way, this letter was not influenced by the opinions of anyone but me, and I took time out of my life to share my opinions with you so I would appreciate it if you would share yours with me.

That's a moving statement by a 14 year old, a young student who is going to spend most of her life in the next century. Mr. Chairman, I say, let's pay attention to it; let's look at the amendment before us seriously and support it.

Thank you.

THE CHAIRMAN: The hon. Member for Livingstone-MacLeod, followed by the hon. Member for Edmonton-Riverview.

MR. COUTTS: Thank you, Mr. Chairman. It's a real pleasure tonight to join in this debate on the subamendment that's put forward by the members opposite on Bill 11, particularly what appears to be the early stages of committee stage before us.

The subamendment that we're dealing with right now would limit stays in an approved surgical facility to less than 12 hours. What I'd like to do is provide a perspective on this subamendment and what the less-than-12-hour stay would mean as it applies to my rural constituency. In doing so, I'd like to make reference back to the comments the hon. Minister of Learning made in this House last Monday night. I'd like to echo some of those comments as well as some of the comments I've heard from some of my colleagues on this side of the House regarding overnight stays and what constitutes an acceptable stay within an approved surgical facility under Bill 11.

The hon. Minister of Learning is a qualified physician, surgeon, and anaesthetist, and the Minister of Learning quite obviously points out that it is difficult and even improper for us to outright limit the length of stays at facilities. He suggests that it should be up to attending physicians to determine on a case-by-case basis what constitutes an appropriate stay in a facility. Any one of us who has been to a public hospital or even a private clinic can tell you very clearly about how they feel following the completion of a procedure. They may tell you that they feel sluggish. They may feel tired, fatigued, and perhaps in some minor discomfort. They may also suggest that they need some time to recuperate, possibly to even sleep or relax and to recover from whatever procedure they just went through.

One of the issues related to health care that my constituents constantly bring up to me is that they feel rushed getting out of a hospital following any procedure that they undergo. I know that I share their feelings on this issue, and I assume the members opposite do.

A couple of contrasts when it comes to a city versus a rural setting. I recently heard from someone here in Edmonton who underwent a procedure where she was put under anesthetic that left her groggy and incoherent for quite some time after. Despite this, she was sent home in a cab shortly after the procedure ended while still having some effect from the anesthetic. She commented that she was very surprised to wake up in her own bed later that day, because she didn't remember leaving the hospital to get into the cab.

Now, I'd like to compare that with a lady from Crowsnest Pass who a week ago last Monday was referred by her doctor to a specialist. That specialist had time and a place in a private surgical facility in Calgary to do the procedure that she required. She got in there, and the procedure was done. This lady traveled two hours and forty-five minutes to get to Calgary. She's a senior; she's a feisty lady. She had the procedure and luckily enough nothing went wrong. However, if something had gone wrong, she would probably have to have been put into a hotel or something like that without any care or any attention and probably made her way back home the following day.

No one knows what can or can't happen when you're dealing with folks who are elderly, and a procedure that might seem quite normal can give them some discomfort. So in a case like that, the private surgical facility could have given my constituent some reassurance and some comfort level that she could be looked after.

A two hour and forty-five minute drive down highway 22 to Blairmore could be a very, very uncomfortable situation for my constituents. So that shows you the need for a safe, well-regulated surgical facility that might have the opportunity to have a stay longer than 12 hours.

Mr. Chairman, doctors and nurses should be able to decide on a case-by-case basis, just as I have pointed out tonight, when it is appropriate to send a patient home. However, the deciding factor on when a person leaves a clinic should be when they feel better, not simply when a doctor or nurse is assured that a person isn't going to take a turn for the worse. If it is after just a few hours, fine, but if someone needs a little more time, a little more sleep, they should not be tied to an arbitrary number that is devised by the politicians and particularly, in the case of this subamendment, the members opposite.

I disagree with members opposite when they suggest that any procedure requiring a stay longer than 12 hours constitutes a major surgical procedure. The College of Physicians and Surgeons will make the determination of what procedures are major and can only be done in a public hospital. This is the way it is now, and it is the way it will continue to be under Bill 11.

10:20

I want to encourage all members to reject the Liberal subamendment and support the original amendment presented by the Minister of Health and Wellness, and on behalf of my rural constituents who need that comfort level, Bill 11 will supply that comfort level for them with the amendments that we have brought forward for Bill 11.

Thank you very much, Mr. Chairman.

THE CHAIRMAN: I'd like to ask the committee if you would agree to briefly revert to Introduction of Guests?

[Unanimous consent granted]

head: Introduction of Guests
(reversion)

MRS. SOETAERT: Thank you very much, Mr. Chairman. I see in the gallery a good friend of mine, Mrs. Ellen Tarvis. She actually taught me when I was in grade 4. I went to school with one of her sons. She's a very good, well-informed community volunteer who often gives me some very sage advice, which I appreciate. I would ask her to please rise and receive the warm welcome of the Assembly.

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

Bill 11
Health Care Protection Act
(continued)

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

MRS. SLOAN: Thank you, Mr. Chairman. Well, it's a privilege to stand and debate the subamendment to the amendments to Bill 11 this evening. I have listened to the majority of comments being made on both sides of the House tonight, and I think that in general they've had everything and nothing to do with the subamendment, which is perhaps fitting, because in a way Bill 11 has everything and nothing to do with the future of our health care system.

Really, the irony of all this is that I find myself sitting here as a health care professional wishing that we could channel the collective wisdom and effort and energies that we're expending in this Chamber this evening and have expended now for several weeks on Bill 11 to developing a collective vision and plan for health care in this province, because truly that is what is needed. That is what the citizens and the electorate that we represent want, I believe, and I believe that is also what the system wants. The problem is that politics, I have come to find, is sometimes more debilitating than facilitating, and there is a huge price that's paid for that, a huge price.

We've heard comments this evening about Alberta being a leader in health care. There is certainly truth to that statement, and there is untruth to that statement. We have been leaders in many areas, including the disabled programs and bringing in programs that at the time in which they were created were more comprehensive for disabled people than existed anywhere else in our nation. We have, however, had a period of time in this province when those same programs were cut and, similarly, a time in this province when our health care system was cut.

The debate – the bill, the amendment, and subamendment SA1 – really has everything and nothing to do with that history, the present or the future. I'm pretty new at this political game, and I've thought about how long the government has been in power in this province. What you come to learn very quickly, Mr. Chairman, is that politics is a lot about, if not completely about, relationships.

In the course of 30 years I am certain that relationships are built that are very strong and loyal and that are trusted tremendously. I've found myself contemplating what I would do if I'd been in politics for a long period of time and the network of relationships that I had built, that I trusted and relied upon, that had supported me through the peaks and valleys of my political career, if those mentors and supporters told me that the only way to reform the public health care system was to introduce private, for-profit delivery. That's a perplexing contemplation for me.

I certainly value the relationships that I have had both prior to and during my political career, and I rely on the judgment and advice of those people tremendously. I'm sure that the minister of health and the Premier have similar relationships, and it is the input that they receive from those relationships upon which they have introduced Bill 11 and the amendments.

I haven't fully finished exploring that thought, but one of the things I have concluded is that we are here today for reasons that are partially my fault and the health care system's fault and the health professionals' fault. Number one, we haven't built relationships that convey the degree of trust and support and wisdom that those recommending Bill 11 to the government have. We have not come up with an alternative to reforming the public health care system or addressing the expenditure side of the equation. We haven't collectively come up with a plan or a vision for the system as health care professionals, as citizens, as a public interested in maintaining and preserving our public health care system. So I have concluded, Mr. Chairman, that there is an onus and a responsibility that perhaps we can take up that torch, if you will, and do something about it.

Nellie McClung once said, "It is so much easier sometimes to sit down and be resigned than to rise up and be indignant." That was a quotation from *In Times Like These*. Her words ring very clearly. I'm amazed. She is a woman that I've acquired quite a degree of respect for even though I obviously didn't know her and she lived in a political time that was very different but also very similar to the time that we're in now. I think there is a lot of truth to her words and a lot of application.

As I indicated earlier, we focused a lot of energy on debating this bill, debating the amendments and subamendment, the terminology of surgical services and insured services, of physicians and dentists, of 12-hour stays and overnight stays. We've gone, I think the hon. minister said, 13-some hours on the amendment at this stage. Probably much to the government's relief there is going to be a day when we will not be debating the subamendment. I'm sure we will all be quite relieved.

10:30

MR. DICKSON: I'm grieving it already. I'm grieving that moment already.

MRS. SLOAN: There are times when I worry about my hon. colleague from Calgary-Buffalo, as he says that he will be grieving when that day comes.

We have to find a more comprehensive way to develop that plan and the solutions that are required in health care.

The debate this evening has also talked about the federal government and the provincial ministers and the discussions, correspondence, communications that have been conveyed with respect to Bill 11 and the issues confronting public health care. One of the things that I've concluded – and I may be incorrect, and I will expect that the minister of health will correct me if I'm wrong – is that Bill 11 really wasn't shared or discussed in any draft form before it was introduced in this House with any of the provincial ministers or the federal minister.

I've been in situations where, perhaps, there's not a lot of trust or there's a degree of competition, so that would lead to some things being withheld. I see it, and I think the public sees that kind of politicking. The public sees that as politicking. Really we're talking about a system that to most Canadians there is nothing more sacred or precious. I think we discredit our profession as politicians when

we go about negotiating or planning or legislating things without communicating those plans or legislation to other parties that will be affected by it. I'm doing my best to not be provoking, Mr. Chairman, but in many respects the lack of communication that occurred with the federal and provincial ministers has also existed in the lack of communication with respect to this bill and its intent with the public.

I spoke in my debate some time earlier about the health summit, and even in my career in the health care system, which is encroaching on 22 years this year, we had a variety of consultations about health care. The Rainbow Report being one, the health care roundtables occurring in the early '90s another. The health summit which occurred in 1999 was probably the last one. What I find difficult to understand is that all of those consultations produced reports. I happen to have only the health summit report with me tonight. I believe that in the health summit report, as an example, there were 30-odd recommendations, quite comprehensive and broad recommendations, Mr. Chairman, but as I refreshed my memory and looked through those, the majority of them have not been acted upon.

I think back to the roundtables, which I participated in as a registered nurse, The Rainbow Report, which our nursing association made submissions to, in addition to making submissions on the community health centre model, alternative proposals for the delivery of care. Where are those proposals and plans? Where is the government's action plan, if you will, in undertaking the public's suggestions and recommendations that have been contained in all of the consultations? It doesn't appear to be publicly available, Mr. Chairman.

It is quite extraordinary to be in the position of being in this Chamber at this point in time and seeing the level of interest and activism that Bill 11 has generated. It's not something, I think, that we will see probably for some time again. I thought it was also kind of an interesting contrast on Monday night when the first spontaneous rally happened here inside the Legislature Building on the same night that the Oilers' game was on, the contrast in interests and priorities, I guess, if you will. Don't get me wrong. Our family has a healthy passion for hockey, so it wasn't like I didn't have an eye on both.

I think what this bill has done has really brought people right down to basics. As I said in the beginning, Bill 11 has everything to do with and nothing to do with reforming the health care system. It has everything to do with, even in a more general sense, the system and respect and integrity of our democracy. I certainly will have a lot more contemplations about this whole process of Bill 11 once we're through and it's a piece of history, some of the extraordinary debates and circumstances that we have witnessed as this debate has proceeded. I'm anticipating my time is up.

The whole 12-hour issue and the comments that have been made about doctors and nurses should be able to decide when a patient goes home – you know, I hate to tell you, but the doctors and nurses' ability to be able to determine when patients go home, Mr. Chairman, has already been constrained and restricted because of the funding limitations that exist in our health care system now. [interjections] I kid you not, government members. I kid you not. Physicians are forced to discharge patients because the bed is needed for the next patient. Whether they are medical or surgical, that has been the case. Listen; I am not feeding you a bogus argument here. If you talk to any practising physician in the urban areas for sure, Calgary and Edmonton, their judgment relative to how long a patient should stay in hospital is constrained by the number of functioning beds and the number of cases waiting in the operating room.

Chairman's Ruling
Decorum

THE CHAIRMAN: The hon. member is saying what she believes. All hon. members are entitled, when it's their turn, to say what they believe, but if we all enter into each other's debate, we'll have babel. That's in a biblical sense. So I wonder if we could continue in the vein that we have for most of the evening, and that is determine what things we're going to say when we have our chance and say them then as opposed to being spontaneous.

The hon. Member for Edmonton-Riverview to continue.

10:40 **Debate Continued**

MRS. SLOAN: Mr. Chairman, if I can characterize the argument, the argument is that physicians should want to have Bill 11 and the accompanying private clinics because then there would be more accessible beds. Well, that argument is not true. Number one, physicians are opposing Bill 11 quite solidly, at least from my reading and my contact with them. [interjections] Let's also acknowledge the fact that . . .

THE CHAIRMAN: Hon. member, we seem to have enlivened one of your own supporters here. Edmonton-Norwood, I wonder if we could try and practise what we were trying to preach on the other side.

MS OLSEN: I apologize, Mr. Chairman.

THE CHAIRMAN: Hopefully, we'll hear you no more until it's your turn to speak.

Sorry, Edmonton-Riverview.

MRS. SLOAN: It should be a lightning rod to government, Mr. Chairman, when physicians say that Bill 11 will not solve the waiting list problem. It should be like a bolt of lightning that they acknowledge and respect. The reality is that the physicians know. They've worked in the system for years. They know how it works. Many of them have gone to the States to take their specialties and have chosen to come back here, and they know, as well, how the private/public system mix works. So with due respect to the government members who say that this is going to solve those problems, that just will not be the case.

As I said in my introductory remarks, I think we would get far further on this debate if government members could look beyond Bill 11 and beyond opposition and focus on the development of a plan that will truly sustain the health care system. Bill 11 amended or not will not do that, Mr. Chairman.

Thank you.

THE CHAIRMAN: The hon. Member for Olds-Didsbury-Three Hills.

MR. MARZ: Thank you very much, Mr. Chairman. It's a pleasure to stand this evening and speak on this subamendment before us tonight. I'd like to start by speaking to the fact that this subamendment would put a 12-hour limit on patient stays in approved surgical facilities, and I'd like to mention that it has been implied that this subamendment could clear up the misunderstandings that Albertans have on the difference between a private surgical facility and a hospital, and I believe we can clear that up right here tonight without this subamendment even being necessary.

Hospitals are for emergencies or major surgeries. Surgical facilities are for procedures that are advantageous to the patient but

not urgent or life threatening. Elective surgical facilities are the focus of Bill 11, not a hospital, not something that provides 24 hours a day emergency service.

Mr. Chairman, it's common sense that a hospital is somewhere to go when you're sick and an elective surgical clinic is not. It's where you go when you need a procedure that's not putting your life in imminent danger, and it's something that should be defined, that can be safely done by and defined by the medical professionals that do this. A 12-hour limit on patient stays is not necessary to differentiate between surgical facilities and hospitals.

Mr. Chairman, the contracting out is already happening in Alberta, and it has for many years. All we're talking about here is the addition of overnight stays. We are regulating surgical clinics in a way we never have before, and yes, we are expanding the scope of what they're doing, but we're regulating how they do it. If this means that we can do things cheaper with the same quality or better quality than a public facility, then we should look at doing that.

I'd like to get back to the gist of this subamendment, the 12-hour cutoff. Whether a length of stay is 12 hours, 18 hours, 24 hours, or whatever, should that be decided by legislators in this House or should it be decided by medical professionals, such as the College of Physicians and Surgeons, or, even more importantly, by the medical professionals that have done the surgery and that are attending to your recovery?

The college should decide this safety factor, Mr. Chairman, and the ability of the facility to offer the services safely and in the best interests of the patient. It makes good sense for patients to be able to have nursing observation and stay in that facility for as long as possible. My colleague from Calgary-Cross previously made the statement that patients that go home too early are patients that get into trouble, and this is very true. I know that if I were to one day be a patient in a surgical facility, I'd definitely not want to be evicted before I totally recovered just because of the 12-hour rule.

I have some personal experience in this. I haven't had to undergo this myself, but I just checked with my family member, and it was back in '95 that I had a family member that underwent spinal surgery for a herniated disk at a major hospital in Calgary. The doctor suspected this would be a seven-day stay, depending on how she reacted to the surgery. Monday she went in for the surgery, and after me going down every day, she called me Thursday night and said: "Don't bother coming down Friday, because the doctor's going to see me and I may be able to get out. I'll phone you if I need you to come." Friday morning she called and said: "The doctor was just in. I can't leave, and I'll be here till Monday."

So I made arrangements to come earlier that evening to visit, stay overnight, and visit again on the Saturday. When I got there at 5 o'clock in the evening, she was sitting in the waiting room with a suitcase beside her and had been there since 10 o'clock in the morning. She was told about an hour after the doctor left that because the other patients were discharged, she was the only one left in the ward, and rather than move her, they were going to discharge her. This had nothing to do with the doctor's orders. It was what she was told by the staff.

Mr. Chairman, this had nothing to do with legislation, and it had nothing to do with policy. It had everything to do with a specific attitude of some people that worked in that facility at that time. As a result, after getting her home, there were some complications, and I had to take her back into a rural hospital, where she spent a number of other days.

So I've got some real experience with a specific time limit that would be superimposed on a patient's stay, and I believe it's totally unacceptable to impose such a time limit based on policy or based on a specific time frame. I believe that the medical professionals, the doctors, are the ones that should decide how long a person stays in care.

Under this subamendment I'm afraid to contemplate what would happen if a patient were to have a complication, and as I stated, these things are not unheard of. I think it's careless to consider that a patient not be allowed to recover past the point of danger in the care of the doctors and nurses that treated her. The people that performed the operation are without a doubt the best people to recover a patient. They know exactly what happened, and they should be there.

Some argue that if a patient's stay is not limited to 12 hours, it could be a major surgery that is performed in surgical clinics. Mr. Chairman, this is simply not true, and section 2 makes this impossible to happen, even as it's amended by the minister of health in the amendment that he introduced, which clarifies it even more so.

To put a 12-hour time limit on procedures is absolutely wrong, and it does nothing to take into account new technologies and procedures that come onstream almost daily. Last week when I got back to my constituency, I contacted my mother-in-law, as all good sons-in-law do, and I asked her for some clarification. She's in her early 80s, and her husband had cataract surgery, which I thought was about 10 or 12 years ago. But after talking to her, she said that it was in 1974, so time does fly. He had one eye done at a time, and he spent four to five days per eye in the Holy Cross hospital, and it was a couple of months between surgeries. So that's just an example of how technology has changed the way we deliver health services in this province.

What was commonly a lengthy stay now can be done in day surgery, but should we limit that day surgery to a specific time frame? I don't believe it's in the patient's best interest to do that. I think every procedure must be looked at individually because we're talking about people and their well-being here. Everyone reacts differently to different procedures. Bill 11, as it is proposed and as the amendments are proposed by the minister of health, allows us to provide individual patients with the care they require.

Mr. Chairman, with that, I'll conclude my remarks by saying that if an overnight stay is warranted, then an overnight stay must be allowed. Thank you.

10:50

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

MR. SAPERS: Thanks, Mr. Chairman. First let me say that if my children are still listening via the Internet, they should go to bed now. I would also like to thank the Member for Olds-Didsbury-Three Hills for his comments. I will in a moment take issue with a couple of them, but I appreciate him participating in the debate and letting us know how he feels about the distinction of a 12-hour stay, plus or minus, or what's major and what's minor. It made me think that there is a fundamental flaw, though, in the argument and this whole discussion we're having on the subamendment in terms of what would require more than a 12-hour stay.

See, we have to have a cutoff somewhere. Even the government's legislation talks about the college developing new bylaws that would determine what's major and what's minor. One of the ways that those decisions are made right now is based on how invasive the surgery is, and one of the aftereffects of major surgery is that the body takes longer to recover from the anesthesia, from the incision, from whatever the procedure was. It's been explained to me that, you know, the deeper you go in and the more you cut out, the longer it takes to recover. So you've got some general distinctions between what might be considered major and minor.

Now, current bylaws, current provisions, part of the current

regulatory framework already calls for this 12-hour distinction. In fact, that 12-hour distinction is referenced in Bill 11 itself. Because we need to have some cutoff, because we have to have some demarcation between what's major and minor, we could do what the Member for Olds-Didsbury-Three Hills was suggesting the Liberals want to do. I suppose we could. We could have legislators sit and list all of those procedures and then say that everything that's on the list is either in or out. Or we could do what I think is much more reasonable – this is where I will agree with the hon. member – and we could leave that medical decision to medical experts: to the physicians, to the college.

There is no way that the subamendment, if it's passed, will take that away from the profession, because what it says is: no procedure that requires more than a 12-hour stay. But the College of Physicians and Surgeons are still going to be required to determine that list of procedures. We're not going to legislate the list of procedures. So if we're going to legislate that it's going to be major or minor, depending on some bylaws that the college will develop, we could just as soon give them the direction that it was only for day surgery purposes.

Now, there are lots of reasons for that, because as technology progresses, we will be able to see miraculous surgeries take place in a matter of minutes that right now take hours. We will see recovery times that right now might be a matter of days become a matter of hours, and there is nothing in this subamendment that would prohibit Albertans from taking full advantage of that technology. You see, the beauty of this subamendment is that it is giving some assurances to the people of Alberta that if they are going to have to go through major surgery – and we will define major surgery as that surgery which at that point in time requires, according to clinical practice guidelines and the best evidence that we've got in medicine, more than a 12-hour stay – it will be done in a full-service public hospital that has trauma and ICU capability and everything else, not in a freestanding clinic.

So this would give assurances to Albertans that the government means what it says when they say now that Bill 11 is just about building some fences – that's the language I've now heard coming from the government – around the existing clinics, those 52 day surgery clinics, those private clinics now.

Now, I don't believe that Bill 11 is just about building these fences. I think Bill 11 is all about expanding the role of the private sector in the provision of surgical services. I think Bill 11 is all about the creation of private hospitals. The government says that they're not private hospitals; they're approved surgical facilities. But, you know, when they used the Shouldice hospital as an example, I think we see clearly what the government has in mind. They would like to see private hospitals, and they want to see the role of these private hospitals expand from the current day surgery utilization. So if the government is now sort of changing its mind and saying, "No, no, no; what the bill is really about is just building fences around these existing clinics," then so be it.

One of the ways we could make sure that this legislation is just about building a fence around the existing clinics is to put in a limitation in terms of recovery time, because none of these existing clinics do any overnight surgery. All of these existing clinics do day surgery, and as the government themselves have put forward, if there is a complication, if there is an issue that comes up in somebody's treatment that requires them to be admitted to hospital, they will be taken to a hospital. They will be admitted. As the Premier has said himself, if something goes wrong at the Gimbel clinic, they call an ambulance, and the ambulance takes them to a hospital. So this whole sort of bogeyman – that if this amendment becomes law, it would mean that people will get kicked out before they've recovered – is really nothing more than that. It's a bogeyman. It doesn't make sense. In fact, it contradicts what the Premier has said himself about how private clinics would handle emergencies or a medical crisis.

It just seems to me that while the argument is presented, it doesn't really make a lot of sense in comparison to how the system operates today, so the government needs to make it very clear. Is Bill 11 now just about building fences around private clinics? If this is the case, then we don't really need Bill 11. We could do some other things within the existing regulations or the existing Alberta Hospitals Act. Or is Bill 11 about expansion of the role of private surgical facilities? Now, if it's about the expansion of private surgical facilities, then I can understand why the government would vote against my colleague's subamendment, because my colleague's subamendment really slams the door on the expansion of private facilities.

So if the government wants to support their new contention that this is about building fences, support the subamendment. If the government wants to say, "No; really what we're saying, Albertans, is that we want the private sector to have an expanded role," then I can understand why they would want to defeat that subamendment.

Now, I've been doing some very interesting reading over the last few days about the ability of the private sector to work in public/private partnerships. There has been lots of research done in North America in terms of government contracting out services, some of it done right here in Alberta as a result of government deregulation and delegation and the creation of delegated administrative organizations. Some of it was done in Ontario. Ontario has an extensive history of privatized child care services, with some of it done in the field of corrections, mostly community corrections, and a little bit of it in terms of institutional corrections. Road maintenance, bridge and dam construction and maintenance: there's been a whole host of research when a government privatizes what used to be a public service.

11:00

This research, I think, is very relevant to today's debate; for example, an article that was published by a researcher by the name of Hurl. The article was titled Privatized Social Service Systems: Lessons from Ontario Children's Services. This article was published in a journal called *Canadian Public Policy*. He found that

> the delegation of governmental authority for decision making and/or task performance to nongovernmental (private sector) organizations contravenes [several] tenets of democratic government by [giving] these private organizations with . . .

what we could only describe as

> . . . public power. Further delegation was thought to create organizations which are [therefore] vested with public authority, carry-out public functions, and spend public funds, yet are able to resist government influence

because they operate at arm's length.

Hurl found that

> the self-interests of non-governmental organizations will therefore ultimately act to confound government efforts at planning.

Now, what he based this on is that these organizations have a survival instinct. They want to keep going, whether they be not-for-profit or for-profit, and because they have this survival instinct, they will work towards ensuring their continuing role in whatever the service provision is, often in contradiction to what existing government policy may be or in opposition to where government may want to take policy in the future.

> The Ontario experience with privatization of children's service systems highlights major problems in the integration, cooperation, and accountability of privatized systems, and illustrates the difficulties of exercising control over [these] service systems [which are now] dependent on the nongovernmental sector.

If we can apply this experience in children's services to what may happen in health care, we can begin to see the dangers.

For example, if all surgery of one type is contracted out in one region and then that contractor decides to make a unilateral change outside of the contract, the ability of the government to react is very much diminished because there has now been a dependency created on that provider. Now, this is not a fantastic or unimaginable circumstance.

Mr. Chairman, I've had the experience of being a contract provider of services to government. I can tell you and maybe the Acting Provincial Treasurer at some point might want to remind you or familiarize you with an experience that we shared regarding young offenders open-custody facilities and the dependency that the government had on provision of open-custody young offender beds on the nongovernment sector. Now, I don't think that dependence worked out poorly for the public interest in Alberta of the day, but I think at the time the then Solicitor General might have voiced a disagreement.

Clearly, when the private sector is in a position where it has a monopoly service, government is at a disadvantage because government typically can't react with the speed that happens in other private-sector to private-sector transactions to those kinds of changes in relationships.

Now, in a paper called The Prison Business: A Literature Review of Privatization In Correctional Institutions, that was done by Jamieson, Beals, Lalonde and Associates in Ottawa, published in April, 1989, they come to the following statement:

> In Canadian and other democratic societies, a major societal value is the idea that the general public (voters) shall hold their elected officials responsible for the actions and omissions of all public sector employees (including both bureaucrats and civil servants). When a public sector function is assigned to a private entity, such as through a contract, there is an inevitable weakening in the lines of political accountability and decision-making capacity.

Now, this loss of accountability is something that I haven't heard the government talk about. If you follow this through, Mr. Chairman, you'll see where my worry is. We have the government of Alberta, and it creates the Department of Health and Wellness. Now, most taxpayers, most voters would assume that if they have an issue with government policy or the delivery of health services, they would be able to get in touch with the minister or maybe the Premier or certainly the executive branch of government and be able to communicate their concern and have it dealt with and resolved.

But what happens right now quite often – and I know this from my own experience in my constituency, and I'm sure, Mr. Chairman, you've had the same experience in your constituency – is that when a constituent comes to you with a concern about medical treatment and you contact the Minister of Health and Wellness, either on the telephone or in writing, the response you receive back is: well, that's very interesting, and thank you for bringing it to my attention, but you should really direct your inquiry to the regional health authority.

Then you take that advice and you contact the regional health authority. Now, what I'm worried about is we've already gone down one notch in terms of accountability, in terms of that direct relationship between those who are governed and those who govern. We've already diminished that relationship by a factor of one. Now, if this bill goes ahead, what we'll see is that the relationship will be diminished even further, because not only will you not be able to go to the Minister of Health and Wellness without him directing you to the regional health authority, but the regional health authority will in turn say: "Don't come knocking on our door. If you have a problem with the XYZ clinic, you have to go to the XYZ clinic. You have to deal with them, because, you see, they're just a contractor that provides services to us. We don't deal with those kinds of complaints."

Now, another concern that I have is the role of the Ombudsman, for example. The Ombudsman does not get involved when it comes to dealing with those who provide contracted services. We don't know what the relationship will be in terms of the Health Facilities Review Committee and what their role will be when it comes to dealing with these contracted services.

You know, when it comes to nailing down accountability – and again I'm sure you've had the same experience, Mr. Chairman, that I've had – often corporations for various reasons, most of them legitimate, will have a variety of legal entities, some would say shells, around them: numbered companies, interrelationships, partnerships, proprietorships, holding companies, and just a whole variety of corporate construction around them. Sometimes that makes it very difficult to pursue any kind of satisfaction when you're looking for either compensation or an explanation or somebody to take responsibility for something when something goes wrong.

Certainly these issues of accountability and the transference of responsibility are serious and significant issues. Again, if we look at the literature, what we will find is that there are many circumstances where the government as an unintended consequence of its privatization has lost the ability to fully account to the taxpayers, to the people who foot the bill, for the provision of services and how those services are ultimately received by the recipients.

So, Mr. Chairman, I think that the government is working very hard to have it both ways. They want Albertans to embrace privatization, the expanded role of privatization, yet they say that they are intolerant of or unwilling to accept in law a limitation that would speak directly to the nature and the quality of the service provided, a limitation that would speak directly to the fears and concerns of Albertans about their ability to know what kind of services they can get and where and under what circumstances, and they are unwilling to entertain an amendment that would make the law, at least on the surface, look like it was paying attention to the experience in other jurisdictions when they have contracted out other public services.

11:10

To conclude my comments, this unwillingness to accept this constructive assistance to Bill 11 leads me to question the government when they say that this is just a bill about building fences so that medicare can be protected. I remain convinced, particularly based on the comments from government members who have urged members of this Assembly to vote against the amendment, that Bill 11 is all about the expansion of private surgical facilities at the expense of support for public hospitals in Alberta.

Thank you.

THE CHAIRMAN: The hon. Member for Calgary-East, followed by the hon. Member for Calgary-Buffalo.

MR. AMERY: Thank you, Mr. Chairman. It's a real pleasure to participate in this debate on the subamendment to Bill 11. This bill, along with the amendment and the subamendment, has received the most debate in the history of this Legislature. I believe that it's about 35 hours and still counting. This bill is a straightforward bill. It's designed to erect fences and place rules and regulations around the existing private facilities that are in existence at the present time, many of which were established under the watch of the former health minister, who happens to be the present Leader of the Opposition.

Mr. Chairman, when I ask my constituents as to whether or not we have private health care facilities at the present time, the answer is no. But when I bring to their attention that all the walk-in clinics, the lab services, the abortion clinics, the eye clinics, and many others that are providing many valuable services and taking a load off our health care system are private clinics, privately owned and operated,

and when I tell them that these clinics perform over 20,000 operations every year at no cost to the patients, they realize that we are doing the right thing.

Bill 11 states very clearly that no person is allowed to pay money for any insured services and that no person is allowed to receive money for any insured services. Mr. Chairman, this is the law. Nobody can pay for and nobody can receive money for any insured services. It's very hard to accept the opposition allegation about the two-tiered health care system or that a stay of less than 12 hours is a one-tiered health care system or that a stay of over 12 hours is a two-tiered health care system.

Mr. Chairman, I lived in a country where a two-tiered health care system exists. The system did not resemble in any way, shape, or form the system that we have in this province. We had the private hospitals, where people went and paid the full shot for all the services, and we had the public system, where people received services and did not pay anything for them. To me this is a two-tiered health care system.

Mr. Chairman, I've heard a lot of mention about the great Tommy Douglas, the father of medicare, and how disappointed he would be if he was alive today. We certainly heard from his daughter and his grandson. Even the great Tommy Douglas, the father of medicare, did not say where an operation should be performed, whether it is performed at an approved or an accredited clinic or at a public hospital, as long as it is paid for by the publicly funded system.

Mr. Chairman, approximately two years ago I went through a gallbladder operation. That operation took only 12 minutes in the operating room, but I had to stay at the hospital for three days due to unexpected delays. To me the operation could have been done at an approved clinic instead of occupying a hospital bed for three days.

Mr. Chairman, I have heard a lot about American doctors and American companies. I am really puzzled here. On one hand, we have the opposition complaining about Canadian doctors moving to the United States because of more money, more opportunities, and less taxes, and on the other hand we hear the opposition tell us we should stop the brain drain and end this migration of our well-qualified doctors to the United States.

The opposition is talking about the American invasion of our health care system. This doesn't make any sense to me. The free trade agreement has been in place for the last 10 years and the North American free trade agreement, NAFTA, has been in place for five years, and we have not seen any evidence that the Americans are moving to Canada in droves to take over our medicare system.

I think what is being done here today and over the last two weeks is only adding to the confusion of the public and planting fear and doubts in people's minds, especially our seniors. Mr. Chairman, it's incumbent upon each member of this Assembly to be honest with his or her constituents and tell them exactly what Bill 11 and this amendment are all about and what this legislation will accomplish and how it will improve our sacred health care system.

The health care system that we are accustomed to as Canadians and as Albertans is what sets us apart from other countries, mainly the United States. Bill 11 will not change our valued health care system. On the contrary, it will enhance it.

Thank you, Mr. Chairman.

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

MR. DICKSON: Thank you very much, Mr. Chairman. You know, there is so much to say. I started out trying to make notes as government members were speaking to this. First, I'm still so overwhelmed with the kind of participation we have seen, and I'd like to pay tribute to every one of those government members who has had the courage to stand up and share with us their views and their opinions. I respect each of them for doing that.

Too often, you know, we go into an election, Mr. Chairman, and we never really know where those government members have stood on the key issues. You might see in a standing vote. It is wonderful to see these members stand up one by one and indicate why they think Bill 11 is a good idea and why a little further erosion of the public health care system is not too prejudicial. I think it's important that we hear those comments, and it's important that Albertans are able to access them.

Mr. Chairman, a couple of concerns in terms of dealing with subamendment A1. The whole business, of course, is the notion of trying to limit overnight stays. I start off by thinking of and referencing a letter that's already been tabled in the Assembly, so I won't be tabling it tonight. It was a letter from the Hon. Allan Rock, Minister of Health, April 7, 2000, to our Minister of Health and Wellness.

You know, he makes the point in this letter – and I'll just quote the one sentence from page 3 of that letter.

MR. JONSON: Read the whole thing, Gary.

MR. DICKSON: I'm delighted to see that the Minister of Health and Wellness is showing that same level of energy we saw earlier when he was getting into debate.

He makes this observation.

> In this respect, the Alberta Government has now proposed a role for private, for-profit facilities that goes beyond what is already in place in other provinces of Canada.

He was referring there, as the Minister of Health and Wellness will remember, to the provinces of Saskatchewan and Ontario. Why? Because Alberta had attempted to make an argument, actually quite a bogus argument, that in fact Bill 11 was no different than what was being done in other provinces.

11:20

You know, I would think that a government might be able to try and get away with that, but not when you've mailed out copies of the bill to households across the country. People look at it, and they can see that there's something qualitatively different in terms of what's being proposed.

The further comment I'd quote from the federal Minister of Health, who says on the same page in that same letter:

> Since the prospect of overnight stays in private, for-profit facilities represents a significant enlargement of private, for-profit delivery of health care services in Canada, and since it may have implications that will be felt in provinces and territories across the country, I suggest that it might be helpful to add a provision to prohibit overnight stays until the full implications for Canada's health care system are understood.

Well, what subamendment SA1 does is attempt to do exactly that, to prohibit overnight stays until the full implications to Canada's health care system are understood.

There is always an advantage in being prepared to be a pioneer; there's an advantage in having the courage to be a pioneer. But to charge blindly down a road that all of the evidence suggests is going to prejudice your health care system is not farsighted. It's not progressive. It's stupidity. This is not an issue of leadership, as sometimes this thing is tarted up and touted to be. It's an inane kind of action that we're going to have to pay the price for for a very long time.

One of the tests I typically use in this House in assessing bills and Legislative initiatives is: what impact is this going to have on my constituents? I've got some good information, Mr. Chairman, on

that. At 11:30 this morning the CRHA held a news conference, and Dr. Kabir Jivraj made a number of announcements. Dr. Jivraj is a former president of the Alberta Medical Association, and he is the chief medical officer for the CRHA. Now, he was the spokesman at this briefing. I know this is old news to the minister of health, but it may be news to some of the Calgary members, in particular the Minister of Government Services and some other members who may be interested in this.

In the course of the presentation by Dr. Jivraj – what was interesting was that he took questions from the media. We shouldn't be surprised, that. Until the intervention of Mr. Roman Cooney, the media guy for the CRHA, most of the questions were about Bill 11. Mr. Chairman, I think one of the most interesting parts of the presentation – and once again I'm confident that the minister of health has seen this. When you go through the budget presentation for the CRHA, you come to an interesting section, and this is Increasing Access to Operating Rooms. In one of the little nuggets in here, which I'm drawn to immediately – and this is directly relevant to SA1, the overnight stays. Now, this is a note in terms of hospital beds in the Calgary region. This is the sentence:

> In 1994/95, when all of Calgary's hospitals and community care facilities were organized under one Region, there were 1,748 staffed hospital beds. Today there are 1,818.

Mr. Chairman, we have added 116,000 new Calgarians, and the CRHA is touting the fact that we have something less than 100 additional hospital beds. If you look at any statistic I've ever seen in terms of number of hospital beds per thousand population, what you find is that in the city of Calgary there has been a dramatic erosion in terms of necessary hospital beds.

In all of those clinics that our friend from Calgary-Cross talked about the other day – remember that long list of services she went through that can be done in outpatient clinics? That does not change the need for an adequate number of hospital beds. I cannot help thinking that much of the impetus for this bill comes from the city of Calgary.

It's interesting that Mr. Dinning was not there answering questions, the gentleman from the provincial government who was sent to the CRHA. In fact, we have a bit of a trade going on. I understand that we have a member of the CRHA board who would like to be the Conservative candidate in Calgary-Buffalo. I see now we have a wonderful two-way exchange. The Legislature sends Mr. Dinning to the CRHA, and the CRHA starts sending board members into the Legislature. What we have is a very nice sort of connection. In case we thought communication wasn't going adequately between the Premier's office and the CRHA, we're going to have some additional lines of communication there. That's real good, Mr. Chairman. When we're dealing with subamendment SA1, it's good to know that the Calgary region is lockstep with the machinations of the Department of Health and Wellness, and whether that person will become the Conservative candidate, whether he'll be successful, is for the voters to determine, but the closeness is interesting.

The other thing that was interesting in the CRHA presentation this morning at 11:30 was your plan in terms of surgical services. Now, I suggest that particularly all the Calgary members in the Assembly, Mr. Chairman, might want to look at page 9 of the CRHA operating plan. This is where we talk about what's going to be done in terms of our operating capability within the CRHA for budget 2000-2001. I won't go through all the detail now because that would probably exceed even the generous terms of relevance that we've set this evening. But I do want to make the point that what's proposed there is that they're going to operate another operating room at the Peter Lougheed centre. They're going to convert a second operating room at the Foothills medical centre.

But you know what this puts me in mind of? When Mr. Dinning was being interviewed in the early days, when we had the private health policy, before we'd seen the bill, I remember Mr. Dinning being asked by reporters: "So you've got this $1 billion budget. How much of it could potentially go out in terms of being spent on these private facilities?" He suggested: well, it might affect like 3 percent of our budget. Three percent. What astute reporters asked Mr. Dinning was: if it's only going to impact 3 percent of your budget, how is it going to make a significant impact in the wait lists, which are chronic and so serious in the city of Calgary, in the Calgary region? No compelling answer. No complete answer.

I see my friend from Calgary-Cross is shuffling her notes. I'm hoping she's going to get up and she's going to maybe have some answers on some of these things, or there may be some other Calgary members who have better information than I do. I'm sorry, Mr. Chairman. I'm doing what you asked us not to. I'm going to focus back on you. I think that's the question. And I'm not going to be looking across either because I just get baited too darn easily.

We've got this problem in the Calgary region, and as a Calgary MLA I'm asking: why wouldn't we go for an amendment like this to make it absolutely clear that we don't need what the government is offering? If, in fact, they want to regulate clinics, which was the original rationale for the bill, then they should embrace this subamendment.

Now, the other comment I wanted to make. It's interesting. We heard a long discussion, page 1043 in *Hansard*, from the Minister of Learning, who reminded us that he is a physician, so I was interested in what he had to say. I had occasion to look at a speech that that minister had delivered. This was a speech that had been delivered when he was the chair of the standing policy committee on health care restructuring to an insight conference in Calgary on March 11, 1996. I was wondering what he'd had to say about this notion that we see subsumed in amendment A1, section A, in March of 1996. He wouldn't have seen the bill. He wouldn't have seen the subamendment, but he was talking about the notion of overnight stays and so on.

The minister in that speech is making fairly inconsistent points. He starts off by talking about: "We need to develop more consistent criteria for what health services are collectively provided through the public purse." He goes on to talk about:

> We often wonder why the federal government and the press focus so much attention on a handful of private clinics in Alberta rather than focusing on the real reform efforts in Alberta.

Well, doesn't that capture it, Mr. Chairman?

11:30

The provincial government is focusing this huge amount of energy and effort on some potential overnight clinics that are not going to make a significant difference, according to Mr. Dinning, the chair of the Calgary regional health authority, because it's a tiny, tiny sliver of the budget of the Calgary region. They're not going to make a big impact there, and it seems to me the Minister of Learning – well, I can't characterize the way he presented his speech because somebody could turn around and accuse me of the same thing. When the minister talked about the merits and the advantages of Bill 11 and why he was opposed to the subamendment, what he was doing was exactly what he accused the federal government of doing on March 11, 1996: we see the government focusing "so much attention on a handful of private clinics in Alberta rather than focusing on the real reform efforts."

You see, what I don't understand is how it can be that the National Forum on Health, that was a federal initiative with leadership from Dr. Moe Watanabe and from Dr. Tom Noseworthy – we have some tremendous experts in this province in the area of health care reform. They have done outstanding work. They did outstanding work for the National Forum on Health. They came out with a report that identified the need in terms of better health information systems.

What did we do in Alberta? We brought in Bill 40. The government's idea of health information was a skewed and distorted version of what was required. We saw recommendations in terms of home care. Mr. Chairman, what I'm attempting to address is the commentary that is available in *Hansard*, pages 1043 and 1044, when the Minister of Learning was speaking. Having staked out a position, he can't then hide – and I know he wouldn't want to hide – behind some argument of relevance when those who come back challenge his arguments. The point I'm making is that the Minister of Learning had made the very argument which those of us now opposing the subamendment would use. In that same speech by the Minister of Learning, he said:

> Canadians deserve a serious discussion of this issue and not political posturing by anyone. Sloganeering has populated the health debate for too long. I hope that this conference can allow for some open debate and does not descend into silly ideological posturing.

Well, you know, if there's anything about the bill that we're being sold, this is ideological posturing, the very thing our Minister of Learning cautioned us against in 1996 about the government's not heeding that advice and then going helter-skelter down this very dangerous road.

The other observation I wanted to make in speaking to the amendment. I've got some more questions about the operating budget for the Calgary regional health authority, but I'll come back to that tomorrow.

The other point I was going to make is this. The Member for Calgary-Fish Creek – I pay particular interest to what my Calgary colleagues say in the House – raised some issues when she was speaking to the subamendment that require refutation. The first one is that she used inaccurate figures about the federal government contribution to health care. She talked about it being 13 percent. The reality is that the federal portion of health care spending in Alberta is in excess of 30 percent. The Member for Calgary-Fish Creek may be accepting the propaganda her government puts out, but if you look at the numbers and look at the information put out by the Institute of Health Information, a reputable independent organization that has no particular axe to grind, those things have all been identified.

THE CHAIRMAN: The hon. Minister of Gaming is rising on a point of order.

Point of Order
Allegations against a Member

MR. SMITH: Thank you, Mr. Chairman. I feel compelled to rise on a point of order under Standing Orders 23(h), (i), and (j). The numbers quoted by this member and the numbers quoted accurately by the Member for Calgary-Fish Creek are evidently in dispute. By declaring that those numbers are false, I think the member is clearly out of line. If he can acknowledge that those figures are in dispute or that his figures are bigger than her figures, that would be acceptable, but to say categorically that these figures are wrong I think is a false assertion on the member's part and should be stated as such.

THE CHAIRMAN: The hon. Member for Calgary-Buffalo on the point of order.

MR. DICKSON: Well, I hadn't heard a point of order, Mr. Chairman, so I was going to carry on with my debate.

THE CHAIRMAN: The member said 23(h), (i), and (j) and proceeded to refer primarily to what I presume is (i).

MR. DICKSON: Well, in fact the Minister of Gaming argues against himself. Mr. Chairman, he actually had me a little worried when he threw out the citation, and I must admit I caught my breath for a moment. But then what he pointed out is that there's a serious disagreement on the facts, and serious disagreement on the facts is what debate is all about. I'm glad he acknowledges that the figures the government propounds and promotes and publicizes are contested, are disputed, are not accepted. It's a really important myth to put to rest, and I thank the Minister of Gaming for clarifying the fact that some of the information that that $8 million budget in the Public Affairs Bureau is distributing . . .

THE CHAIRMAN: Thank you. I think we've heard quite enough from both sides on this point of order.

Firstly, 23(h) says: "makes allegations against another member." I didn't hear that in what he was saying, other than that the figures used were inaccurate, which is a debatable point. The second one, (i), is: "imputes false or unavowed motives." I didn't hear any motives being referred to in the speech, but there was certainly the assertion that the figures were in fact false or unreliable or whatever. [interjection] Whoa, hon. minister, if the chair is speaking, it's bad form.

11:40

MR. SMITH: Mr. Chairman, I feel compelled to apologize for my outburst from my chair, and it was only at the anger of . . .

THE CHAIRMAN: No, no, no. Thank you for the apology.

Hon. members, the third point of order was: "uses abusive or insulting language of a nature likely to create disorder." Obviously, there was something, whether it was abusive or insulting but certainly language that somehow struck a chord in the hon. minister. I think at best it's a point of clarification.

I would ask the hon. Member for Calgary-Buffalo to continue.

Debate Continued

MR. DICKSON: Thanks very much, Mr. Chairman. I appreciate the intervention from the Minister of Gaming, because what it allows us to do is recognize that the entire basis of Bill 11 is built on a series of faulty assumptions, inaccurate information, and in fact when that Public Affairs Bureau with its $8 million budget rolls out the ads and the radio announcements and the myriad kinds of publications they have with their inexhaustible reserves and resources, Albertans are understanding that a lot of that information is just plain wrong, just as they're understanding that the bill is just plain wrong. They remind us of that every day in our e-mails.

You know, the people in Calgary-Varsity that I get a chance to talk to from time to time have seen through the government PR campaign. These are not stupid people, Mr. Chairman. Now, I was going to say there were two exceptions, but no, that's fine.

Thank you very much.

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

MRS. FRITZ: Thank you, Mr. Chairman. Due to the hour – it's a quarter to 12 – I'm just going to make a few very brief comments in regard to the amendment that's on the floor. The reason I've chosen to make these comments is that the Member for Edmonton-Norwood in her debate earlier this evening said she had a very difficult time in connecting the dots. In fact, in that debate she highlighted and commented on the earlier debate I'd made in the House, and still she as unable to connect the dots, so I think we have a responsibility to assist one another in the Legislature with understanding. Having

said that, I'd like to just offer further clarification on what emergency surgery is, what urgent surgery is, and what elective surgery is and how that relates to this amendment.

This is my understanding, Mr. Chairman. It's not been given to me by medical personnel. This is completely my understanding of what these surgeries involve. Emergency surgery is when surgery is done within 24 hours in a public hospital, and there are several classifications under emergency surgery which are universally used by the operating room staff in Calgary. This list, I must emphasize, is priorized by the OR staff. There are six elements to this list. E0: to my understanding would be that it would be very, very high risk, very high need, and an example of that would be gunshot wounds coming into emergency. The hon. Member for Edmonton-Norwood would understand, given her background as a police officer, how high risk that surgery is. The second is E1, surgeries that are necessary to be done within an hour. Third, E2: an example for an E2 emergency surgery would be open fractures. An E6, which is a point 4, Mr. Chairman . . .

THE CHAIRMAN: If we could just maintain that silence for the next few minutes so we can hear the rest of Calgary-Cross's speech, that would be helpful.

Calgary-Cross.

MRS. FRITZ: Thank you, Mr. Chairman. Point 4 in the classification is what we consider to be an E6 surgery, which is done within six hours. An example of that would be an appendectomy, which of course can be upgraded to an E2. An example of an E12 surgery would be if somebody came in with kidney stones. An example of an E24 would be fractured hips. What I'm trying to emphasize for the hon. Member for Edmonton-Norwood is that emergency surgery occurs in a public hospital, and it occurs within 24 hours.

Now, the second classification I discussed earlier in the Legislature is called urgent surgery, and there are two classifications to urgent surgery. The first is when the patient is already in hospital and the surgery is necessary and required within three days. The second classification of urgent surgery is that the patient is outside of hospital and surgery is necessary within two weeks. As I said, Mr. Chairman, this is simply my understanding of emergency and urgent surgery that I'm explaining.

Then we come to elective surgery, Mr. Chairman, which currently can be done in a public hospital or it can be done in a private surgical clinic. This is really important for the hon. Member for Edmonton-Norwood to understand: the priority list and facility for elective surgery is determined by your physician. It's not determined by the OR staff in the public facility. The College of Physicians and Surgeons, which is a public licensing body . . . [interjections]

THE CHAIRMAN: Hon. members, you may disagree about what one nurse thinks and another one thinks, but right now we're listening to the hon. Member for Calgary-Cross if you could only remember to save your comments for later.

MRS. FRITZ: Thank you, Mr. Chairman. I know we've discussed this in the Legislature before, and many members have stated it over and over again, but we'll restate it once again: it is the council of the College of Physicians and Surgeons, which is a public licensing body – and members are welcome to attend the meetings because they are public – that has determined the list of elective surgery that can be performed in a nonhospital medical clinic. As we said earlier, that list can be quite extensive. There are specific types of surgical services, and they are very appropriate for currently operating surgical facilities.

I can tell the hon. member that I can't change the facts. The facts are here. They've been filed in the Legislature. They have been determined by the College of Physicians and Surgeons. There are over 150 minor procedures being performed. They are being performed in 52 surgical clinics in Alberta. Quite frankly, as has often been stated as well, there really aren't government regulations at this point in time for those clinics, which is why this bill is before us.

Now, Mr. Chairman, also in Calgary we have approximately 28 operating rooms – there may be a couple more than 28, but I think it's about 28 operating rooms – outside of hospital which perform minor surgery that was determined by the College of Physicians and Surgeons. I want to go back to: they do not do emergency or urgent surgery; they do elective surgery. Now, the minor surgery that you have in that clinic can still require a general anesthetic, an intravenous, an intramuscular type of pain sedation.

I'm also hoping that in assisting the hon. member to connect the dots – I know that in her debate she said she believed that even if you have your surgery in the late afternoon and your surgery requires a general anesthetic, you should get up and go home. She also believes that if you have a minor complication from your surgery where you don't believe you should go home – for example, if you have nausea or dizziness following your general anesthetic or pain requiring a bit more sedation – you should then get up and go to the hospital.

Well, I happen to disagree, Mr. Chairman. I continue to believe that you should be allowed to stay in a surgical clinic following minor surgery for as long as it takes you to recover. I can also tell you this: on Friday I met with a very experienced OR nurse that I have a great deal of respect for. It was in the hospital, and it was at the OR. I went and just had coffee and met with her about the bill. She did say to me: "Yvonne, you know that when a patient comes in for surgery, it can take place at any time in that 12-hour window. It can take place at the end of the 12-hour window, and you know this. Sometimes all that patient really needs is to stay a little longer and to sleep before they go home." Those are her words, and I agree with her as well on that point.

11:50

Also, Mr. Chairman, I think it's really important for the hon. Member for Edmonton-Norwood to get the letter that was filed in this Legislature earlier today. It's the letter from the president of the AMA, Dr. David Bond. If she would refer to the second page of the letter, it's the third point. I happen to agree with Dr. Bond when he makes this statement. It's a very important statement. It says:

> Regarding overnight stays in private facilities, the AMA's focus is assuring that quality care will be delivered in the appropriate place by the appropriate caregiver, regardless of when or for what hours the care is received.

They couldn't say it any more clearly than that.

Having said that, I would like to say that if the hon. member continues to not connect the dots, I'd be more than willing to meet with her privately or hear her debate this once again in the Assembly.

Having said that, Mr. Chairman, I move that we rise and report progress.

[The voice vote indicated that the motion carried]

[Several members rose calling for a division. The division bell was rung at 11:51 p.m.]

[Ten minutes having elapsed, the committee divided]

[Mr. Tannas in the chair]

For the motion:		
Amery	Evans	Lougheed
Boutilier	Fritz	Marz
Calahasen	Hancock	McFarland
Cao	Herard	Nelson
Cardinal	Jacques	Renner
Clegg	Johnson	Severtson
Coutts	Jonson	Shariff
Doerksen	Klapstein	Tarchuk
Dunford	Langevin	Taylor
Against the motion:		
Blakeman	MacBeth	Sloan
Carlson	Olsen	Smith
Dickson	Sapers	Soetaert
Leibovici		
Totals:	For – 27	Against – 10

[Motion to report progress on Bill 11 carried]

[The Deputy Speaker in the chair]

MR. SHARIFF: Mr. Speaker, the Committee of the Whole has had under consideration a certain bill. The committee reports progress on the following: Bill 11. I wish to table copies of all amendments considered by the Committee of the Whole on this date for the official records of the Assembly.

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

HON. MEMBERS: Agreed.

THE DEPUTY SPEAKER: Opposed? So ordered.

[At 12:05 a.m. on Thursday the Assembly adjourned to 1:30 p.m.]