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The Honourable Kenneth R. Kowalski, Speaker

Legislative Assembly of Alberta

The 27th Legislature

Third Session

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Legislative Assembly of Alberta

7:30 p.m.

Tuesday, November 23, 2010

[Mr. Mitzel in the chair]

Government Bills and Orders Committee of the Whole

The Deputy Chair: I'd like to call the Committee of the Whole to order.

Bill 20 Class Proceedings Amendment Act, 2010

The Deputy Chair: Are there any comments, questions, or amendments to be offered with respect to this bill? The hon. Member for Grande Prairie-Wapiti.

Mr. Drysdale: Thank you, Mr. Chairman. I'm pleased to rise today to speak about Bill 20, the Class Proceedings Amendment Act, 2010. Passed in 2003, the Class Proceedings Act established procedural rules enabling one or more persons to advance an action on behalf of a group of people who have suffered the same or similar wrong. The existing act serves three important purposes: increasing efficiency, improving access to justice, and modifying behaviors.

I would like to take the time today to introduce the House amendments that have been proposed to strengthen this bill.

The Deputy Chair: Hon. member, we'll pause for a moment while the amendment is distributed. Hon. members, this is amendment A1.

Mr. Drysdale: The bill is amended as follows:

- A Section 10 is amended in the proposed section 17.1
 - (a) in subsection (2) by striking out "section 17(1)" and substituting "section 17";
 - (b) in subsection (3) by striking out "to any non-residents".

There have been two proposed amendments to this bill, and I will explain them to provide some context. The Class Proceedings Act sets out procedural rules governing the context of class proceedings. With this bill the government is proposing to replace some of the current procedural rules with new ones. One of the most important changes proposed in Bill 20 is that nonresidents will participate in class proceedings in the same manner as residents. In other words, both residents and nonresidents who meet the criteria to be a member of a class will be considered to be class members unless they decide to opt out of a class proceeding.

Whenever we set out to make procedural changes like this, there is a need to consider when the old rules will apply and when the new rules will apply. The purpose of section 17.1 is to describe how the opting-in provisions in section 17 of the current act will apply to nonresidents once the amendments are brought into force. For example, section 17.1(1) says that if a proceeding is certified as a class proceeding before the amendments are brought into force, the opting-in rule set out in this section of 17(1) of the current act will apply to nonresidents. In other words, when a proceeding is certified before the amendments are in effect, the old rules apply, and nonresidents are required to opt in.

There is currently a problem with section 17.1(1) that we would like to fix. This section says that section 17(1) of the current act will apply to nonresidents if a proceeding is certified before the amendments as part of Bill 20 come into effect. There are other provisions in section 17 that should apply to nonresidents when a proceeding is

certified as a class proceeding before these amendments are brought into force. Fixing this problem is very simple. The problem would be fixed by amending the proposed section 17.1(2) by striking out "17(1)" and substituting "17." This proposed change is necessary so that it is clear that all of the provisions of the current section 17, not just those contained in 17(1), apply to nonresidents when a proceeding is certified as a class proceeding before the amendments are brought into force.

It is important to point out that while section 17.1(2) sets out the general rule, section 17.1(4) provides the court with the authority to order that the new opting-out rules apply to nonresidents even if a proceeding is certified before the amendments are brought into force. Any party may apply for this order, and the court may grant the order if it considers it equitable to do so. This flexibility will give the court the tools it needs so that class proceedings are conducted sensibly and fairly.

An additional amendment for clarification. I would like to introduce a second House amendment, which has been proposed to avoid potential confusion. As I have just explained, section 17.1(2) provides the general rule that opting-in rules contained in the current act apply to nonresidents when a proceeding has been certified as a class proceeding before amendments in Bill 20 are brought into force.

Section 17.1(3) was intended to complete the picture for the reader. This section provides that when an application for certification has been brought before the amendments are brought into force but is not decided, then the opting-out rules will apply to nonresidents. In other words, the new rules will apply to nonresidents when an application for certification is brought before the amendments come into force but is not decided until after the amendments have come into force.

While sections 17.1(2) and (3) were intended to aid interpretation by making it clear which rules apply to nonresidents in different situations, section 17.1(3) as currently drafted may have the opposite effect. The phrase "section 17 of this Act applies to any nonresidents in respect of the proceeding" may lead some readers to wonder whether section 17 of the act as amended applies to anyone other than nonresidents. While it is reasonable to assume the court would conclude that section 17 of the amended act does not apply to everyone, deleting the words "to any non-residents" will remove any doubt.

These two proposed amendments will both clarify and strengthen the current bill.

In conclusion, shifting from an opt-in to an opt-out regime for nonresidents will align Alberta's Class Proceedings Act with legislation in other Canadian jurisdictions. Expanding the requirement for the court approval of a settlement will increase protection for plaintiffs in class proceedings. Mr. Chairman, these changes together with the adoption of criteria to guide the court strengthen the existing act to better reach the goals of increased efficiency, improved access to justice, and behaviour modifications.

Thank you.

The Deputy Chair: Any other members wish to speak? The hon. Member for Calgary-Varsity.

Mr. Chase: Yes. Speaking in support of the amendments, what this amendment does is that it's inclusive. It allows individuals, if they so choose, to opt out but guarantees, whether they're a resident or a nonresident, that they will have equal status in Alberta law. That inclusion is extremely important.

With regard to how it affects Bill 20, the Class Proceedings Amendment Act, 2010, in general, the act is attempting to involve

more people. It's recognizing the need for justice not only to be perceived to be done but to actually be done. My hope is that this will actually occur. The object of the bill, which is being amended by amendment A1, I'm assuming, is defined in situations where a mass wrong has occurred. Class proceedings, often referred to as class-action suits, offer the most efficient means to handle the issue at bar. The primary aim of Bill 20, potentially to be amended by A1, that has just been introduced, is to increase access to justice for claimants that might not otherwise have the ability to bring an action to redress a wrong that has been suffered.

Now, I'd like to just very briefly provide three examples of cases that have been class-action suits that I'm aware of that will hopefully be sped up by this process. I believe it's too late for the pine shakes class-action suit, where the government gave pine shakes made in Alberta equal status to cedar shakes. A number of companies seized the opportunity and went so far as to buy substandard shakes from B.C. Of course, although the pine shakes were approved by the Alberta government, when it turned out that they didn't last very long and caused considerable damage to roofs, there was no redress for the people in the class-action suits because the companies had gone belly up.

7:40

Another class-action suit which is ongoing and that, hopefully, will be helped by this amended legislation is the 40 per cent increase in long-term care costs, where individuals I believe it was in the year 2000 faced this enormous increase in their long-term care costs with no appreciable increase in the degree of services, whether it was the food they received or the care they received in their long-term care.

The most recent case that I'm hoping Bill 20, Class Proceedings Amendment Act, 2010, as we are hoping to amend it will occur is the case that is being put forward by Robert Lee on behalf of numerous children who have been injured or killed while in the care/custody of this government. I am hoping that this legislation brings the type of justice that so far has not been achieved by these individuals.

With that hope and possibly a degree of naïveté I'm supporting this amendment and Bill 20, Class Proceedings Amendment Act, 2010.

The Deputy Chair: Any other hon. members wish to speak?

Are you ready for the question on amendment A1 to Bill 20, the Class Proceedings Amendment Act, 2010?

Hon. Members: Question.

[Motion on amendment A1 carried]

The Deputy Chair: Any questions or comments on the bill as amended?

Hon. Members: Question.

[The clauses of Bill 20 as amended agreed to]

[Title and preamble agreed to]

The Deputy Chair: Shall the bill be reported? Are you agreed?

Hon. Members: Agreed.

The Deputy Chair: Opposed? That's carried.

Bill 28 Electoral Divisions Act

The Deputy Chair: Are there any comments or questions with regard to this bill? The hon. Member for Calgary-Varsity.

Mr. Chase: Thank you. Two items of controversy associated with this bill, the first being that this bill brings into action four new MLAs and the millions of dollars of service necessary to establish those four new constituencies. I want to have it on the record that the Liberal opposition has been opposed to the idea of creating more government in the form of four additional MLAs. We believe that government should be reduced in size as opposed to a growing, all-consuming being.

The second piece of controversy is the idea of naming a constituency after a person who is still living. There's a historic precedent, whether it's a school or whether it's a park or in this case, I would suggest, a constituency, that the honour is usually bestowed after the person has passed away and time has been given to consider and value their contributions. So with regard to the Electoral Divisions Act, Bill 28, there is controversy over the thought of changing Calgary-North Hill to Calgary-Klein.

Previously, in second reading, the member representing currently Calgary-North Hill indicated that he had talked to individuals at an AGM, and he felt, based on that AGM discussion, that people were in favour. I would suggest that when there is controversy associated, more than just a brief sampling is necessary to justify a specific name change. Therefore, I have concerns about Bill 28.

I do believe that every Albertan deserves to be well represented and have the choice of who it is that represents them and what party that individual belongs to. I believe that we can create the same types of efficiencies as we see with wards. I would not say that I would go to the extent of the MP circumstance and their broadness of boundaries, but we could certainly, I think, provide good governance for Albertans without having to go to 87 seats.

Thank you, Mr. Chair.

The Deputy Chair: The hon. Member for Calgary-Currie.

Mr. Taylor: Thank you very much, Mr. Chairman. It is my pleasure to rise and join debate on Bill 28, the Electoral Divisions Act, in committee. I've heard and noted the points made by the Member for Calgary-Varsity. I must say that although I, too, would have preferred that we remain at 83 electoral divisions, this Legislature by majority vote made the decision some months ago to go to 87 seats. The Electoral Boundaries Commission had no choice but to follow that dictate, and they did their work, I think rather well from what I can see.

I'm reminded that somebody said – and I don't remember who it was, some wise political wag – that every 10 years or every two election cycles the Electoral Boundaries Commission tells us all where to go knocking on doors, and then we do it. I'm not going to stand here and complain or debate or even comment on the boundaries as they were drawn, you know, except to say that I think the Electoral Boundaries Commission did rather good work.

In consideration of the motion earlier in this session of the House which included the name change that was proposed for Calgary-North Hill, we missed one, Mr. Chairman, one that I think it's high time that we consider doing and one that I think a significant number of people in this province would like to see done. We have a number of electoral divisions that are named after politicians, former Premiers. We have Calgary-Lougheed. We have Edmonton-Manning. We have Edmonton-Rutherford. We also have used the

names of former mayors of Edmonton and Calgary, two of whom subsequently served in another electoral office, for electoral divisions in those cities. This really is not a new trend.

But we have missed one name, and that would be the name of Grant Notley, who began his political life by participating not with any party that I've ever been associated with, although in my past life I did interview the current leader of that party a few times, the Alberta New Democrats. He began his political life by participating with the Alberta NDP on the U of A campus. He became the party's provincial secretary in 1962, after graduation. He was an unsuccessful candidate in '63 and '67 in the provincial elections and in a '69 by-election. He was elected leader of the Alberta New Democrats in 1968. In the 1971 provincial election he won a seat in the Legislative Assembly as the Member for Spirit River-Fairview and was for 11 years the sole New Democrat MLA in this Legislature. As a result of the 1982 provincial election he was joined by a second NDP MLA, Ray Martin, and became Leader of the Opposition at that time.

Grant Notley was voted as one of the top 10 in the *Calgary Herald* search for Alberta's greatest citizen in 2008, called Best of Alberta. He was seen by many as a visionary. Whether or not you agreed with his politics, just about everybody in Alberta at the time respected him, respected his courage, his particular vision and his willingness to stand up for that vision, and his, if I dare say the word – and this may not be the appropriate word – grit. He fought for the NDP cause his whole life regardless of never winning more than two seats in the Legislature during his 13 years of being an MLA in the Assembly. Don Braid in the *Calgary Herald* wrote, "Notley's enduring reputation is remarkable and even inspiring, a testament to public yearning for integrity, character and honesty in politics."

7:50

Mr. Chair, if I may, I would like to move an amendment, and I will pass this amendment to the pages now and allow them to pass it out to everybody. Then I will formally read it into the record.

The Deputy Chair: Thank you. We'll pause for a moment while the pages distribute the amendment.

Hon. member, please proceed.

Mr. Taylor: Thank you, Mr. Chair. I move that Bill 28, the Electoral Divisions Act, be amended in the schedule by striking out "Dunvegan-Central Peace" and substituting "Dunvegan-Notley (identified as Dunvegan-Central Peace in the DVD referenced in section 3)."

Grant Notley was killed in a plane crash on October 19, 1984. He was on a small plane that went down, killing six passengers. Everyone at the time was plunged into mourning in this province as Albertans by the thousands honoured a man whose flag they would never follow. They honoured him not because of his political stripe but because of the commitment and dedication he had for Albertans and his vision of Alberta.

I think, Mr. Chair, that the regard for an elected official doesn't get any higher than that. The level of respect that we can hope to earn from our constituents does not get any higher than that, so I would like to honour this great Albertan by amending the name of the riding that he represented for so many years. I mentioned that he was the MLA for Spirit River-Fairview. Over the years the boundaries have changed slightly. The name has changed now to Dunvegan-Central Peace, and I am proposing that we change the name now to Dunvegan-Notley.

Now, Mr. Chair, I'm hardly the first one who has done that. According to the Electoral Boundaries Commission there were

several recommendations to the commission to have the name of Dunvegan-Central Peace changed to Dunvegan-Notley. Thirteen per cent of the written submissions to the Electoral Boundaries Commission – 13 per cent, Mr. Chair – were related to including the name "Notley" in a revised name for the Dunvegan-Central Peace electoral division. Quoting from the commission's final report,

there were a number of submissions related to the naming of electoral divisions, far and away the most suggesting that the name "Notley" be included in the name of the Dunvegan-Central Peace electoral division. Only two of these submissions could be identified as arising from that electoral division. One supported the proposal. The other opposed it on the grounds that the current name clearly indicates the location of the division.

That's the end of the quote, although I will come back to the final report here in a second.

Mr. Chair, I'm proposing something in a sense not unlike what the Member for Calgary-North Hill proposed some weeks ago in proposing the change of name of his electoral district to Calgary-Klein. Not everybody favoured that. Not everybody favours this. But the interesting thing is that this notion had broad support and, I would argue, deep support from across the province in that nothing else came close to the number of requests that the commission got to make this name change in Dunvegan-Central Peace.

Going back to the final report again, they wrote:

In considering the submissions proposing the addition of the name "Notley" to Dunvegan-Central Peace, the Commission noted that the Legislative Assembly had not adopted any protocol regarding the naming of electoral divisions. The Commission generally favours the use of geographical names which provide an indication of the location of the electoral division.

So they decided to stick with the name Dunvegan-Central Peace. However, they said that "it has . . . identified in the Issues for Future Consideration section of this report, the advisability of the Legislative Assembly developing a naming protocol for the guidance of future commissions."

Mr. Speaker, it's probably a very good idea that we do that at some point. This amendment is not proposing that we go this far tonight. This amendment is simply proposing that we rename one electoral division that was represented for a number of years by a highly respected politician, a highly respected Albertan by the name of Grant Notley.

Back to the final report of the boundaries commission again:

The submissions suggesting that the name of Grant Notley be included in the name of Dunvegan-Central Peace . . . and other similar suggestions to name electoral divisions after persons, posed a conundrum for the Commission given the lack of guidance for naming electoral divisions. The last Commission used the names of former Mayors of Edmonton and Calgary, two of whom subsequently served in other elected office, for electoral divisions in those cities. Three electoral divisions are currently named after former Premiers.

Mr. Speaker, I mentioned them already. Those are Edmonton-Rutherford, Edmonton-Manning, and Calgary-Lougheed.

The commission was, I guess, in a sense looking for guidance from us on what it would do the next time around, and we haven't really given that guidance to the commission in any kind of formal way yet, Mr. Chair. But in dealing with the motion several weeks ago and in making some name changes there, in a sense we've started down this road, and I would like to continue one more kilometre down the road, if you will, and would strongly urge that this Legislature give what I think is the proper honour and the proper due to this great Albertan. Whether or not you agreed with a single thing he stood for, you had to respect the tenacity with which he stood for those things, and you have to respect his integrity and his character and his commitment and his dedication. Therefore, I

propose that we amend the name of the riding that he represented for so many years, and I hope this House will see fit to support my amendment.

Thank you.

The Deputy Chair: Any other members wish to speak? The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Chairman. It is indeed an interesting amendment, a bit of a surprise from the perspective that I had had discussions with House leaders earlier about whether amendments were coming forward and advised them that we would have amendments coming forward with respect to names when we discussed the motion in the House and, in fact, brought forward the amendments that we had indicated we would have.

That being the case, I think it makes sense that hon. members have a chance to look at this motion, particularly the Member for Dunvegan-Central Peace, and for that reason I would move that we adjourn debate.

[Motion to adjourn debate carried]

8:00

Bill 26
Mines and Minerals (Coalbed Methane)
Amendment Act, 2010

The Deputy Chair: Are there any comments, questions, or amendments to be offered with respect to this bill? The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Thank you very much, Mr. Chair. Obviously, we've had some discussion about this bill already in the House. Sorry. I'm trying to find something here, but I just cannot do it. I'll have to do it later. Oh, is that what I was looking for? Bill 26, Mines and Minerals (Coalbed Methane) Act. Obviously, the issue that we've had with this bill from the get-go is not so much what the government is trying to achieve, which is that we're trying to clear up some of the uncertainty, obviously, surrounding coal-bed gas. In other words, who on a split title – this is where on a title you have someone who is a freehold owner, who owns the minerals, and on that same title you have a separate person that owns the rights to the coal. So you have the split title, with one person or one entity owning the gas and one entity or person owning the coal.

Of course, this didn't used to matter because although people knew that when you mined coal, it would produce as a by-product methane – that's not new – no one knew how to kind of harvest the stuff or produce the stuff. So there's a lot of uncertainty in the law surrounding this issue. It's been litigated, obviously. There's litigation ongoing, and there's been a lot of litigation on this issue. Well, not a ton, but there's been some because we've just come to realize that, you know, there's a heck of a lot of coal-bed methane out there, and it's worth an awful lot of money, although not as much as we hope right now. But it's a valuable commodity, so the question has come as to who owns the rights to this.

Actually, I had the opportunity to work on this case when I was practising law at a law firm in Calgary. It was a situation where at the time we were acting for the gas owners. We came up, and one of the things we had to do was bring in all these experts. They would give this incredibly hypertechnical analysis of whether the gas molecules were attached to the coal or whether they were two separate things and they were just kind of in the same spot or what. The whole point of this was to try to convince the ERCB at the time to recognize this as being purely a gas and therefore owned by the

freehold owner. That went back and forth, and it kind of wove its way through the regulatory body, and there have been a couple of decisions on it. There were some decisions made on it, and there were some court decisions that were made on it, and they've been very fact specific, so they haven't been very clear. There's been no grand pronouncement of who owns the CBM, the coal owner or the freehold owner. Like I said, there's a lot of uncertainty.

Of course, this legislation is an attempt to confirm that the coal gas tenure does not own the coal-bed methane, coal-bed gas rights, which is the same policy that they have in B.C. The implication is that the coal owners will have to pay royalties on the gas if they were to extract their coal, and then their by-product is the coal-bed methane.

Now, here's the issue. There's nothing wrong with creating clarity with regard to ownership. That's a part of our system, and it's an important thing that we want to try to do. The problem is that this has not been done with proper consultation. The issue is that you have a government coming in on a highly technical issue without any real consultation and without any real understanding. I mean, how many of the folks in here honestly understand this issue at all? Not many. Probably none. Like I said, I even worked on this a few years back, and it's already cloudy in my mind, all the technical briefings.

We're being asked to make this huge decision, and if you're going to have a highly technical thing that most lay people aren't going to understand, at least you could have the respect to do proper consultation. The government did a little bit of consultation a few years ago, and what they found out was that people were telling them that, in fact, because it was kind of winding its way through court challenges and court cases, the government should essentially stay out and let the courts decide based on the facts of the case in question.

Now, obviously, the gas owners didn't like that because that meant that they couldn't outright say: we own the gas, and that coal-bed methane belongs to us on the split titles. This was something that they weren't happy with, so they continued to lobby, and now the government is saying: "Okay. Yeah. We're going to recognize you as the owners." Of course, this is an issue because you're essentially taking a right that the coal owners thought that they had and you're saying: "No. You don't have that right. The freehold owner has it, and that's just the way it's going to be. Sorry. No compensation." The act says specifically that there's no compensation for the coal owner. There's nothing. It is what it is. It's just a declaration that this is the way it's going to be. No grandfather clause. Nothing.

There's a huge problem with that, and I want to read an e-mail here from a constituent. There's a split title on which he does not own the gas, but he owns the coal on that split title. I'll just read a small portion of it.

Dear Rob.

I just received a letter from the Minister of Energy . . . He basically side stepped everything I had mentioned regarding Coal Mine Methane and the previous correspondence I've had with the Department of Energy.

He mentioned that I can go back to the ERCB to verify entitlement to produce coal. I have been in contact with the ERCB requesting a preliminary hearing on the entitlement to Coal Mine Methane.

In other words, coal-mine methane, for those of you listening at home and in the gallery – I know this must be a riveting subject for the folks in the gallery – is the methane that's produced when you're mining coal. Okay? It's not total rocket science. That's what it is. So he's been to the ERCB requesting a preliminary hearing on the entitlement to the coal-mine methane.

However in the past they have responded there is no difference between Coalbed methane and Coal mine methane.

Okay. Coal-bed methane is slightly different. It's when you go into a seam of coal and you specifically are going to extract through microfracking and other methods the coal-bed methane from the coal, but you're not actually trying to mine the coal. That's the difference. In one you're mining the coal. The by-product is coal-mine methane. In the other one you're going for the CBM. That's what you're going for, the coal-bed methane, and that's all you're going for.

Okay. They say:

However in the past they have responded there is no difference between Coalbed methane and Coal mine methane in their view and I have yet to hear back from them for the last letters sent. It seems pointless to apply to produce something I don't own or am not entitled to and in the application process they ask you right up front for that information.

I find it very distressing and hurtful that this Minister basically said in his letter he does not care about my little project, this is what we are doing and that is the way it is so [blank] off.

I'm sure the minister didn't actually say that – I sure hope not – in his correspondence, but that's this guy's interpretation of it.

It shows that this man has little interest in the people of Alberta. At least from his letter this is how I feel.

8:10

I can't imagine how this Government extrapolated Ownership of the coalbed methane from the [former] EUB(ERCB) ruling 2007/24 when it was about Entitlement to produce the coalbed methane on certain leases that were under question and ended up in the Court of Alberta. This Bill essentially leaves me with few options for advancement of coal technology and clean coal production as gasifying in place was the best option. They want clean coal . . .

The government does.

. . . but only for the gas industry or major multinational corporations . . . Institutional Investors and the Little guy who throws his few cents into a stock hoping they can make a buck can rest assured their money is safe when they invest in Alberta.

Since the present Government listens to the ERCB and [the ERCB] seem to only speak in Latin, I propose you read this little poem I wrote to them perhaps they will get the gist of Political elitism. If I wanted to live in a communist country where historical property rights can be just deleted on a whim I would move to China.

Regards,

my constituent, who I won't name.

This is the poem he writes.

Truth Conquers all
Dare to be wise Dare to be wise
Truth conquers all
According to art or rule
To Science
The case is not clear, not proven
Mark well
No one assails Science with impunity

I'm reading this from my constituent, and it goes on. It's all in Latin, and then he's got the English version. It doesn't make as much sense when you read it as a poem because it doesn't rhyme, and I need rhyme in my life. But as you can see, this is a very frustrated individual. [interjection] I'm a rhymers. That's right.

Obviously, this constituent of mine feels very much like his rights of ownership have been attacked. They've been taken away from him without any compensation and without any sort of warning, frankly. The government has just imposed itself. I just don't understand why. It just does not make sense to me. A government does a consultation process. The product of the consultation process

is: stay out of it; let it wend its way through the courts and the regulatory process, yada, yada, yada. Then a couple of years later the government says: "Oh, sorry. We're going to change the rules with Bill 26, and you're out of luck, okay? We've got to change the rules, so here we go. This is who owns the coal-bed methane. Period." Out of luck, no questions asked, no compensation, nothing. That's just not the way to go. It's not a way to govern, in my view.

The other thing is this question of in situ gasification from coal. He refers to it, too. There's just not enough clarity around it. Some of the thoughts that we've had here from people as we've met with them – and we've been taking notes. Here are a couple of things that they're saying.

This government is rushing through the legislation for this bill after spending tens of millions of dollars creating coal gasification projects which will be stuck in limbo as ownership of the value-added syn-gas is worked through the justice system. That's one question they have, and I would like to hear from the Minister of Energy or somebody over there that understands. Well, there's a former Minister of Energy over there that maybe can talk about these questions and just give me the clarification. I mean, he was in that portfolio for two years or more than that. Perhaps he can give us some clarification on these questions.

The second one. In situ gasification from coal is not clarified. The naturally pooled gas may belong to gas tenure, but the value-added from coal gasification is not recognized in the bill.

Among the conflicts between gas and coal owners that will arise, the crippling of an in situ gasification project seems to have the greatest potential impact. Does the government know all the ramifications of this when it comes to coal owners wanting to liquefy or gasify coal seams when they don't own the gas already sitting in it? Again, there's some confusion there. If they go and mine it, what are their obligations? What is the plus side of retrieving that gas for the coal owners?

This is the third point. Industry people suggest that pulling out CBM and in situ gasification cannot co-exist. CBM requires dewatering of seams, and in situ usually uses water. Also, the fracking and tapping of a seam for CBM can jeopardize the seal required for gasification. When that happens, there is then the degradation of the coal. We just don't know how this affects the new technology being put together for in situ gasification, which the government is very supportive of. Again, some uncertainty in how using this method will affect the rights of the coal owners.

Four. Without clarification of value-added processes and rushing this bill through legislation, Albertans will be losing a great opportunity with a fuel resource that has opportunities similar to the oil sands. This fact has been reaffirmed many times by the government, yet they seem to have forgotten this in their haste to ram this through.

According to this government

clean coal has a big role to play in Alberta's energy future. The coal beneath our feet contains twice the energy of Alberta's conventional crude, natural gas, and bitumen, combined. To make the most of this massive resource, we'll need to use the same Alberta ingenuity that turned the oil sands into a source of long-term prosperity.

Now, he was talking about the combination of coal and coal-bed methane. They feel that this law will severely harm the ability of these entrepreneurs, these coal owners on split title, to make the most of it by splitting the rights and setting the owners against one another.

Currently the only method this government is actively pursuing towards clean coal is the hugely expensive, unproven, and ineffective carbon capture and storage project, and of course we'll talk about that more when we get to Bill 24.

In any event, those are some of the issues of some of the coal

owners who own some of these coal rights on split title. Now, the Wildrose is not taking sides on this issue. We're not saying that the coal guys are right or that the gas guys are right. We're just saying that both have very legitimate arguments. It's a very complicated issue, so before we go headfirst and take away or at least be perceived to be taking away someone's property rights and ability and the potential of being able to develop a resource that they feel is important to them and to their future, we should do the proper consultation.

We should bring in the coal owners, we should bring in all the stakeholders and the freehold owners and some scientists and get a grasp on what we're talking about here. Maybe let's talk with these folks and see if there's anything we can do to make sure that the coal owners are properly compensated for the fact that they are not going to have the resource that they thought they were going to have. Or maybe we use some kind of grandfathering clause to give them time to develop the resource as much as they can, and then at the end of 10 years it goes into effect, 10, 20 years or whatever. The point is that we can bring certainty, but let's figure out what the right way to do it is rather than just ramming it through.

It's almost like this bill – I mean, it's about the thinness of a napkin – was created on the back of a napkin. There has not been any consultation going into this. With the new royalty framework we saw what happens when government doesn't consult first. When they don't consult first, there are all kinds of unintended consequences. There are all kinds of things that happen that the government surely didn't plan for. They didn't plan to put the oil and gas industry into the tank and cost thousands of Albertans their jobs, but they did it. Why did they do it? Is it because they hate Albertans? Obviously not. It's because they went ahead, they plowed ahead, and they did not do the proper consultation first.

We see it with the health superboard. They plow ahead; they centralize it all in a big board. It was almost instantaneous. It happened in, like, a few weeks. The former minister of health put that together. One of the reasons we see all of the massive problems – the ER crisis, the awful things that are happening in our health care system right now – is the lack of consultation before they acted. You see, if the government had consulted nurses and if they had consulted doctors and front-line staff and done the proper consultation, they could have identified some of the problems that would have happened with a large, massive, centralized, Soviet-style bureaucracy. It doesn't work. So let's do the consultation.

8:20

The Deputy Chair: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Chairman. Interesting comments, but the fact of the matter is that there has been discussion about the contents of Bill 26 for many, many years in this province, and it's long past the time when we need to move to deal with the issue of the private ownership rights of individuals in this province.

However, Mr. Chairman, it is important to clarify one section of the bill, so I would like to move on behalf of the bill's sponsor an amendment to Bill 26, which I believe you have at table for circulation.

The Deputy Chair: Hon. member, it hasn't been circulated yet. We'll pause for a moment, and then we'll circulate it. Then you can proceed. This is amendment A1.

Hon. member, please continue.

Mr. Hancock: Thank you, Mr. Chairman. This amendment would essentially amend section 2 of the bill, referencing the new section

10.1, by striking out subsection (2) and substituting the following:

(2) Subsection (1) does not affect any conveyance, agreement, agreement for sale, lease, joint venture or any other contract that specifically grants, leases, excludes, excepts or reserves rights in land in respect of coalbed methane and that was entered into before the coming into force of this section by

- (a) the owner of the title to the natural gas in the land, or any person holding natural gas rights through that owner, and
- (b) the owner of the title to coal in the land, or any person holding coal rights through that owner.

Mr. Chairman, the purpose of this amendment is to clarify that subsection and clarify the fact that because this issue has been extant in Alberta for some considerable period of time, there are, in fact, agreements in place between land owners, title owners, and it must be clear that those agreements that were entered into by owners in full knowledge of their situation should be respected and adhered to. That would be the nature of it. It's a minor yet important amendment to the bill.

The Deputy Chair: The hon. Member for Calgary-Fish Creek.

Mrs. Forsyth: Well, thank you, Mr. Chair. I'm pleased to stand up and speak on the amendment. I think we were calling it A1, weren't we?

The Deputy Speaker: Amendment A1. Yes, it is.

Mrs. Forsyth: I'm somewhat taken aback by this because the government has always said that they have it right, yet they have it wrong. Here we are with a piece of legislation coming forward, and they have supposedly consulted. They've talked to all of the people that are involved in the area. The bill was tabled in the Legislature probably about a month ago. I would hope that when they were doing this in their consulting process and in discussions with the legal people, they had it right. Now all of a sudden on our desk appears an amendment called A1.

Quite frankly, this is just one of many. We've got Bill 29, our Alberta Parks Act. Same thing. Received hundreds and hundreds and hundreds of e-mails on this particular piece of legislation. They were told they were consulted, as this minister has said. Hopefully, maybe the government is listening on that particular piece of legislation. Maybe then we will get some amendments on Bill 29 that will appease Albertans out there that are so upset on that.

Unlike my colleagues from Calgary-Glenmore and Airdrie-Chestermere, who've been following this issue over the last few years, I'm really still trying to learn just what this whole issue is about. It's deep, and it's complicated. I have tried to spend as much time as I can learning about this particular issue.

I've mentioned many times in the Legislature that we're a party of four. We have two researchers, a limited budget, limited time, so we spend a lot of time working, trying to learn these issues, talking to Albertans, talking to people that we consider the experts in the field. That's, you know, the freeholders, the coal owners.

Let me first of all say that our party strongly supports the property rights of freeholders in Alberta and will continue to do so. I also recognize that there are some legal precedents that suggest that the freeholders have a strong claim to the coal-bed methane, and I do not want anything I'm saying here to suggest otherwise. But what I strongly oppose is the way this government is ramming this decision through the House in contradiction of their own stakeholders' consultation in a way that circumvents a court case and in a way that might affect the development of new clean-coal technologies, and that hearkens back to amendment A1.

My colleague from Airdrie-Chestermere indicated earlier that he

suspects – and I suspect – that many of the members in this House are new to the split-title leases and the implications for coal-bed methane. I can tell you that I am. Yet we are here being asked to decide a controversial issue with a long history, an issue winding its way through the courts, with a trial date coming this winter, and we're asked to declare that not only is one side entirely right but to declare that it has always been right. I'm not comfortable with that, Mr. Chair, and I don't think anyone here should be either.

I think we should have much more debate and information presented on the history and the implications of this bill and, quite frankly, on this amendment A1. I just don't see why we can't table the bill – it makes it even more important after we have an amendment before us – and see if the courts come up with an acceptable compromise or at least take some additional time to consider the implications of the bill and, quite frankly, the amendment. I'd also like a clear explanation of why we are circumventing the court.

I think it's important that I put on record some of the questions I have not only about this bill but now, Mr. Chair, about this amendment and that I think everyone should be asking before blindly supporting the bill and supporting the amendment simply because the minister tells us that it's straightforward and that it'll make things easier.

Mr. Chair, the first question I have I need to ask because this amendment is very relevant to the court case. I'm sure the minister will tell us that this very clear piece of legislation, Bill 26 – and it's not so clear anymore because now we have an amendment – will resolve any disputes by declaring all coal-bed methane to have the same status as natural gas. Now, the problem is that clear laws are sometimes too clear; that is, they lose the ability to be fair in the real world, a place where things sometimes aren't so clear. The problem I've been made aware of is that this latest, most practical and even greenest way to use the deeper coal seams in the province is to liquefy or to gasify the coal.

The Minister of Education has tabled this amendment. I'm trying to read what the bill says. His amendment is, as he said, to clarify:

- (a) the owner of the title to the natural gas in the land, or any person holding natural gas rights through that owner, and
- (b) the owner of the title to coal in the land, or any person holding coal rights through that owner.

My colleague has actually talked about the split-title leases, and I'm imagining what this amendment is doing is trying to clarify that split-title lease.

8:30

I guess for us it's important for the minister to clarify exactly what he's trying to get to on this particular amendment. Mr. Chair, quite frankly, we are getting tons of correspondence on this, tons of people that, again, challenge the minister. He alluded to this when he tabled this amendment. The minister has publicly stated that the government consulted with stakeholders. Well, we've heard that before. We're hearing that on Bill 29. We're hearing that on Bill 17.

The consultation that the minister refers to is the final report of the freehold oil and gas issue and the stakeholders' consultation dated March 6, 2009, that recommended – and this is important because this goes back to the consultation process that the minister said has been done over and over again. It clearly said not to legislate anything. So in my mind not only does it talk about legislation, but it talks about the amendments that the House leader has just tabled, and it says clearly in this: "Do not legislate the ownership of CBM in split-title situations; wait for the results of the court cases and support improved negotiations through improved knowledge and understanding." Bill 26 would do just that against the express recommendations of the group established by the government itself.

That goes back to the amendment and trying to again usurp the

court process, which has clearly been asked by the stakeholders in the stakeholder process that was in place. I am going to look forward to some comments from my colleagues, and I'm especially going to look forward to some of my colleagues that are being affected by this. I know the Member for West Yellowhead has an interest in this, and it will be interesting to hear him get up and debate this particular piece of legislation. I can tell you, Mr. Chair, that we're hearing from the companies in his riding, and we're also hearing from constituents in his riding that are very, very upset with Bill 26. I imagine that once they see the amendment, it'll be interesting to see what they have to say about this amendment.

Quite frankly, I'm trying to understand how the amendment that the House leader has tabled in the Legislature actually deals with the issues in regard to what we're hearing from the people that are affected by this piece of legislation and the emphasis that they have continually said in regard to letting the courts make the decision. As I indicated before, we strongly support the property rights of the freeholders in Alberta, and we'll continue to do so. I also recognize that there are legal precedents that suggest that the freeholders have a strong claim to the coal-bed methane and do not want anything I'm saying here to suggest otherwise.

Our role in government is to listen to what Albertans are telling us. We have done that. We have no problem with the minister hoisting this piece of legislation. Hopefully, he'll stand up and do the same thing on the Parks Act because we've been again inundated with correspondence from Albertans on that particular piece of legislation. It always seems to be that control. You know, when you give a minister control of anything, you should start worrying about what they're going to change.

Mr. Chair, with those few words I'm going to sit down, and I'm going to hopefully hear from some of the government members on what they have to say on Bill 26, the Mines and Minerals (Coalbed Methane) Amendment Act, and the amendment that the House leader has tabled, that you've indicated is A1.

The Deputy Chair: Any other members who wish to speak? The hon. Member for Calgary-Varsity.

Mr. Chase: Thank you. Very quickly, this amendment A1 provides clarification. It basically grandfatheres the rights of individuals who own the property, whether they're freehold or whether they're owned by companies. It allows for a transition. It protects those people who negotiated in good faith and allows for new laws to take place.

Where I have a concern in terms of when grandfathering is good and when grandfathering is not necessarily the way to go – and it's related to this type of transitioning – is the first in time, first in right that is applied, for example, to water rights or timber rights. I do not believe that water should be considered a commodity sold to the highest bidder. I believe that water should be considered a public right. It's going to become increasingly complex, whether we use grandfathering or some other form of respecting historical right when it comes to water allowances.

The Deputy Chair: Hon. member, we're talking to the amendment here, please.

Mr. Chase: Yes. Specifically, this amendment is a grandfathering amendment.

The Deputy Chair: But for natural gas.

Mr. Chase: Pardon?

The Deputy Chair: For coal-bed methane.

Mr. Chase: Yes. For coal-bed methane gas.

My hope is that this would potentially, Mr. Chair, serve as a template for further agreements in terms of declaring what is historically acceptable and at what point we need to transition. This is why I am supporting it, because it provides clarification. Hopefully, it will have some applicability to other circumstances such as water, such as timber if we can use this as a template.

The Deputy Chair: The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Thank you very much. I'll speak to the bill, and I'll say to the hon. House leader that I will be supporting this amendment. It's a very, very, very small step towards at least improving the bill if we're going to pass a bill today. I will be voting against the bill in its entirety, but if we can make it less destructive, that's good.

This is a section that obviously is – I don't know if it's really changing what's in the bill, but it's essentially making very clear that any conveyance, agreement, agreement for sale, lease, joint venture or any other contract that specifically grants, leases, excludes, excepts or reserves rights in land in respect of coalbed methane and that was entered into before the coming into force of the section by

- (a) the owner of the title to natural gas in the land, or any person holding natural gas rights through that owner, and . . .

And this is the new part, or one of the new parts:

- (b) the owner of the title to coal in the land, or any person holding coal rights through that owner.

I think that this is good. It changes the act in that it makes it clearer that we're not going to disrupt anything that's happened in the past with regard to conveyancing of different leases and joint ventures and things like that.

The real key here is actually the joint venture or other contract, but specifically it's joint venture. Again, this might be an issue here. Depends if you can prove it, but if there's been a joint venture and an agreement made with regard to a coal owner having the ability or if there's a contractor agreement that they'll be able to mine their coal over a certain period of time, this should protect certain amounts of the owners from there being maybe some legal disputes that come up where there was an agreement in place and then the person in the contract or the freeholder owner says: hey, sorry buddy; I know we had that agreement, but it says I now own the rights, so too bad. So this would kind of take away some of that uncertainty, and that's good. That's a good start.

Again, it doesn't go far enough in that it clearly does not go to the root of the problem, which is that there hasn't been any consultation. So it doesn't change the fact that we're still ramming through a bill, and we're ramming through this amendment. We're doing our business here without doing proper consultation.

8:40

So I will absolutely be bringing forward an amendment. Not right now, but I will bring it in third reading as a hoist amendment to put this into committee. I really do hope that the members opposite will consider that and that we do a proper job of consultation here and make sure that we get this bill right. I will support this amendment so that just in case the government sees fit to drive and hammer this thing through, we can at least do a little less damage by passing this amendment.

The Deputy Chair: The hon. Member for Lacombe-Ponoka.

Mr. Prins: Thank you very much, Mr. Chairman. I'd like to

comment briefly on the amendment to the bill as well. I think the amendment does bring some clarity to some agreements that have been made between different stakeholders, probably corporations that maybe own coal or have leases or rights in coal or developing gas. I think some of those stakeholders have probably entered into agreements that are not completely clear. Maybe their lawyers weren't working for them properly when they were entering into these agreements, and maybe they were under a different understanding. I think the amendment now will protect some of those stakeholders, so I would support the amendment and ask all members to support it.

The bill itself, the Mines and Minerals (Coalbed Methane) Act, 2010 . . .

The Deputy Chair: We're only speaking to the amendment.

Mr. Prins: Okay. I'll just leave that. As for the amendment, I think it's a very good amendment, and we need to do this.

The Deputy Chair: The hon. Member for Edmonton-Gold Bar.

Mr. MacDonald: Yes. Thank you very much, Mr. Chairman. Certainly, as I've been listening to the debate this evening, I'm quite surprised that after the comment from the hon. Government House Leader regarding the amendment that's proposed by the hon. Member for Calgary-Currie, complaining about the lack of notice of his amendment, he would provide this amendment to the House with no notice.

Also, in regards to the hon. Government House Leader, the Member for Edmonton-Whitemud, I would have to say this: the less the hon. member states, the more suspicious I become, Mr. Chairman. His rather short introduction of this bill left me with many questions, as did the remarks from the hon. Member for Lacombe-Ponoka. I would certainly like to hear from the hon. Member for Lacombe-Ponoka again about how specifically this amendment – and I believe it's A1, or the EnCana amendment as I would call it – will protect resource owners regarding the question of their coal or their coal-bed methane or their natural gas and the arrangements or the agreements that have been made in the past.

Now, certainly, I would like to know before I vote on this amendment, Mr. Chairman, about the Freehold Petroleum & Natural Gas Owners Association of Alberta and whether or not they have been consulted regarding this amendment. The hon. member spoke about corporations, I believe, and the consultation process to reach out to these individual corporations to satisfy their interest in this bill. But what about the Freehold Petroleum & Natural Gas Owners Association?

It has been stated in this House previously that 10 per cent of the mineral rights in Alberta, or over 6.4 million hectares, are privately owned. The freeholders estimate that there are between 40,000 and 50,000 individual owners of freehold mineral rights in Alberta, with about 40 per cent of their members holding title or split-title mineral rights; that is, all mines and minerals except coal or all mines and minerals except coal and petroleum.

This is a very, very important issue, as we all know. There was quite an interesting gathering for a public debate on this matter – and I spoke about this earlier, Mr. Chairman – at a church west of Red Deer, just as you're going south on Highway 2. In fact, you'd be surprised to know that so many of your members were there, your government caucus could have held a caucus meeting in the parking lot.

Mr. Vandermeer: Where was this?

Mr. MacDonald: This was at a church west of Red Deer as you go south on highway 2, or the Queen Elizabeth highway.

There was significant interest. The leader of the Wildrose Alliance was there. The leader of the New Democrats was there. The hon. Member for Whitecourt-Ste. Anne was representing the government caucus. There were both cabinet members and government members in attendance at this meeting, Mr. Chairman, and that's testament to how important these freehold rights are to Alberta landowners, particularly the grandsons and granddaughters or great-grandsons and great-granddaughters of our pioneers in central Alberta.

They have a lot of interest in this, and that's why I need to know what consultation has been done with that group in regard to this amendment. I would like to be given an opportunity to consult with them to see how they feel about this because this is more than an innocent little change, from what I can understand. Again, the less the government is saying about something, the more suspicious we all should be, Mr. Chairman. That was interesting.

However, regarding this bill, we would be certainly making some changes about one provision contained in any conveyance. We're deleting that, and we're changing it to: "does not affect any conveyance, agreement." Now, I find that interesting, but what I find most interesting is the new section (2)(b): "the owner of the title to coal in the land, or any person holding coal rights through that owner."

Through this amendment we have seen or someone has suggested that it's necessary to delete the following: "that specifically grants rights in respect of coalbed methane to." We're going to get rid of that, and at the conclusion of that, we're getting rid of "of the title to the coal."

Why is it necessary to suddenly have this change? Whose interests are being served? Whose financial interests are being met and why? We've had this discussion. Certainly, there has been a need for this clarification. There has certainly been need, I believe, since 2003, when the original changes were brought into this House by the hon. Member for Calgary-Bow. I think this is more than a minor amendment. This is more than a housekeeping amendment. Certainly, until my questions are answered, I would be very reluctant to support this amendment as proposed by the hon. Member for Edmonton-Whitemud.

Thank you.

The Deputy Chair: Any other members wish to speak?

Seeing none, I will call the question on the amendment.

[Motion on amendment A1 carried]

The Deputy Chair: We are back to Bill 26 as amended. Any other members wish to speak? The hon. Member for Edmonton-Strathcona.

Ms Notley: Thank you, Mr. Chair. I'm pleased to be able to rise to speak to this bill, Bill 26, the Mines and Minerals (Coalbed Methane) Amendment Act, 2010. I think the Member for Calgary-Fish Creek in many ways articulated some of my original impressions of this bill in that it's very complex and that there are a number of very strong and complex interests that are being considered. Thank you very much, Member.

The analysis of the implications of this is not a simple matter, and this is not an area that I am the critic for. Even though I do have 13 critic areas, this one really is not one of my critic areas, so I'm not able to bring to bear that tremendous level of expertise that I'm able to always bring to my other 13 critic areas. Of course, I say that with tongue in cheek.

8:50

You know, it's interesting. Of course, the government says that the reason for pursuing this bill is because it will enhance and facilitate increased and faster development of coal-bed methane. However, one party, one of the stakeholder groups, actually suggests that, no, this bill will delay development of coal-bed methane, and that's used as a reason to not support it.

I'm in a bit of a conflicted position because in one sense I think that one of the things we've not dealt with yet adequately in this province is developing an adequate environmental regime to govern the development of coal-bed methane in our province, and we've not developed an adequate system of monitoring the implications of this development. I am somewhat concerned about any bill that purports to fuel an increased speed of development. I think that, you know, we don't currently have jobs resting on this, so we have the privilege of being able to take the time to ensure that what we do is done responsibly, with a view to preserving and protecting our long-term environmental interests.

Anyway, it's interesting because some would say that this act will actually slow things down and that perhaps for completely different reasons I should be supporting the act. However, I think others will argue and certainly the government itself argues that the act is designed to speed up development, so that is a concern for me.

On the flip side, though, there is no question that there is a long history in this province of the freehold mineral rights' owners not having their rights properly represented by this government and feeling somewhat frustrated with their inability to have their rights asserted and reflected in a way that allows them to develop their property at a level that gives them the same kind of benefits that larger industry would have.

In that sense, there's sort of a sense of fairness that, you know, we're defining the issue and handing over ownership to a much larger group of individual Albertans who reside in Alberta. From that perspective it's difficult to disagree with that outcome because we're all for ensuring that actual residents of Alberta get the benefit of our resource development as opposed to the shareholders in multinational oil companies, who really have very little vested interest in the future of our province. From that perspective we do support the bill and support that aspect of the decision that is reflected in the bill.

I, too, have concerns, though, because I've seen in the past this government sort of bring forward legislation asserting that it will clarify the process, only for us to discover that if you look at the legislation in a bit more detail, really it's not going to clarify the process, and what it's going to do is give a whole bunch of lawyers a lot more work. It may well be the case that that's what's going to come from this. I guess that remains to be seen.

Ultimately, I think the most important piece that I want to be able to put on the record with respect to this particular piece of legislation, once again, is the really profound need for this government to take seriously the much greater threat to the environment that can be posed by an unmonitored system of coal-bed methane development and the fact that there needs to be an adequate investment in environmental protection to match the rate of development that the government purports to be enabling through this piece of legislation. In failing to do that, this will end up being a net loss at the end of the day for all Albertans and even for those freehold mineral rights owners.

I certainly would like to see the government move forward quite aggressively to enhance the environmental protection resources in line with this development and also to more openly and responsibly respond to concerns that are articulated by Albertans, who already raise environmental concerns around the mining of coal-bed

methane. We need to ensure that those voices are heard because those are the people that live here, those are the people that raise their children here, and those are the people that will be here, presumably, when this particular little gold rush is completed.

Those will be the extent of my comments this evening. Thank you.

The Deputy Chair: The hon. Member for Calgary-Varsity.

Mr. Chase: Thank you very much, and I'll be very quick. When I first at second reading spoke to Bill 26, the Mines and Minerals (Coalbed Methane) Amendment Act, 2010, I used the term "a gift horse," the analogy being that you don't look a gift horse in the mouth. In other words, you have to recognize the values and the possible problems associated with the horse, or in this case coal-bed methane. It's very important, Mr. Chair, that we don't fall into the same trap, that we learn from the experiences that occurred with regard to coal-bed methane fracking in Wyoming and New Mexico, that severely poisoned large underground aquifers.

Water protection in Bill 26 has to come first. I've travelled with either the Member for Edmonton-Gold Bar or the Member for Calgary-Mountain View to Nanton, Wetaskiwin, Ponoka, Trochu, Drayton Valley, Ma-Me-O Beach, where large hearings, sometimes between 300 and 500 individuals, gathered because of their concern about the potential extraction of coal-bed methane and the intrusion onto their properties. People became so concerned that they required drilling companies to fill out complex contracts that would basically force the company to move further down the road because of the concern for their water.

Coal-bed methane, while it can provide tremendous resource and tremendous value, also has to be treated with kid gloves. I'm hoping that with Bill 26 not just simply defining that coal-bed methane is a gas separate from the coal that surrounds it but that the methods of extraction are taken into account. Without going into great detail, why did we have canaries in coal mines? It was because of coal-bed methane and other gases that arose from the coal seams. I'm suggesting that as we go forward with Bill 26, we must make sure we have the necessary cautions.

Thank you, Mr. Chair.

The Deputy Chair: The hon. Member for Edmonton-Gold Bar.

Mr. MacDonald: Yes. Thank you very much, Mr. Chairman. It is interesting as the debate on Bill 26 continues. Certainly, I appreciated the fond remarks from the hon. Member for Calgary-West towards certain members on this side of the House when the bill was introduced.

9:00

Now, my questions are around consultation regarding the amendment that was introduced by the hon. Member for Edmonton-Whitemud and the freeholders. Well, there is another issue, Mr. Chairman, and that's the consultation with the coal mining industry and what conversations were struck up with them regarding the drafting of Bill 26.

Many of the different companies that have been proposing coal-bed methane development in this province have curtailed or scaled back their efforts or their plans. Again, I'm going to point to the east side of highway 2, or the Queen Elizabeth II highway, the issue into Red Deer from the north and proceeding to Calgary. One would see a rather large lay-down area for a drilling operation, and the rigs that would be resting there or placed there would be used for the drilling of coal-bed methane wells. Whether they were in production or whether they were exploratory doesn't really matter, but for a while, Mr. Chairman, you would very rarely see one of the rigs laid down

in the yard. Lately you see them there. Sometimes I think the ones that are absent have gone on to another jurisdiction.

The reason for this inactivity is the price of natural gas. It's the price of natural gas. What is the price of natural gas? Well, this government for the second time since their budget in April has revised down their projected price for natural gas in the second-quarter update. The projected price now is \$3.50, so that is certainly going to have an effect on activity around the development of the coal-bed methane industry, particularly when we're looking at large volumes of natural gas that can be produced as a result of fracking.

Now, I was surprised to learn that some people in the coal mining industry in this province were not consulted on Bill 26. I will be surprised if the freeholders haven't been consulted regarding the amendment from the hon. Member for Edmonton-Whitemud, that we just passed, but there are other people with concerns about Bill 26, and their concerns need to be part of the official record of this Assembly, in my view. People are writing that there are significant or many shortcomings to Bill 26, and the unintended consequences are significant. These groups are very concerned that Bill 26 does not resolve the current split-title dispute that was articulated earlier. There's no clear answer to the split-title coal-bed methane ownership dispute.

These individuals are also of the view that Bill 26 will not halt the existing litigation and that it could create a new series of lawsuits in relation to existing commercial coal-bed methane production arrangements. I'm sure this has been examined by the ministry or the Department of Energy. I'm sure that they did their very best in drafting this legislation. I hope they weren't preoccupied with trying to get a deal on the bitumen royalties in Fort McMurray, that were under negotiation, and left the drafting of this bill perhaps a little late. Perhaps that's why individuals felt they weren't consulted. Perhaps Bill 26 was put on the back burner, and maybe it should be put on the back burner again, and another round of discussions with concerned citizens can take place. You'd almost think we're talking about the parks bill here, Bill 29, but we're not; we're talking about Bill 26. This is yet another example – I'm surprised – where this government is not consulting with stakeholders.

Now, there is uncertainty around Bill 26 the way it's drafted currently for coal mining operations. Bill 26, it is said, has the potential to complicate an already overloaded permitting system. Bill 26, Mr. Chairman, according to these sources will foster competing resource development and will garner additional industry disputes that, in turn, will generate more litigation. Certainly, the hon. member across the way is not drafting an act to make work for lawyers. I don't think we need to do that.

I talked about the negative impacts on resource development earlier, but I'm surprised to learn again – and I want this as part of the record, Mr. Chairman – no industry consultation on Bill 26. Well, I'll be. I can't believe this.

The announcement on October 27, 2010, regarding the introduction of Bill 26 was a surprise to Sherritt, a rather large, prosperous corporation that makes a significant contribution to this city and to this province, but they claim they were not consulted. It was a surprise to the company. It was a surprise to the coal industry, the natural gas industry, and many other large Alberta utilities. I think we can do better than this.

The absence of industry consultation and the lack of involvement in this significant decision-making process raises other concerns, other questions, including the unknown consequences of existing surface mining operations. Early consultation of coal-bed methane stakeholders, carried out in 2006 with brief follow-up meetings in 2009, in fact, reached consensus to recommend that there be no legislative reform. These are questions that we need to get clarification on before we proceed with this bill.

I was at some of those meetings. I certainly remember seeing Department of Environment officials there and standing up and speaking out but not the Energy officials. I don't recall that any of the individuals from the Department of Energy were in attendance speaking, but certainly ADMs from Environment were there, and they were willing to talk, which was quite interesting.

Now, as the hon. Member for Calgary-Fish Creek indicated, the split-title issue is already before the courts, and I'm not going to go any further with that, certainly, and bore you, Mr. Chairman. I wouldn't want to do that.

Sherritt indicates that Bill 26 will not accelerate the development of coal-bed methane in Alberta, and we talked about prices being the key driver in that. I certainly would agree with them. But Bill 26 as currently worded, according to the correspondence I've received – and all members have received it – jeopardizes existing coal-bed methane production agreements.

Now, I wasn't satisfied that the amendment from the hon. Member for Edmonton-Whitemud clarified that sufficiently, and I'm not convinced yet. I'm surprised that as Bill 26 was presented to the Assembly, myself and other members would receive correspondence from Sherritt Coal. Certainly, the hon. Member for Airdrie-Chestermere indicated there's significant correspondence coming to their caucus regarding this matter. It certainly is interesting that many of the hon. members of this Assembly would have a significant interest in coal-bed methane development and the rights of property owners, whether they're individual rights that have been handed down through the family since the province has been settled or legacy rights that some corporations like EnCana have inherited. Certainly, Imperial Oil would have rights. Some of the coal companies would have rights.

9:10

I think we should get this right once and for all, this Bill 26, and I think we can satisfy the needs of not only the freeholders but also the corporations who create a lot of the jobs in this province and create a lot of wealth and make a significant contribution to our high standard of living. I think we can do better than this. It'll be interesting to see what happens with this legislation, but this is very disappointing to this hon. member to have to stand here and recognize and put into the public record that, again, this is a government that seems to be preoccupied with their own internal divisions, and they're not reaching out and talking to individuals who make such a significant economic contribution to this province, and that's the coal industry.

Thank you.

The Deputy Chair: Any other members wish to speak? The hon. Member for Lacombe-Ponoka.

Mr. Prins: Well, thank you very much, Mr. Chairman. Again, I'm very pleased that this bill has made it to this point. I have many constituents urging me to support this bill, and they've been talking about it for years. There's talk in the House here about consulting and whether or not we have consulted with the freehold owners or owners of coal or gas or split titles. This has been going on for years through our MLAs. MLAs have been consulting with their constituents, and my constituents have been telling me that we need to do this, so I'm very pleased that we're at this stage.

There are many, many thousands of owners of split title, and this whole issue of defining whether coal-bed methane is gas or part of coal only is a concern on split titles because if your title is one title that has coal, gas, and oil, all the gas on those properties is just gas. It's only when you split the coal out that some people, the coal owner, might think that the gas is then part of the coal.

When this became an issue on Crown land a few years ago, the Crown very quickly defined coal-bed methane as natural gas. There have been no lawsuits coming out of that. The government has not been sued or charged here. There have been no legal challenges to that issue. It's been working in British Columbia and in other places. If we now declare coal-bed methane to be natural gas on split titles, it should just clarify that for all owners of split titles where there's been a problem.

Now, in the past, of course, some of these owners of split titles have entered into agreements with developers of natural gas and have actually agreed, maybe, with owners of the coal that they might have part of it. That's why there are the amendments and the subsections to this amendment to the Mines and Minerals Act. What we want to do is clarify that on split titles the coal-bed methane is natural gas as well. It really is a big issue in my constituency. It is only an issue on split titles that were issued between 1902 and 1912. That's about half of each township that was freehold rights in central Alberta, in parts of Alberta that were settled in that time period, because that's the time period that titles were split. After 1912 there were no split titles, so it does not become an issue. Most of the land in my constituency, in my area, was settled in that period of time, so about half of the land in my area is owned by freehold owners, and much of that is split title. So this is huge.

Currently a lot of the freehold properties are being avoided by developers of coal-bed methane because of this problem with lack of clarity. That the developers of coal-bed methane are just avoiding these properties and drilling on Crown land, because that's where they know what's going on, or on titles where the owners own oil, gas, and coal. That's where the development is happening. This will add clarity so that the in-between land will be developed as well and gas will not be stranded, because what is happening is that if you avoid certain parcels, gas becomes stranded in those parcels. When the rest of the gas is developed and the field shuts down, there are just added costs to get these smaller bits of properties online into the pipelines.

This is very good news for the owners of split titles, and it's good news for junior companies that want to develop these types of properties. They can now have clarity. They can make deals with split-title owners, and they can get to business and actually develop these properties and develop resources for the province.

I want to acknowledge, Mr. Chairman, Mrs. Else Pedersen. She is the chairman of the Freehold Owners Association. She's a constituent of mine from Ponoka. She's been working tirelessly on this for years and years, trying to get the attention of the MLAs, the government, and all parties that are responsible for correcting this injustice, I would call it. I just want to acknowledge her and give her a lot of credit, she and her staff, for bringing these issues forward all these times.

I'm just going to wrap up there and ask all my colleagues here to support this bill as amended.

The Deputy Chair: Any other members wish to speak?

Are you ready for the question on Bill 26, Mines and Minerals (Coalbed Methane) Amendment Act, 2010?

Hon. Members: Question.

[The clauses of Bill 26 as amended agreed to]

[Title and preamble agreed to]

The Deputy Chair: Shall the bill be reported? Are you agreed?

Hon. Members: Agreed.

The Deputy Chair: Opposed? That is carried.

Bill 21
Wills and Succession Act

The Deputy Chair: Are there any comments, questions, or amendments to be offered with respect to this bill? The hon. Member for Wetaskiwin-Camrose.

Mr. Olson: It's my pleasure to rise, Mr. Chair, in Committee of the Whole to speak to Bill 21, Wills and Succession Act. I'm pleased to see that this bill has received such strong support from all corners of this House. This act affects all Albertans, and it's important that we modernize existing legislation to bring us into the 21st century. As was mentioned, Bill 21 consolidates five enactments into one. These are the Wills Act, the Intestate Succession Act, the Survivorship Act, the Dependents Relief Act, and section 47 of the Trustee Act.

With regard to wills, the proposed reform is not a major change in policy; rather, it's a modern expression of it. The law would be refocused to ensure testamentary intent is met. Currently in interpreting a will, the court can only look at the words in the will and also look at the testator's circumstances at the time of making the will. As you just mentioned, the testator is the person, of course, who is making the will. No other evidence is allowed. To determine the testator's true intention, the will can now be interpreted by looking at all evidence relating to intention, provided that it's properly corroborated.

If I understood at least one of her questions the other night, the hon. Member for Edmonton-Strathcona had a concern about new rules around amendments to wills. Section 22 of the act provides the usual requirements for execution of a will, but there is a change in that the court, if there's not compliance with section 22, if it's satisfied on clear and convincing evidence, can recognize an amendment which wouldn't otherwise have been recognized. But it has to be satisfied, again, on clear and convincing evidence that it reflects the intentions of the person making the will. If there's a concern about undue influence and so on, I think that is really dealt with by having to present evidence to the court.

We also removed the law where a will is revoked on marriage because that is not in keeping with current society. Albertans are living longer, and as a result they may enter into second or late-life marriages after having made clear estate plans and wills. Consultation, I should mention, is very supportive of adding new provisions to clearly revoke this portion of the act.

Regarding intestacy – and intestacy means dying without a will or with a will that doesn't cover the circumstances – if there is no will, the property will go to the deceased's family. This isn't new either, but we did remove old rules such as a spouse being disinherited if he or she were living in adultery. This has been replaced by a modern rule that a spouse is disinherited if there has been a two-year separation or a court order separating the property or dealing in a final way with their relationship.

9:20

I'd also like to address a concern of the hon. Member for Lethbridge-East, and that was regarding the issue of temporary possession of the matrimonial home. This is an important new right provided for in the legislation. An adult interdependent partner or a spouse of a deceased person will have an automatic right to stay in his or her shared home for three months after death. This provides a temporary right of shelter for spouses or partners who are not

registered on the title of their home or named on the lease. I believe that the hon. member had a concern that three months wasn't enough.

This three-month period provides the spouse or partner with time to grieve and make other living arrangements if necessary. But, that said, if a spouse or partner needs longer than three months, it's still open to them to apply to the court to have this time extended. This recognizes the need to balance the rights of the spouse or partner to remain in the home for compassionate reasons with the rights of the ultimate owners or landlords of the home. The courts will be able to hear from the surviving spouse and all parties with an interest in the family home and will be able to determine if the time should be extended and for how long. The inclusion of this right was strongly supported by public consultation. It protects vulnerable Albertans who may otherwise be without shelter immediately after the death of their spouse or partner.

On the issue of family maintenance and support grandchildren can now apply for support from a grandparent's estate. This was also supported in consultation and is a response to a small but growing trend of grandparents parenting grandchildren. When this happens, it may be best for the grandchild to be able to get support directly from the estate because there is a fair likelihood that the child will otherwise be left without support.

In order to truly modernize the law in this area, the act will also abolish a number of outdated presumptions and doctrines related to whether property transfers made during life impact inheritance. These are ancient concepts that no longer reflect modern realities. The court will be given the power to decide what the party's intention was and to make a decision as to how gifts and transfers made during life impact inheritance.

Regarding matrimonial property, the Wills and Succession Act will amend the Matrimonial Property Act to entitle a spouse to matrimonial property whether the marriage ends due to death or due to divorce. As the law currently stands, if spouses are happily married and one dies, the surviving spouse doesn't have a right to apply for his or her share of the matrimonial property; that is, property acquired by the spouses during the course of their marriage. The bill changes this so that the surviving spouse can apply for his or her share of the matrimonial property upon the death of the other spouse.

The right to share in matrimonial property is grounded in the view of marriage as a partnership, where each spouse contributes to the marriage and to acquiring property during the marriage. Consistent with this view the spouse is entitled to an equal share of the assets acquired during the marriage once the marriage ends. This right was also strongly supported in public consultation, and it is consistent with the law in other provinces. Alberta has however maintained the position, supported by the Supreme Court of Canada, that matrimonial property rights do not need to extend to common-law or interdependent couples who choose not to marry.

Regarding survivorship, the survivorship rules in section 5 create a statutory rule that applies if there is no other intention found in the will. A court may find that in interpreting the will to give effect . . .

The Deputy Chair: Just a minute.

Hon. members, the hon. Member for Wetaskiwin-Camrose has the floor, and decorum is that you take your seats, please.

Thank you.

Mr. Olson: Thank you. Regarding survivorship, the survivorship rules in section 5 create a statutory rule that applies if there is no other intention found in the will. A court may find that in interpreting the will to give effect to the intention of an individual, there is evidence through the provisions in the will and in the context of the

individual's circumstances at the time of making the will that show a contrary intention. Examples of this are rare, but through the rules that apply to the types of evidence the court can hear and accept, the court may, in reading the provisions in the will and in considering the individual circumstances, also find that section 5 has been displaced. These instances will be very fact specific.

Finally, section 26 of the bill sets out how a will must be interpreted. It states that a will must be interpreted to give effect to the intention of the testator. In determining this, the court may admit evidence as to the meaning of words, as to the meaning of provisions of the will in the context of the testator's circumstances when the will was made, and as to the testator's intent regarding matters in the will. Survivorship rules generally only apply in tragic accidents, where both spouses die at the same time, such as motor vehicle accidents or mass accidents involving the death of numerous family members at the same time.

The Wills and Succession Act will benefit all Alberta families, and I encourage all members to support Bill 21. These changes reflect the changing family context and property interests in Alberta and will help to provide clarity, improve inefficiencies, and streamline processes.

Thank you.

The Deputy Chair: Any other members wish to speak? The hon. Member for Edmonton-Strathcona.

Ms Notley: Thank you. While I do appreciate the clarification that has been provided by the Member for Wetaskiwin-Camrose, I will say that I do feel somewhat more assured by the notion that the court has a positive obligation to satisfy themselves that there's no undue influence when they're assessing amendments to a will that don't adhere to the proper form. I think that as long as there is that active obligation, that is good. I would be concerned, you know, that you'd have a situation where the court would only do it if asked, and then, of course, if the person himself was vulnerable to undue influence, they might not necessarily be the person that would ask.

I think I understand the member correctly, that he is suggesting that there is sort of a positive obligation in the interpretation of this act to ensure either through common law or through the act – I'm not sure which – for the courts to actively assess the issue of undue influence even where it's not raised by the party who might well have been the victim of that. So I think that's an important thing.

I do appreciate as well the amendments that ensure the temporary right to shelter for those residing in the testator's home, who are not ultimately the final recipients of that home. I agree with some about the concern about three months not being long enough. I guess I'm a little bit concerned that often the person that is in that position is also maybe not most able to get in front of a judge to make an application to extend that time. Of course, as we know, getting in front of a judge is not something that's either easy or inexpensive. So I remain a little bit concerned about that, but at least there is some opportunity to remain in the house, so that is good.

I only caught segments of what the member was saying with respect to how this act deals with matrimonial property in the context of wills. There was mention of the fact that a decision was made to not adopt a policy which is different from that which has been articulated by the Supreme Court of Canada, treating matrimonial property rights differently for those who have been officially married versus those who lived in a common-law relationship for a period of time.

If I understood that correctly – and again I will acknowledge that I only heard excerpts of what was being said at that point – I remain somewhat concerned by that. I think that might have been an opportunity for the government to move. The government always

has the legislative authority to move beyond that which the common law currently suggests is the case. I would say that in our current society we have more and more dependent relationships, more and more families where children rely on those relationships of dependency, where the parents have not chosen to marry for a variety of reasons. I do remain concerned that we may in fact be treating particularly those children differently in this act than we would if their parents had gotten married.

9:30

Ultimately, the dependency experienced by the children, often through the surviving partner, whether it be a partner that is in a relationship that's one that is overseen through a marriage contract or one that is just simply through common law – the children are dependent regardless of whether there has been a marriage or not been a marriage. I guess I get a bit concerned if we are still talking about treating that family differently, the children of the survivor differently, where the survivor was married versus where the survivor was not married to the testator. Again, I put an asterisk beside this because I was only able to hear about half of what the member was saying at that point. So I have some concerns about that, and I'd be interested to see if the member could respond at all on that in this back-and-forth.

Again, I did mention that this appears to be a complete and total reflection of what was recommended through the Alberta Law Reform Institute, and I know that that is a very respected mechanism through which consultation can take place and best practices and best opinion can be garnered. I don't as a whole have tremendous concern because I am prepared to defer quite a bit to the opinions and the recommendations that come from the Alberta Law Reform Institute, but I wouldn't mind if the member could perhaps answer that one question about the matrimonial property, just clarify probably what he has already said.

Thank you.

Mr. Olson: I also had a little bit of trouble hearing the question, but I'll try to answer. I think the hon. member's concern was children of a less-than-formal relationship. Part 5 of the act talks about family maintenance and support, and the definition of family member has actually been broadened in this legislation to include children and grandchildren, even great-grandchildren, so I don't think there is a concern there. I think the types of people you describe are covered.

The Deputy Chair: Any other members wish to speak?

Seeing none, I will call the question on Bill 21, the Wills and Succession Act.

[The clauses of Bill 21 agreed to]

[Title and preamble agreed to]

The Deputy Chair: Shall the bill be reported? Are you agreed?

Hon. Members: Agreed.

The Deputy Chair: Opposed? That is carried.

Bill 22

Family Law Statutes Amendment Act, 2010

The Deputy Chair: Are there any comments, questions, or amendments to be offered with respect to this bill?

Seeing none, are you ready for the question on the bill?

Hon. Members: Question.

[The clauses of Bill 22 agreed to]

[Title and preamble agreed to]

The Deputy Chair: Shall the bill be reported? Are you agreed?

Hon. Members: Agreed.

The Deputy Chair: Opposed? That is carried.

Bill 17
Alberta Health Act

The Deputy Chair: In committee this afternoon one amendment was defeated on Bill 17. Are there any comments or questions with regard to this bill?

An Hon. Member: Question.

The Deputy Chair: The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Question? Holy. We've got a lot of work to do on this one. Come on. Boy, oh boy. Do we ever have a lot of work to do on this bill. [interjection] That's right. I think I'd like to see what the new parliamentary assistant for health after the axing of the doctor from Edmonton-Meadowlark, that absolutely pathetic excuse of a decision – it's too bad because the hon. Member for Edmonton-Rutherford is a good man. [some applause] Absolutely. He's a good man, and he doesn't deserve to come into this position under such ridiculous circumstances as what we saw over the last two days. We have a few people that talk to us, and we got the story pretty good. [interjection] Oh, sorry; caucus confidentiality. That's right.

The Deputy Chair: Hon. members, I'm having trouble hearing. The hon. Member for Airdrie-Chestermere has the floor, please.

Mr. Anderson: You know what? Thank you, Mr. Chair. I'm having trouble hearing myself with this guy.

Mr. Chase: Tossed overboard.

Mr. Anderson: Tossed overboard.

One of the reasons this Health Act is an absolute train wreck, and I alluded to it earlier, is the fact that we have given so much power, authority, et cetera, to the minister under this bill, but there's no way to – sorry. We've given them the ability under the bill to obfuscate all of their responsibilities for actually enforcing what's in the health charter that this is proposing, and it's an absolute shame. It really does nothing, so what I'd like to do today is that I'd like to start by proposing an amendment.

The Deputy Chair: Thank you. We'll pause for a moment while the amendment is distributed.

Hon. members, this is amendment A2.

Mr. Anderson: Okay. Well, here we go. We're talking about A2. I'll just read it into the record. I move that Bill 17, the Alberta Health Act, be amended in the last recital of the preamble by adding “, namely, that health insurance coverage is publicly administered, comprehensive, universal, portable and accessible” after “Canada Health Act (Canada)”.

If you look at the preamble right now and you look after “Canada Health Act (Canada),” that's on page 2 of the bill under the preamble, a few paragraphs down:

Whereas policies, organization, operations and decisions about Alberta's health system should be guided and measured and sustained consistent with the following principles:

that Alberta is committed to the principles of the Canada Health Act (Canada) . . .

Then it would read:

, namely, that health insurance coverage is publicly administered, comprehensive, universal, portable and accessible.

9:40

Now, obviously, the Wildrose caucus has made it very clear that we support the principles of the Canada Health Act. I think every party in this Legislature supports the principles of the Canada Health Act. The reason we do is pretty simple, and I think that this is pretty much universal across all party lines. We do not believe that somebody should be denied access to critical health services because of an inability to afford them, an inability to pay.

Speaking as someone who has a family member in the United States suffering through a terminal illness and seeing the financial hardship that that family is going through with the treatments that she has had to take, it's something that you really think about, and it really gives you huge pause when you see it in real life. You know, you hear the stories about people not being insured or having insurance that is subpar, being underinsured I guess. Most have insurance down in the United States, but there are many, many, many that are underinsured. When they're underinsured, there are huge amounts of cost involved in getting expensive treatments like cancer treatment, for example. This is not something that I think any Canadian, certainly not any Albertan, takes lightly. I think the main idea of the Canada Health Act is simply that people should be given the health care that they need, the critical health care they need, the essential health care they need, without regard – in other words, it shouldn't depend on their ability to pay.

Like I said, to watch people in the United States, a particular family member with a terminal illness, struggle through that knowing that they make very little – I mean, a respectable amount of money but, you know, not a lot, very much middle class – and to see the expense of what they have to pay for their copayments and services that are not covered and all the stuff that we take for granted in Canada and in Alberta truly strengthens my resolve and strengthens our caucus's resolve and I'm sure strengthens everyone's resolve to make sure that we uphold the principles of the Canada Health Act.

Now, with that said, we have a system in this province that is broken. The principles are good. Universal coverage: those are good principles. We believe in those principles, but the way that we deliver on those principles is on the verge of collapse. We see this in our emergency rooms with people dying unnecessarily. We see this with a lack of family doctors. We see this with very long waiting lines, some of the longest waiting lists for medical procedures in the entire industrialized world. We do not have a good system. Our principles are good, what we're trying to achieve is right, but we have a system that is absolutely failing Albertans. It's failing to deliver on the principles and the promise of the Canada Health Act, and it needs to change, absolutely needs to change.

The problem is that there is resistance to change. The resistance to change comes from individuals – I do think it's with the best of intent – who are very averse to change. They feel that any type of new idea or new way of delivering health care somehow threatens the principles behind the Canada Health Act, and because of this, they use fear tactics. We hear our own Premier using those fear tactics when he cites, of all things, scary European health care even

though those European systems are so far superior to our own, just beyond superior: shorter wait-lists, lower costs, more competition in a publicly funded universal system. Maybe it's fearmongers, maybe it's ignorance, just a lack of ability to get outside of their preconceived notions about things. They go around spreading lies. That's what they are. They're not true. Whether they think they're true or not, I guess, is another question, but the fact is that they're not true, so we've closed our minds to real health care reform.

We get it in our head that if we believe in competitive delivery where, for example, private deliverers of health care, nonprofit deliverers of health care, and public deliverers of health care compete in the same system for public dollars, competing for the same queue of people waiting for a service – there are people out there who think that that somehow threatens the foundation of universal coverage, public coverage. That's simply not the case. That aversion to change and that aversion to looking at what's working in Sweden and in France and in Luxembourg and in Belgium and in these countries where it's working so well, that push-back, keeps us from getting anywhere.

I would say that probably 80 to 85 per cent of Albertans are in complete agreement with a universal, publicly funded system. There is 10 to 15 per cent that say: "No way, man. Survival of the fittest. Buy your own insurance." But I think that's a small minority. I can understand that small minority's frustration with the current system that we're in, but I think that's a minority opinion. The vast majority of Albertans in all parties believe that we need to make sure everyone is covered, and so do we. That's what Albertans are telling us, so that's what we're bringing forward, as are all parties.

We have to make sure that in our rush to protect this system and the universal aspect of it, the universal coverage and public insurance coverage, we don't overstep our bounds and close our minds to innovative ways of delivering health care. Like so many in this room I have talked to hundreds and hundreds of Albertans, thousands, really, at the door and in our offices. I've heard a couple of interest groups say this in the media, Friends of Medicare in particular, but I've never once heard an Albertan in front of my face say: "You know what? Whatever you do, make sure that, no matter what, all health care is delivered in the public system. I want to make sure that the deliverer of that health care needs to be under the public system." I've never heard that.

They don't care about that. They want to make sure it's paid for universally. They don't want queue jumping; I've heard that. But no one cares if it's a nonprofit provider, if it's a private provider, like out of the Grace hospital, if it's out of a public hospital or facility or surgical centre. They don't care. They just want it done. That's all they care about. Just get it done. They don't want to wait and rot in line for 18 months. That's what they don't want.

I find it irresponsible of this government to sit there – and I hope they change their tune; I really do. I know that there are members over there that have a feeling of openness and are open to new ideas. You know who you are. You're open to new ideas. Just admit it, hon. member. You are different. I know that the hon. finance minister is open. I know he understands these things. He has studied these things. He knows these things, and I know what he has advocated for in the past. I know he still has those beliefs. He knows it because it's just the truth.

Competitive delivery works. It works in other jurisdictions. It works, so let's not shy away from it. Let's say: "Look. We've got 15,000 hip surgeries that we need done. Okay? We're going to break those up into contracts of, say, a thousand each. I don't care if you're public or you're private or you're nonprofit; bid on it. What can you do? What's your cost? Bid on it, and we will give it to the best bidder who can deliver it the fastest, the cheapest, the best." That's what we should be doing to alleviate our lineup.

9:50

We're always worried about more money for health care. Where are we going to get more money for health care? Should we bring in user fees and stuff like that? Should we bring in all these things? No; that's not the answer. The answer is that if you want to bring investment, you have to open up the contracts that are available to the private, nonprofit, and public sectors to bid on them. There's no reason why they can't. When they do that, you'll have people come in, and they'll set up shop. They'll say: "You know what? We're going to turn this building into a surgical centre, and we're going to treat patients in here. We can do this for cheap. We'll do a joint venture. We'll get it in there, and we'll specialize in this. We'll be able to do this cheaper than the big public hospitals, with some of the expensive things that happen in a public monopoly." And there are many.

Now, there will be cases where there will be public hospitals that will be able to deliver it cheaper. They will be able to deliver it cheaper. There are those instances where public hospitals, for whatever reason, do it cheaper, and they will want to compete.

There's a funny story in New Zealand that the leader of our Wildrose Party and caucus, Danielle Smith, always talks about. New Zealand was going broke. They were on the verge of insolvency, bankruptcy. They needed to completely rein in their spending. One of the big issues they had was that they were spending too much on their public service, and everything was nationalized.

One of the things that was nationalized was the ports. They had hundreds of employees at these ports, and the government went and talked with the unions and said, "Look, we need to privatize these ports." The unions came back and said: "You know what? Let us bid on it. We'll see if we can do it cheaper than the private sector." So there was a bid, and they said okay. They gave the opportunity, and the union actually won the bid. I think they cut it down – what was the number? – like, 60 per cent. They did the same work with 60 per cent fewer people, and they were able to do that. Now, obviously, it probably helped because they owned a lot of the infrastructure and all that. But the point is that they were able to cut costs and still deliver the same service.

People don't understand. People talk about private profit margins: oh, if we let the private sector in, that will drive up health care costs because there's a profit margin. Ooh, a profit margin. Well, the problem is that there's a waste margin in public delivery, a huge waste margin, especially when there's no competition. When you're in the public sector and it doesn't matter – you're going to get the same block of funding and increases every year and so forth – there's no incentive to be prudent with your spending. There's none.

Let the private sector, the public sector, the nonprofit sector compete for those public dollars. If that is allowed, you're going to have more investment from the private sector and the nonprofit sector into our health care system, which is less money that the taxpayer has to put in on the infrastructure side, and the public-sector unions and the private companies are going to find ways to streamline costs.

One of the biggest examples of this was HRC. I saw the reports from the Alberta Bone and Joint Health Institute. That is a nonpartisan, objective, funded by AHS group that did an analysis of the cost of doing hip and knee replacements in all the public hospitals around Alberta as well as in a couple of the private places, namely Grace hospital, HRC. They came back with some startling numbers: 40 per cent cheaper and 40 per cent faster than the average of all the other hospitals. Now, how is that possible? People say: oh, it's cream-skimming; they were cream-skimming. Not true. Absolutely, categorically not true. The patients were coming from the same

queue of people. The doctors would just book their surgeries. They could book them at a public; they could book them at the Grace hospital with HRC. They could book it wherever they wanted, so they would do that. They could do it 40 per cent faster and 40 per cent cheaper.

Now, of course, we all know what happened. It's well documented. They were doing such a good job that they were asked to expand. They expanded, and then they got the rug pulled out from underneath them by our current CEO, Dr. Duckett, who, it seems, is not going to have a job here much longer. That was an incompetent decision, as was his handling of the Cookie Monster incident.

The point is that, you know, that's what happens when you have a large, centralized public monopoly with someone who's a poor central planner. You get bad mistakes made, and that's what they did. We've really got to make sure that we solve that problem.

The Deputy Chair: The hon. Member for Calgary-Varsity.

Mr. Chase: Thank you very much. I have a great deal of difficulty with this amendment because it appears to be just: an interesting idea; let's try it. It's saying that health should be viewed as a commodity, that it should be subject to competition, that competition produces better results. Well, if that were the case, then Australia wouldn't be moving away from private health care delivery back into public systems, buying up private clinics. Neither would Britain be undergoing this particular suggested transition.

It's a little bit of a cover-up circumstance. Use some of the universal health care language such as "publicly administered" and "universal" and "portable" and "accessible," and it sounds very good except that what it becomes, basically, is a voucher system. We'll give you a certain number of dollars, and you can choose where you want to go with those dollars, whether you want to go to a public facility or whether you want to go to a private facility.

What it doesn't take into account is that there are a finite number of doctors. The whole idea that if you allow people to pay for their own coverage and go to a private facility, then you're going to reduce the lineups in the public facilities – well, because there is a finite number of doctors, if they're operating in the private, they're not operating in the public.

Dr. Morton: Why is there a finite number of doctors?

The Deputy Chair: Through the chair, please.

Mr. Chase: Through the chair, the reason there are a finite number of doctors, unfortunately, partly, in Alberta, Mr. Chair, who I'm looking at and speaking directly to, is the number of seats that are afforded for medical training in this province. Unfortunately, as the hon. chair knows, those seats were reduced in 1994 and through 1998, when three of Calgary's hospitals were closed.

Now, the hon. Member for Airdrie-Chestermere talked about the efficiencies of the HRC and how they could do things so much better, so much faster, and, he suggested, so much cheaper. Well, the reality is that that facility had a 10 per cent premium per operation.

Mr. Anderson: Where's your proof?

Mr. Chase: You look it up. That's the case.

The only reason that facility was even considered was because of the mistakes made by the Klein government in terms of blowing up the General, closing the Grace and allowing it to be converted into a private operating facility, and closing the Holy Cross. A false

demand was created by taking three public hospitals and the operating rooms associated with them out of the circumstance. Therefore, where I'm coming from, Mr. Chair, are the false assumptions that this amendment A2 is coming from.

Now, the idea that physicians should be able to work and straddle both systems is something that I have a great deal of difficulty with. For example, in Quebec physicians are required to make the choice of whether they're going to operate in the private system or in the public system. They don't have the choice of whether they can straddle. Here in Alberta and in B.C. they have the choice of having a private operation or a public operation.

10:00

Mr. Chairman, this appears, as I say, to use some of the universal language, but what it's saying is that we're going to get better health results, as suggested in amendment A2, by just tossing it open to competition. We all know that this is a very questionable argument because when things go wrong in the private facilities, they end up in the public facility. The private, whether it's in the States or in Alberta, in amendment A2, where it talks about portable and accessible, does not take into account that it's only the easier, straightforward, less complicated operations that take place in the private facility. That's where there's less expense. With regard to the HRC, which has gone out of business, if it hadn't been for the guarantee of the WCB cases, of the RCMP cases they would not have been able to make a go of it.

Mr. Chair, when it comes to publicly administered, comprehensive, universal, portable, and accessible, and then referencing the Canada Health Act, we wouldn't be able to have Copeman clinics, where they charge a \$3,000 entry fee and then bill their services to the public system. So what's happening is that we're seeing private systems basically getting public funding, and I'm suggesting that the product that is produced is not cheaper, is not more efficient. It is the result of governments' artificially created monopolies. Gimbel, for example, is given all the eye operations.

The Deputy Chair: We're talking about health insurance coverage, period.

Mr. Chase: Yes, we are. And what pays for those operations? If you take them out of the public system, if you delist the number of things covered, then it's the insurance that picks up the difference, and that's what I am saying.

Mazankowski, in terms of insurance, suggested delisting a variety of services. What we have here in terms of the public insurance is not a great system right now in terms of Blue Cross, which is a public insurance, but at least there is some universality to it. When you bring in public and private, paid for at public expense, the mix, I do not believe, ends up with better results. Therefore, Mr. Chairman, while this appears to use the language of universality, it's saying: let's let hospitals compete for the public dollars through the public insurance system, and we're going to have that much of an improved system. If public funding wasn't provided for these private systems through public insurance, these private corporations could not exist.

Thank you.

The Deputy Chair: Any other members wish to speak? The hon. Member for Calgary-Fish Creek.

Mrs. Forsyth: Thank you, Mr. Chair. I'm pleased to rise to speak on amendment A2, that the hon. Member for Airdrie-Chestermere has tabled. He has moved that Bill 17, the Alberta Health Act, be

amended in the last recital of the preamble by adding: “, namely, that health insurance coverage is publicly administered, comprehensive, universal, portable and accessible” after “Canada Health Act (Canada).” Why this amendment has been brought forward is very simple. It’s what Albertans have been telling us, what Albertans have been asking for.

We’ve had the honour and the privilege to travel this great province, and over the last eight months, I guess, since the 4th of January, when I left the Conservative government and joined the Wildrose, I have spoken to thousands and thousands of Albertans and have had the ability to talk to many health care professionals in the system. I mean, we’ve talked to doctors, nurses, LPNs, NAs; you name it. The minister of health talked a couple of weeks ago about all of the people that he has spoken to, and he went on about talking to the emergency physicians, and he even spoke to the janitors. I guess our comment to that when he said that was: well, you can talk all you want, but have you listened?

That is something that I’m hearing throughout this province. While it’s easy to travel the province and say you’ve visited this and you’ve visited that and you’ve done this and you’ve done that, a whirlwind tour of going into hospitals or a meeting with nurses or doctors or anything like that takes good listening skills to hear what they have to say.

You know, Mr. Chairman, we can see what good listening skills the government has by the recent developments with the Member for Edmonton-Meadowlark and where he’s sitting now, on this side with the opposition, as an independent, and not sitting where he should be sitting as health advocate for the people that voted for him and asked him to serve.

Mr. Chair, Albertans want access to the health care that they need. They don’t want and they have told us that they don’t want a U.S.-styled health care system that leaves millions uninsured. We’ve seen what’s been happening lately in the United States with what President Obama is trying to do and changes to the health care system there, and you can certainly see the reaction that he got by the recent election and some of the resounding defeats that some of his candidates that were running faced.

We have a place in the States, and as soon as you get into the States or you’re at the grocery store or you’re at the restaurant or you’re golfing or whatever, they seem to know you’re from Canada, and they want to talk to you about the health care system, what we have versus theirs. As a Canadian and an Albertan I was quite proud of our health care system until recently, when you see the long lines that we’re facing in our health care system and the long waits in the emergency, where the debate has been quite heated as of late in regard to what is happening in our emergencies. I can tell you as someone who has had a few health problems lately that waiting 18 months to get into a specialist when you’re really not sure what’s going on isn’t what I call fun, and I know that I’m not alone. I mean, I have constituents waiting three years for a procedure. While it might be a test, it’s still an important test to see if they’re cancer free.

So it’s critical that any proposed health reforms that we bring forward – and we have brought our health policy forward as the Wildrose caucus. The health insurance coverage is exactly what the Member for Airdrie-Chestermere has said, that it comply with the five key principles of the Canada Health Act. It talks about mainly that health insurance coverage is publicly administered, comprehensive in scope, universal, portable among provinces, and accessible.

10:10

I look at this fine province, you know, and we can have this continuous debate, if we want, about private health care. I some-

times get a stunned look on my constituents’ faces when we talk and I tell them that the clinic next door to my constituency office is a private clinic. The doctors are private. They’re there, obviously, to make some money. People keep saying: oh, we don’t want to go into private. Well, I guess if that’s truly where Albertans want to go, then we really have to look at our doctors’ offices, et cetera, because there’s that element of private, and it’s no different than anything else that you and I can face on a daily basis.

What Albertans want is timely access. They want to be able to have a family doctor when they need a family doctor. They want it publicly administered. My colleague from Airdrie-Chestermere talked about the incident that we’ve seen with HRC, a private facility, publicly funded, and providing a service for Calgarians of hip and knee replacement at 40 per cent less. You think about that, and, yes, they do make a profit, but, yes, they’ve taken all of the fat that you would probably see in the publicly funded hospital and gotten rid of that.

We did have the opportunity to visit that facility and talk to the patients that had their hip or knee replaced and talk about the planning, not only getting the surgery. Then they were working immediately with a physiotherapist. They were working with a dietitian. Their whole health was treated not only through the surgery procedure but in looking after them and getting them up and walking and running. Then, you know, their dietary needs because in some of the cases where we saw some of the hip replacements, we would have a patient that had a problem being overweight, so really that needed to be addressed.

The hon. member talks about the comprehensiveness, the universal, to be portable, to be accessible, which leads us back to the Health Act and one of the many amendments that we’re going to bring forward on the Health Act. This bill goes on under “whereas” to also talk about reasonable access to timely and appropriate care, including primary care, but at no time anywhere does this bill address what they consider reasonable access to timely and appropriate care. So I think that is a key element that we’re going to be talking about.

It’s unfortunate that there are some special-interest groups out there and political parties that have used what I consider scare tactics. I think that the Member for Airdrie-Chestermere bringing this amendment forward makes it very clear where we stand as the Wildrose, that we’re not looking at getting into what everybody says is a U.S.-styled health care system or, for that matter, that we’re going to start privatizing here and there. I can tell you that probably the most effective and sustainable and patient-centred health systems in the world, quite frankly, aren’t found in Canada, and they’re not found in the United States. We’ve heard our leader talk about western European countries such as France, Australia, Belgium, Germany, and Switzerland, which all deliver world-class universal public health care systems. Then you hear the opposition standing up, and the Premier especially talking in his theatric style, that we get accused of, about what’s happening in Europe and the tax stuff and things like that.

The Member for Edmonton-Rutherford, obviously, when he travelled this province on this consultation process, heard very much about, as he’s told us, what Albertans want to see in this act. I commend them for taking the time to travel, and I’m sure that I look forward to him standing up and speaking about this particular amendment because I can tell you – I would guarantee it – that we have had people attend some of those consultation processes that he did who talked about the health insurance coverage that is publicly administered and comprehensive, universal, portable, and accessible. Enshrining this, I think, in legislation sends a very clear, articulate message to Albertans that this is what we believe in, that this is what

we think is one of the things. If we're going to go to the bother of Bill 17, the Alberta Health Act – quite frankly, it's not one of our priorities. I can tell you as an MLA since 1993 that I don't recall anybody ever coming into my office talking about a health charter, but that's for another day and another conversation and probably another amendment.

With those few words, I'm going to ask members in the House that are here tonight to support amendment A2, as you've referred to it.

The Deputy Chair: The hon. Member for Edmonton-Rutherford.

Mr. Horne: Thank you very much, Mr. Chair. I appreciate the opportunity on behalf of members of our caucus to speak to the amendment as proposed by the hon. Member for Airdrie-Chestermere. A couple of things, and I'm going to speak strictly to what's on the page here as opposed to getting into a discussion of alternate financing approaches to health care systems and some of the other areas that have been explored by earlier speakers.

Initially, to try to determine the intent of the amendment, when the amendment was first distributed, Mr. Chair, I interpreted the purpose as being to add clarity to the particular clause by specifically enumerating the principles that appear in the Canada Health Act today. I suppose that if, in fact, that is the purpose that I'm to interpret from the hon. member, there may be some merit in doing that.

In fact, in consideration and in discussions on our side of the House prior to this bill being drafted, we did look at the question of going to this level of specificity. I guess we rejected it primarily for two reasons, Mr. Chair. First of all, should we choose to list these principles in the statute, assuming this bill is passed, we may run into a situation in the future where the Alberta Health Act, as it may be passed, is in fact not in alignment with the Canada Health Act should something change in the Canada Health Act in the future. That would be, obviously, one reason that we would not want to consider this, and it's a reasonable and prudent approach to drafting legislation.

The second, of course, is just the question of whether the amendment specifically as proposed, again leaving aside all of the other, unrelated discussion about other approaches to health care delivery in other systems, provides any measurable increase in value in the statute, should it be passed. We can't see that, Mr. Chair.

Notwithstanding some of the discussion that has been raised by other members, the premise of this bill is support for a fully publicly funded health care system in Alberta. It is based on the premise of our current single-payer model. To attempt to use this particular clause as a segue perhaps to other changes that people might want to propose in the future would simply be doing something that would be inconsistent with the overall purpose and intent of the legislation.

While I appreciate if, in fact, the original motive for the amendment was to offer some additional clarity on a specific clause, we can't support it, Mr. Chair, for the two reasons that I've just mentioned. Thank you very much.

The Deputy Chair: The hon. Member for Fort McMurray-Wood Buffalo.

Mr. Boutilier: Yeah. Well, we couldn't disagree more with what the hon. member just said. My goodness. I can only say that the amendment put forward as a notice of amendment clearly is something that has incredible utility. For those who may not be aware, utility is usefulness with incredible value. That, in my judgment, is what the sole purpose is. I'm very disappointed that the

member who has just been appointed the parliamentary secretary, I can only say, is . . . [interjections] There is value.

10:20

Perhaps one of the key principles that we have is: seek first to understand. I'm trying to understand the comments. I'm going to go back into the *Hansard* of what has been said by the new parliamentary secretary. From there, I look at this amendment. It appears that the governing side had looked at this amendment, but they thought that there is no value to it being publicly administered. They believe there's no value to comprehensive, universal, portable, and accessible, after the words of the Canada Health Act. Thinking that there is no value to something like publicly funded under the Canada Health Act absolutely astounds me. Quite honestly, it's everything that Alberta and Canada stands for.

What the parliamentary secretary for health really implied was that they don't see any value in this amendment. To the Member for Airdrie-Chestermere, I'm certain that must hurt your feelings.

Mr. Anderson: I'm crushed. I don't know what to do.

Mr. Boutilier: I know – I have confidence – that you will, without question, build up and recover from the comments of this new parliamentary secretary for health.

Adding in the preamble “namely, that health insurance coverage is publicly administered”: this level of detail is required in order to be comprehensive, in order to be universal, in order to be portable and accessible, after the Canada Health Act. The new parliamentary secretary for health, appointed after the doctor got kicked out by his caucus members, says that this has no value. That is beyond comprehension. [interjection] To the Member for Vermilion-Lloydminster, through the chair, I can only say this. If you think there is no value in the Canada Health Act, then I couldn't disagree with you more because it actually stands for a value and a principle of Alberta.

I must admit that we saw that action today when, of course, we saw them kicking one of their own out. I must say that about a year ago, after I got kicked out for representing my constituents, senior citizens, on their health – they also are very concerned about health. I always give many of the members on the other side the benefit of the doubt that if I had been provided with the opportunity to go to a caucus to explain my situation, they would have understood. They had the opportunity to understand the member, the doctor, but what did they do? It was unanimous.

I can only say that I always had thought that if I had been provided the opportunity by the leader of this government, members on the other side would have listened intently. When I hear comments from people such as the Member for Red Deer-North or Red Deer-South – I'll have to be corrected; I don't know which it is – I'm disappointed that they say: you don't know the whole story. Well, I do know the whole story because the person is my friend. In fact, the very same comments that were made about me are the comments being made now by a member over there. I can only say that this, in terms of seniors, in terms of dealing with the health care of this province, is something that is so important. It's so important to a doctor that these members just kicked out, unanimously according to the whip, the Member for West Yellowhead.

I can only say to you that I had always granted the benefit of the doubt that if I had been given the opportunity, they would have listened. But you know what the comments are? “Oh, you just don't know the whole story.” I know the whole story and then some.

The Deputy Chair: Hon. member, let's get back to the amendment.

Mr. Boutilier: On the issue of this bill I want to be able to say: just put your hand on your chin and sleep. I can tell you, Mr. Chairman, that this is such an important amendment. We don't know the whole story? Well, I know something. You don't know the whole story of what Albertans think, but we are connected to what Albertans think, and they think right now that the disconnect between the bills that are in here by this government – thank goodness there is a saviour who is in here to be able to put amendments forward by the opposition, to be able to add some sanity to what is going on. [interjections] Mr. Chairman, through the chair, I'm trying to be able to speak.

The Deputy Chair: Well, talk to me. You have the floor. Talk to me.

Mr. Boutilier: I see the Member for Edmonton-Whitemud was laughing at my comments when I was speaking about the Canada Health Act and the fact that it has value.

Mr. Hancock: The fact that you talk about yourself as a saviour.

Mr. Boutilier: Excuse me. Through the chair. Mr. Chairman, if he wants to speak, it should be through the chair. [interjections]

The Deputy Chair: The hon. member has the floor, please.

Mr. Boutilier: Thank you very much, Mr. Chairman. I do have the floor, and I intend to have the floor a lot tonight. You know what? My elbows are getting quite sharpened tonight, and you ain't seen nothing yet because there is much more to come.

I want to say that I'm glad to see that the member across the way, when saying that we have no value – can you believe this? No value. It is absolutely unbelievable. No principles. I'm glad to see that the hon. Member for Vermilion-Lloydminster just realized. I might add that the Member for Vermilion-Lloydminster just said: no principles. That's what concerns me. I can see that we have an agreement on something, that, yes, there need to be principles and values when decisions are made, Mr. Chairman. We saw some decisions made this afternoon. By the way, those decisions were unanimous. Unbelievable. Unbelievable.

I guess I can only go back tonight and talk to my wife and my three-year-old and say, "You know, Gail, I was thinking that if I had an opportunity to speak to caucus, they're reasonable-minded people," but clearly I have to say: who has no principles or values now?

I do know one thing for sure, that each and every one of us that sits in this Assembly represents people, 3.5 million people all across Alberta, that do have principles, and they do have values for things such as this very bill. I quote the amendment to Bill 17: by adding to the preamble "namely, that health insurance coverage is publicly administered." What does the new parliamentary secretary of health say? "We didn't think it had any value." The amendment says: "publicly administered, comprehensive." Also, it talks about: "universal, portable and accessible," after the Canada Health Act.

The comment across the way. Not even a parliamentary secretary for 24 hours, and he's saying: we don't think that has any value. Well, holy smokes. I can only say that there is some serious concern. As much as the hon. Member for Airdrie-Chestermere might have hurt his feelings, he will get over this. I'm quite certain.

Mr. Anderson: I will.

Mr. Boutilier: I think he will. Wow, not a good start in the first 24

hours for the parliamentary secretary. As much as the member is not a doctor – and, my goodness, the experience of a doctor, I guess, is not really important any longer. I can only say today that it's clear to me from the drafting of this Bill 17 – and I want to thank the hon. Member for Airdrie-Chestermere. In fact, I read in this newspaper today that they referred to him as a rock star. No doubt in my mind. Whoever made that comment was one smart person.

Mrs. Forsyth: It was me.

Mr. Boutilier: The critic in health, I understand, has had an important role to play in that.

I want to say that the administration of health is so important to our seniors, so important to the people of Alberta, and this actual amendment is one that I believe has incredible value, has a tremendous amount of utility. For those who don't know what utility means, that's usefulness and a lot of usefulness that can help Albertans.

So, Mr. Chairman, with that, I can only say that I endorse this amendment one hundred and ten per cent and then some.

10:30

I can only say tonight that as I look across the way and see who's sitting in the Premier's chair right now, I'm not sure if I need to be more worried or happy. Right now I don't know. Should I be worried, or should I be happy? I know I was happy when the Member for Innisfail-Sylvan Lake sat in the Premier's chair.

But the question today is on the amendment, Mr. Chairman. I will be supporting this amendment because it talks about the principles and values. I'm so pleased that the Member for Vermilion-Lloydminster actually agreed with those very principles that I'm speaking about, so it's obvious to me that this member will be supporting the amendment. I'll be looking for him to stand when this amendment is called for a vote, and I will go back in *Hansard* to see his comments.

To the Member for Edmonton-Whitemud, Mr. Chairman, who actually earlier today spoke in front of teachers who actually got a question – actually, he made reference to an Albertan who said: well, that's a very clever way of asking a question, with three or four questions rolled into one. But I actually, within reason, somewhat liked his response because his response had some principle and value. But for the members across the way and the new parliamentary secretary of health to say that it has no value and that this detail is not important is just unacceptable. To that individual member I would only say to govern yourself accordingly with your words when it comes to such important matters as health because, ultimately, there is nothing more sacred to this country and to this province.

I'll even provide an opportunity for him to retract his statement, considering that this amendment says: under the preamble adding, "namely, that health insurance coverage is publicly administered, comprehensive, universal, portable and accessible" after Canada Health Act, that we are very proud of as Canadians. Perhaps later this evening – I'm a gentleman – the new parliamentary secretary, who is less than 24 hours a parliamentary secretary appointed by this Premier, can retract his comments, and I'm sure Albertans will forgive him.

With that, Mr. Chairman, I obviously will be speaking to this important amendment, and at this time I will take my seat. I know people would like me to speak more. I will speak more. Would you like me to speak more?

Mrs. Forsyth: More, yes.

Mr. Boutilier: I will speak more, Mr. Chair, then. I will speak more. In speaking more, it comes back to the framework of community capital. Tonight on the health issue I was posed the question, actually, from the media out in front, asking about the Canada Health Act. Did you know that the media, the CBC and other news agencies, are outside asking about the Canada Health Act? I didn't take the opportunity to say that the parliamentary secretary less than 12 hours on the job said that he didn't see any value in the amendment put forward by Airdrie-Chestermere. But that's okay. We'll provide him ample opportunity to retract those comments, and I'm sure the 3.5 million Albertans will forgive him in his first 12 hours. We'll just call him a newbie in terms of what he was doing and that he just simply wasn't quite aware of the lack of utility in the kind of comments that are being provided.

Mr. Chairman, let us restore the community capital of Alberta. Let us restore the harmony and the organic harmonization that is required when it comes to an amendment to such an important act as the Canada Health Act through this Bill 17. Having said that, Mr. Chairman, I would like to say that I hope all members will take the opportunity.

As a gentleman I'm quite certain that the member, the new parliamentary secretary, will retract his comments and move on to the important usefulness . . .

Mr. Anderson: He'll have to go back to his seat.

Mr. Boutilier: Yeah. He'll have to go back to his seat to speak.

Mr. Chairman, I hope that this amendment will go forward. I hope that this member who spoke earlier will be a reflective practitioner, will think about this and realize: oh, my goodness, it was kind of foot-in-mouth disease; ultimately, I will retract, and I will move on with the issue of caring for Albertans and caring for the health of Albertans, such as the principles and the values that are in the Canada Health Act.

Thank you, Mr. Chairman.

The Deputy Chair: The hon. Member for Lethbridge-East.

Ms Pastoor: Thank you. When I first looked at this amendment, Mr. Chair, I immediately put in my head that I thought that the conversation was going to be about actual insurance, how we have publicly administered, comprehensive, universal, portable, and accessible insurance. But the conversation seemed to switch over to the actual delivery. So I'd like to just, I think, address the insurance part and perhaps ask the Member for Airdrie-Chestermere to go back and perhaps look at the insurance part. Right now we have Alberta Health, which gets you something, but we also have Blue Cross.

Mr. Anderson: This is looking at it.

Ms Pastoor: Well, it's not really private, but it's more private.

When you talk about insurance coverage, are you talking about public insurance that everybody would be able to afford, or are you talking about over and above that, that the health insurance would be a private company even if it was bought with public dollars? Perhaps if I could ask the member to address the insurance side of it and not the care delivery side.

Mr. Anderson: Well, it's a good question. This is actually just taken out of the Canada Health Act. The Canada Health Act only deals with the coverage aspect, the public coverage, the public insurance aspect. It doesn't say anything about public delivery. Delivery is just not mentioned.

That's a critical distinction. That's what I was saying earlier. You have I would call it a misconception that in order to comply with the Canada Health Act, we need to have complete public delivery of health care. That's just not the case. A good example of this – and the Member for Calgary-Fish Creek mentioned it earlier – is just your doctor. When you go into your doctor's office, that's a completely private facility in most cases. I think there are some clinics and hospitals and places like that that would come under public. Essentially, they're all private facilities. They're bought with private money. It's a private professional corporation. It is private. So our entire primary care network, essentially, is private.

You know, we still have problems in the primary care network. Obviously, the issue there is that we have a huge shortage of doctors. But I don't think that's because of the fact that we have private doctors; it's the fact that we're not graduating enough folks and we have quite a brain drain for family doctors to the United States. We're not giving enough incentive salarywise to family docs to stay here. We're not getting these doctors that are coming from foreign countries like India, for example, credentialed. There's some great medical talent that comes out of India and China and the Middle East. They come to our borders, and, you know, they're driving taxis instead of getting the certification they need and practising.

That's not an issue of privatization being the problem. In fact, primary care is actually in much better shape than our hospital care. It's in much better shape. There's just a shortage, and that's being caused, again, by mismanagement of government choking up the supply of doctors. A lot of that, too, I think, is intentional choking of the supply of doctors because they know they can't afford to pay. They're spending so much money in the other areas of health care that it's just ruining our ability to retain the family doctors that we need.

Part of that problem comes from fiscal mismanagement. I mean, you look at the contracts that have been signed. We're the worst offenders here. We tied our wages to the weekly wage index. Of course, if you do that, it's only fair that if you're going to pay a bunch of politicians according to that, you have to have that weekly wage index tied to our nurses' salaries, our doctors' salaries, and all of our public unions' salaries. I mean, it's only fair.

10:40

Ms Pastoor: People on AISH.

Mr. Anderson: Yeah. Well, they need all the help they can get, though, with regard to money, right?

I think it's unreasonable. The average weekly wage index, which is causing a lot of these problems: I mean, we've got to reassess that because we can't continue to jack up salaries, including, of all people, politicians' salaries. We set the tone. I can see it going up with inflation, but the average weekly earnings index goes way above that in most cases, and it's causing major problems.

I remember the hon. House leader talking today about his deal there with the School Boards Association. He was saying how even in a recession the teachers' hike in salaries next year is on pace to be 4 and a half per cent, even with the revenue issues. So they're going to have another issue where they've signed an incredibly irresponsible contract that's going to have to result in cuts or breaking of the contract. Either way it is completely unacceptable, but that's the position they put themselves in by setting this reckless precedent of tying things to the average weekly wage index. It just doesn't work because it takes into account overtime, and it takes into account all the big salaries of high-income earners, businessmen and so forth. It's just not a fiscally responsible way to run your system.

That goes for us, too. We should set the tone. If anything, we

should freeze our salaries as we've done for the last two years. Of course, what was it, a 34 per cent raise before that? So that's about 11 per cent per year increase. Maybe if we froze ours and then kept everyone else's increases just to the rate of inflation, we'd be in much better shape.

My point in going there is just that we are our own worst enemy with regard to public health care. One of the reasons we have to turn to a lot of these alternative models is because we've made public health care so expensive. So that's why we really have to assess that. We have to get our public health care system working again. Privatization or private delivery has a role, but it will always be somewhat of a limited role. If we don't fix the public aspect of the system, then we're in a heap of trouble. Not only that, but if we don't fix it, you know, it's just not going to be able to compete with other systems around the world, let alone private deliverers within our own borders.

We've got to fix that system. Part of that is curbing and controlling our health care costs, not recklessly throwing money away as the former minister of health, who's mostly been responsible for the ejection of this member and the Member for Edmonton-Meadowlark. He's a one-party wrecking crew. It's a self-destruction button; just push him, and you'll get party self-destruction. Anyway, he's caused a lot of issues in our education system, our health system. Hopefully, he'll be a little more merciful on the Energy ministry.

Aside from that, getting back to the amendment, the hon. Member for Calgary-Varsity brought up some things. We'll have to agree to disagree on this stuff. He cites a whole bunch of facts about HRC, fact after fact. Look, I'm getting my facts from the Alberta bone and joint institute, which is an objective, nonpartisan group that is funded by AHS. I don't know where that hon. member is getting his stats; he didn't put them out there. I believe my sources, which are publicly available, are far more – until I see what his sources are, I don't think there's an argument. There's no doubt they were doing it 30 to 40 per cent cheaper, 30 to 40 per cent faster and that it was as good a service. So I don't know where he's getting that.

He cited the issue of the United Kingdom. The fact is that the United Kingdom is actually doing exactly what we're advocating for. They're introducing more competitive delivery on the delivery side. He was saying that they're moving in the opposite direction. That's just categorically not true. Under Prime Minister Cameron they are clearly moving in this exact direction. I mean, it's literally moving in the direction of more competitive delivery, bringing in more private and nonprofit to compete with the public system, and hopefully tendering out contracts, open tendering contracts, and hopefully there will be good competition for those contracts.

The other thing, too. It's funny. The Wildrose isn't even going as far as what they do in these liberal social democracies like Sweden, Luxembourg, France, these places. We're not even talking about going that far. In those systems they have competitive delivery of publicly funded health services. They have that, but they also have an entire parallel, two-tier system where if you've got the money, you can go and pay for a service at a private clinic.

Now, a very small percentage of the population does that, but we're not even going that far. Look; all we're saying is that the public, the nonprofit, and the private guys should compete for the public dollars for patients. It's such a small, incremental step. If we could do that and maybe get costs under control and bring in more private and nonprofit investment, it would go a long way. Maybe we don't need to go any further. Maybe that fixes things. Maybe we can get the public sector competitive again and make sure that wages are competitive across the board and make sure that unions are involved and are actually stakeholders and they're driving change from within.

I mean, if you look at the case study of Sweden, the nurses union over there has been one of the biggest drivers of innovation and change within the public system. They're competing with the private system, but they've brought in a lot of the innovation. They've found that it actually gives them more options because they've got more than one place that they can bargain with and work at. It gives the workers more options, and they've been a huge driver of change. I don't underestimate the ability of our public-sector unions to actually be drivers of change, but we need to have them compete with private industry and private deliverers of health care and nonprofit deliverers of health care. It will make the system much, much stronger. Now, I want to make it clear where – well, here's another one. We talked about the docs' offices in the United Kingdom.

I want to make sure with regard to this amendment – and I do disagree with the new parliamentary secretary. You know, I do have respect for the hon. member. He's very well meaning. We don't see eye to eye on some things, obviously, but I think he was being as honest and straightforward as he could as to why they don't like this amendment. I think it was because they didn't see utility. It'd just be repeating itself. Maybe the Canada Health Act would change over time.

I would ask him: why would we want to cede our autonomy provincially? We have provincial autonomy to say no. What if they change the Canada Health Act, hon. member, to say that not only must it be publicly insured and universal, accessible, and all that good stuff, but what if they also say that it must all be publicly delivered now? If they say that, then that means we would have to put all of those private doctors and their private clinics under the umbrella of the public system. We shouldn't cede our autonomy. We should be able to say: "No. When we passed this bill, the Canada Health Act said these five things, and that's what we were talking about. We'll have to think about whether we're going to bring those other things into this act."

10:50

I don't think it's wise to cede our autonomy in that way. We're a big province. We're the third largest economy in the country. Surely, we can decide the rules by which health care will be administered. We've chosen as a province. All parties have agreed that we want to comply with the Canada Health Act and what's under the Canada Health Act. But if there is a coalition, NDP-Liberal-Bloc, government and if they were to bring in some very shackling legislation, which banned the public delivery . . . [interjection] That's right. Some would call it shackling. Some would call it innovative. That's right.

If they were to do that, we should be able to say: "You know what? No, we're not doing that. We're not going to include that in our health act because that's not an Alberta value. We do believe in competition. We believe in competitive delivery. That's what we're going to do."

I do want to say that there's no alternative motive here. These are the words that are in the Canada Health Act. The Member for Calgary-Varsity seemed to suggest this is some kind of privatization-by-stealth move here. But, of course, that's just simply not the case. These words are exactly from the Canada Health Act. These are the five principles that we're citing here. I don't see how this does any harm. It clarifies it. It entrenches. It says: look, we have the autonomy as a province to make these decisions. I think that it would be a good amendment to remind people about what we're talking about, that health insurance coverage must be publicly administered, comprehensive, universal, affordable, and accessible. I think that's a very good way of putting it.

[Mr. Marz in the chair]

Now, I'll put a few more issues on the record about this, hopefully in the time I have left before I have to sit down. But maybe you could pop up and give me a chance to finish it off because it's just two pages.

Mr. Boutilier: I think I probably could.

Mr. Anderson: It's not much.

Alberta's health care system – and this is about this amendment, about the public nature of it – has arrived at a critical crossroad. Despite massive annual increases in health spending, waiting lists are at all-time highs, patients are left languishing in emergency rooms for hours and sometimes days, finding a family physician is increasingly difficult, and many seniors actually find it impossible to secure the care that they so desperately need.

The PC government continues to mismanage health care. They have squandered millions of dollars on executive health salaries and bonuses for chronic underperformance. They've centralized control of health care in a massive health superboard bureaucracy that has been unresponsive to local needs. They have broken contracts with our most effective health care providers, subjected our health care professionals to intimidation and censorship – boy, did we ever see an example of that – and misallocated billions of dollars on projects that are unable to open due to unavailable operating funds and staff shortages.

To be clear, once patients actually gain access to our system, our doctors and nurses provide treatment that is second to none. However, being forced to wait weeks, months, and sometimes years for access to needed health treatments is not health care. It is a prison sentence that thousands of Albertans are suffering through each and every day.

Alberta's health care system can be fixed, but we cannot continue to allow the PC government to repeat the same flawed strategies and expect different results. Reforming health care will take honest and principled leadership. It will take a new government working cooperatively with Albertans and health care professionals to do what is necessary to build a health care system that puts Albertans first, and we believe the Wildrose is ready to be that government.

Albertans want access to the health care they need. Albertans do not want a U.S.-style health care system that leaves millions uninsured. It is critical that any proposed health reforms for our province comply with the five – that's what we're talking about – key principles of the Canada Health Act as per this amendment; namely, that health insurance coverage is publicly administered, comprehensive in scope, universal, portable among other provinces, and accessible.

Unfortunately, many special-interest groups and political parties have used the obvious flaws inherent in the U.S. health care system to actively scare many Albertans into resisting critically needed health reforms. This has resulted in one of the least accessible, least flexible, and most expensive health care systems in the developed world.

The fact is that the most effective, sustainable, and patient-centred health systems in the world are not found in Canada or the United States. They are found in western Europe. Countries such as France, Austria, Belgium, Germany, and Switzerland all deliver world-class, universal public health care to their citizens, and they do this while spending less per person on health care than we do. These countries and others are able to accomplish this by fostering a culture of patient choice and accountability and providing competition within their publicly funded health system.

We cannot continue to allow the voices of the status quo to keep our province from doing what so badly needs to be done. Failure to

change our direction on health care will result in a bankrupt system with ever-growing wait times and increasingly poor health outcomes. Albertans deserve better.

A Wildrose government would implement the following principles to ensure Albertans have timely access to health care. As per this amendment we would uphold the five key principles of the Canada Health Act; namely, that health insurance coverage is publicly administered, comprehensive, universal, portable, and accessible. We would foster a culture of patient choice and competition by giving Albertans the right to use their public insurance to obtain needed treatment at the public, private, or nonprofit health provider of their choosing, and we would look to model Alberta's health care system after successful European systems that have substantially shorter waiting lists and higher patient satisfaction while maintaining universal health insurance coverage for all.

Here are some more concepts for you. Canada has the fourth-largest per capita health spending in the world – in the world – but it ranks near the bottom of the OECD nations in results. Almost every single European country has better results with regard to waiting lists, accessibility, number of family doctors per person, et cetera, et cetera, et cetera, with less spending than we do. Even with its elderly population – they have one of the oldest populations on the planet – Japan also has a much better system despite spending one-half of what we do on health care. We have to fix the system.

The Acting Chair: The hon. Member for Fort McMurray-Wood Buffalo.

Mr. Boutilier: The chairman, I thought, might have forgotten where I came from.

The Acting Chair: No. I would never do that.

Mr. Boutilier: In light of the fact that we actually sat next to each other for a period of time, I'm glad to see that I've left an impression.

Mr. Chairman, on the amendment that has been put forward, I want to say that the hon. Member for Airdrie-Chestermere once again has brought up and highlighted some very important points that we need to really examine. Really, as we look here, I think it's important to recognize that Albertans do deserve better, so let's harness our energy together to determine how we can do better.

How do we better? Well, we change this very legislation that's being proposed. How do we do it? We deal with these amendments because these amendments are going to in fact deal with the ultimate principle. It's going to deal with the values that Albertans have. I know that Albertans truly and clearly recognize the importance of getting it right the first time. But this is not the first time. This is not the second time. This is not the third time. This is not the fourth time. This issue has been going on for years, so this provides an opportunity, and very seldom is there an opportunity placed in front of us.

I might say that getting it right is important, in my judgment. How would I describe it? It's a critical situation because the situation we're in today is so critical. None of us want to see any of our family face what we're witnessing taking place today. This amendment and the umbrella that falls under it is all about the fact that we need to decentralize. We need to move away from this *Pravda*, the idea of a centralized health care system. We have witnessed first-hand that the health board as it exists today is not working, so consequently it has to be changed. It has to be decentralized. When I talk about decentralized, with each passing week it becomes increasingly clear that the PC government's decision to

place control of health care delivery in the hands of a massive, centralized superboard has been one big mother of a mistake. What has been lost is the community capital.

You see, the law of the farm says that there are no quick fixes. You have to plant a seed. You have to hoe the land. You have to fertilize it. And, ultimately, then you will reap the harvest in the fall. But in the law of the school it says that you can pull an all-nighter, or you can go ahead and ignore the community capital of people. You can ignore the ideas of communities across Alberta.

11:00

We have over 360 communities across Alberta that are being ignored under this proposed bill. That should not happen because we believe that the Canada Health Act and the important principles that are in the Canada Health Act and that are in the amendment that we are putting forward tonight will do a major enhancement to what we believe is already a flawed bill. What we're really trying to do is to stop the hemorrhaging in a seed that's been planted wrong.

As we till the land, as we water our crop to allow it to grow, the unfortunate issue is that it doesn't work in terms of from the sky down. By that, the sky down, I'm specifically referring to the example of the CEO of the health superboard, which is an oxymoron in itself. There's nothing super about it. It's just one big superfailure.

[Mr. Mitzel in the chair]

We have other solutions. Our amendments that we're putting forward are about those solutions because Albertans deserve no less. Decentralizing health care is so critical. Ensuring that the flexibility that we have to harness the energy of good ideas from within communities is critical so that these ideas, what I call community capital, are never lost. Right now under the existing centralized system they are being lost. Clearly, the CEO of the superboard and the chairman of the board, who were in fact appointed by the former minister of health – and, wow, we've seen his actions. I diplomatically use the word “gibberish,” but there's more than gibberish in there.

I can only say that we have lost the community capital. We do not support centralized bureaucracy. Albertans are ultimately being put in a situation where they're being embarrassed by a system that has failed miserably, yet we have put in so much money. The Canada Health Act and the amendment that we have under Bill 17 really achieve important principles, important principles that should never be forgotten.

With that community capital comes a better crop, a better crop that right now is being ignored. We're not watering the system. Well, actually, if you consider the money we spend, there's lots of watering going on, but unfortunately the watering is being lost. It's not grabbing hold to the crop that is so important in reaping a good harvest.

Mr. Chairman, I say that the amendment that's being put forward by the Member for Airdrie-Chestermere is an important one. You know why? Because it's a new idea. After 39 or 40 years new ideas don't come often. Did you know that? New ideas don't come often after 39 or 40 years. But this amendment really is about not just a new idea; it's a new energy. It really is talking about amendments that are required in order to achieve the best care for Albertans. Therefore, I believe that this new idea, this amendment, has to be fed, and I'm feeding it right now. It has to be nurtured, and I'm nurturing it right now. It has to be given an opportunity to grow. This amendment is an opportunity for everyone across the way, even if this government has been in power for 39, almost 40 years.

Maybe it is old and tired. Yes, it is old and tired. I can see that by some of the closed eyes I see across the way.

Having said that, Mr. Chairman, I will endure because I'm willing to stay here all night long to feed it, to nurture it, to allow it to grow. That is the new idea of this amendment. Allow it the opportunity to grow. It's called the law of the farm. Rather than the law of the school, of pulling an all-nighter, we want the law of the farm, where there are no quick fixes, where you have to seek first to understand that you have to plow, you have to nurture, you have to fertilize, you have to water, and then with sunshine the idea will grow.

Mr. Chairman, I believe that centralizing the administration and delivery of core social programs does not work. Let me repeat: it does not work. I'm glad to see that some eyelids have been opened again. Eyelids are being opened; perhaps maybe ears would be opened. In fact, it's my hope that even when Q-tips have gone in to clean, they don't fall in; they actually, in fact, clean as opposed to falling in.

Having said that, Mr. Chairman, I believe that if we centralize control of all food production and delivery in the hands of bureaucrats at the Legislature, long lines, high prices, and shortages will inevitably result. Health care is no different. In fact, Albertans deserve better. In fact, they will get better when it comes to a Wildrose government, and that is a government who is right-thinking. I see members across the way are shaking their heads in agreement. That's nice to see, but I have to say that the door is closed. The door is closed.

I can only say this afternoon and this evening, Mr. Chairman, on this amendment, that I believe that gradually decentralizing the delivery of health care is the answer: decentralizing the care services, tapping into that community capital, tapping in and harnessing that energy of new ideas and new type of nurturing and feeding and all of those things together. [interjections] Mr. Chairman, I have the floor? [interjections] Mr. Chairman, I have the floor?

The Deputy Chair: You have the floor. Keep talking.

Mr. Boutilier: I can't hear myself think with all the noise on that side.

The Deputy Chair: You have the floor. Talk to me.

Mr. Boutilier: Oh, okay. Well, I thought you would interject with the comments on that side, Mr. Chairman. Well, thank you for allowing me to continue. I couldn't hear with all the noise on that side.

Mrs. Forsyth: They were cheering for you.

Mr. Boutilier: They were cheering for me. Oh, I'm glad to see, so glad to see. I am so glad to see. Hallelujah.

Immediately, I think, in getting it right, we have to overhaul the bonus incentives. The minister of finance, who's sitting there with his head lodged on his chair. I'm glad to see that his feet are not up on his desk. I'm glad to see that there is not a cigar hanging out of his mouth, and I'm glad to see that there is no ponytail anymore. That is nice to see because in Alberta what is most important, Mr. Chairman, on this amendment is that we want to overhaul bonuses. Under the Canada Health Act amending what the hon. member has put forward tonight will really, without any question in my mind – and just allow me to comment on this amendment – provide an opportunity to ensure the utility and the value that is utmost to Albertans.

Albertans that I speak to in coffee shops – and, by the way, I'm proud to say that there's no gap in my community. There is no gap in my community because I'm in touch with my community members. They are my bosses. Perhaps others across the way might have forgotten who their bosses are, but I know who my bosses are. They're the people that elect me to give me my job, and then I proudly represent all of them in ensuring they get the best health care, the best service because they deserve no less.

On Bill 17 and the amendment that's been put forward, I want to say, Mr. Chairman, that the Alberta Health Act should be amended in the last recital of the preamble by adding, in my judgment, "namely, that health insurance coverage is publicly" – and let me say publicly, p-u-b-l-i-c-l-y . . . [interjections] I'm glad to see that the member from Bragg Creek and the Member for Lloydminster-Vermilion have been paying attention and they support me; they support the amendment. We will hold to account.

Actually, we saw both of them on television, both of them on television with the podiums the other night. There used to be a cartoon about it, but I thought: I want to use parliamentary language tonight. Consequently, I will withhold my comments, but if you want, I'll share with you later that issue. Oh, they've settled down a bit, Mr. Chairman, right now, and I appreciate the fact that they are listening intently.

11:10

Mr. Chairman, speaking to the amendment, I welcome free advice, but obviously they'll have to wait their turn on this important amendment. I can say to the member from Bragg Creek and the Member for Vermilion-Lloydminster, finance one and finance two, that maybe the idea of merging them together could save Albertans a whole lot of tax money in itself. That's a novel idea in itself. Combining those bureaucracies might be something that might be clever, taking the savings by merging Finance and Treasury Board together. On this amendment, under the Canada Health Act, it would mean that we'd save money that we can put back into the front-line services.

There you go, Mr. Chairman. I think I've silenced both of them because they don't want to lose their ministries or their fancy titles. Well, that's okay. Really, the people with the most important fancy title are the bosses, and that's the people of Alberta, that I haven't forgotten and that I will never forget. By the treatment of the only doctor on that side, it's clear to me that you have forgotten who – I shouldn't make a broad stroke. Some of you have forgotten.

Mr. Horner: You're a bitter man, Guy.

Mr. Boutilier: Now, to the member . . .

The Deputy Chair: Through me.

Mr. Boutilier: Hi, Mr. Chairman.

To the member with the white shirt, the Deputy Premier, I can only say that I look forward with interest to being on a panel where I teach, at the University of Alberta, with the hon. minister of advanced education on Friday because it is going to be quite a beautiful debate. [interjections] Oh, the member over from Red Deer . . . [interjections] Mr. Chair, I have the floor, don't I? On the amendment?

The Deputy Chair: Hon. member, you have the floor. We're talking to the amendment, and talk to me. If you talk to me, the rest of it will settle down.

Mr. Boutilier: I am speaking to you, Mr. Chairman, and I wish you could control your friends across the way. Why they want to speak when I am speaking I don't know.

To the hon. member across the way who wanted to, I think, make a comment relative to my comment on the amendment, which is to Bill 17, I can only say this: there's more to the story, and I know what the rest of the story is. I'm sure we'll read about that in the days to come. [interjections] Yes. Oh, It seems like the Member for Red Deer-North is settling down now. I can only say that I will share with you the rest of the story. Yes, Mr. Chairman.

Please, I love the opportunity of being able to participate with such an interactive group tonight. To the Member for Spruce Grove-Sturgeon-St. Albert, I would like to say to him that in terms of educating, in fact, the Member for Edmonton-Whitemud this morning . . .

Dr. Morton: Through the chair.

Mr. Boutilier: Someone said: through the chair. I find that really quite interesting. Mr. Chair, with the utmost respect, everything I say is through you.

Having said that, I am without question convinced of the ideas that we are harnessing here in this amendment, the idea of taking new ideas, something that on that side they don't really have a lot of after 40 years in power. I embrace them to join us, the Wildrose, with this amendment because this amendment is respecting Albertans, the bosses. Not only is it respecting them in this amendment; it's saying that the Canada Health Act will be publicly funded and that it will ensure that the bill, that is a disaster, Bill 17 – we're trying to stop the bleeding. We're trying to stop the hemorrhaging by this amendment because we believe that, my goodness, I mean, there is going to be a requirement for amputations down the road based on what is happening in here.

I can only say that I look forward to the comments, Mr. Chairman, from all corners of this Assembly because I value opinions when it comes to how we can deliver an amendment that provides the best care and the best hope. Hope is such an important component of who we are, so let me share with you what that means: the hope of a better tomorrow, the hope of a stronger community, the hope of not having to stand in an emergency line for a day, and the hope that when you're in that line, you won't die. I'm speaking about facts based on what Albertans have talked to me about, and that, I believe, is an indictment of this existing government. For the Member for Vermilion-Lloydminster to laugh at the fact that someone died, I don't think . . .

Mr. Snelgrove: We're laughing at you.

The Deputy Chair: The hon. Member for Fort McMurray-Wood Buffalo has the floor.

Mr. Boutilier: Thank you, sir. Mr. Chair, there's nothing funny about this situation. Health care is something that is important to all of us. I think every member in here wants the best health care system. It's unfortunate that the governing PC Party threw out the only doctor they had. He was connected to the people of Alberta.

Ms DeLong: Relevance.

Mr. Boutilier: Let me share with you the relevance since it's been asked for by the Member for Calgary-Bow. Let me share with you the relevance of a doctor because a doctor is not a knucklehead. A doctor knows what's going on.

Ms DeLong: Relevance.

Mr. Boutilier: Mr. Chair, the member continues to say, "relevance." She's waving a white flag and saying: I surrender. That's what she's doing. There's no doubt in my mind that she should surrender. I'm glad to see she has her white flag.

Mr. Chairman, I want to say that they need to do the right thing. You need to immediately remove any clause in the current AHS code of conduct that might act as a deterrent to the ability of health care professionals to voice their ideas and concerns regarding health care.

Thank you, Mr. Chairman.

The Deputy Chair: Any other members wish to speak on the bill? The hon. Member for Edmonton-Strathcona.

Ms Notley: Thank you, Mr. Chairman.

The Deputy Chair: I'm sorry. Not on the bill, on amendment A2.

Ms Notley: Indeed. I was rising, in fact, to speak to this amendment.

This is an interesting amendment that the Member for Airdrie-Chestermere has put forward, that basically we add to the preamble of the Alberta Health Act the further explanation that the Canada Health Act includes that "health insurance coverage is publicly administered, comprehensive, universal, portable and accessible."

There have been comments made that this is superfluous or that it's unnecessary and that it's not required to have this language describing what the Canada Health Act stands for. Regardless of whether one thinks that that is or isn't accurate, I think it is pretty easy to understand what the impetus for this amendment is. I think it comes from sort of a desire to try and clarify and further describe what it is the government is trying to do with this piece of legislation. I think that it comes probably from sort of an inherent sense of distrust that has developed with respect to what the direction is that this government is going to follow in the future when it comes to the future of our health care system in Alberta.

There's good reason for that sense of distrust, and there's good reason for that sense of confusion. You know, let's face it. The history of this government in terms of its approach to health care over the last 10 or 15 years is one that has repeatedly attracted the ire and the distrust of Albertans concerned about maintaining the public components and the health of their public health system. I think that this must be, obviously, the impetus for this particular motion.

You know, I will say that one of the things that I'm concerned about with this act is that, in fact, in addition to the Canada Health Act most of the substantive protections against efforts to privatize through a variety of different strategies that have been considered by both this government and other advocates of private health care over the past 25 years are included not necessarily in the Canada Health Act but in the interplay between other provincial pieces of legislation either with each other or with the Canada Health Act.

One of the things that concerns me the most about this bill, actually, is that as much as we all talk about enforcing and trying to protect the principles of the Canada Health Act, as it stands right now, many of those principles are actually protected by these acts, all of which stand to be revised substantially by this government in what the minister has referred to as phase 2 of the legislative rewrite.

11:20

Of course, as this government's political stability has become more and more tenuous, the whole concept of phase 1 versus phase 2 developed. It became clear that they really didn't want to take on

phase 2 before an election because Albertans were going to demonstrate the kind of distrust that we see reflected through the introduction of this particular amendment and that it would be very, very difficult for them to run in an election right after phase 2 of the legislative rewrite.

Instead, we have phase 1, and phase 1 talks about, you know, adhering to and respecting the principles of the Canada Health Act. But most people who have spent any time really looking at this issue understand that the matter is a great deal more complex than that and that what really needs to happen is that we need to do a much better job in our province as well as across the country but particularly in our province asserting the fundamental need to preserve public health care, public funding of health care, and public delivery of health care and that, in fact, health care itself needs to be properly defined and provided for.

There's so much complexity to this. We always have this conversation. What is health insurance? What is health care? What is it that we're actually providing to Albertans freely? Of course, we've already seen from this government efforts to reduce the scope of what it is that we provide with last year's delisting of gender reassignment surgery and also chiropractic services. I mean, people use the word "delisting," but delisting is just another way to privatize because you delist it, and then, of course, what has to happen is that people have to pay for it out of their pocket.

We had the introduction of delisting, and then the government's political fortunes took a little bit of a nosedive. I suspect there were probably larger plans to delist subsequent to those two little test balloons, and the government backed off on them. But that whole concept of delisting is another issue about ensuring that our health care is publicly administered. Different people argue over whether the language that's included in this particular amendment, that "health insurance coverage is publicly administered," means that it's actually publicly funded. I think that we all believe that it does, but the jury is still out in many respects.

You know, in a lot of ways I do understand what it is they are trying to get at with this amendment. I guess my concern is that I don't believe it gets them to where they want to go although I'm never sure, with all due respect, where exactly it is this particular group wants to go with health care. I remain somewhat concerned that there is perhaps a sincere but, I would suggest, misguided belief that the more we can expand private delivery and expand the opportunity for private-sector involvement in our health care system, the better off we will all be. Certainly, I will say right off that I do not agree with that.

It's interesting. We all know right now that as much as we have the Canada Health Act, which says what this amendment describes, we actually do right now in Canada and in Alberta pay at least 30 per cent of our public health care out of pocket. At least 30 per cent of the public health care that we receive now is something that is only given to Albertans on the basis of their ability to pay. It is the kind of thing that lower income Albertans do not have access to. We have differential access to public health care in Alberta as we speak. In fact, across the country but certainly in Alberta it's as bad as it is anywhere else and perhaps in some cases worse.

That, of course, doesn't even include the characterization of pharmaceutical prescription as health care. Well, prescription is health care, but the actual intake of pharmaceuticals is, in fact, the most common form of medical treatment now, and that is not for the most part publicly funded. Many, many doctors will talk about how many patients they have that have had their health care and their treatment compromised solely by their income. They cannot afford to access the treatment that the doctor recommends because treatment is pharmaceutical, and pharmaceutical is not publicly funded. That's just one example.

We also have the concern around sort of the continuum of care. What is treatment? Well, treatment is going to see a doctor in a hospital. Well, is that really the best way for treatment? It's actually the most expensive way, but of course people go there because it's the way you actually get it publicly funded. It probably would be a lot more helpful to have the services of a public health nurse, a dietitian, a physiotherapist at your home, miles and miles away from an emergency room. Unfortunately, most of that stuff is not publicly funded right now, so what happens is that people's health deteriorates, and they end up in the emergency room.

All of this is to say that I support in one way the intention behind this amendment because I do believe the intention is to provide certainty to a piece of legislation that has no certainty and to reach out to the Canada Health Act, which, we have all heard for years and years, serves as the foundation of our medicare system. I guess my concern is, as I've said, that many people who spend a bit more time working with this understand that, really, the primary protectors of our public health system are the provincial acts, which function underneath the authority of the Canada Health Act, and also the political jeopardy which arises whenever a government tries to expand the role of privately funded and, indeed, privately delivered health care.

There's nothing to be lost by supporting this amendment. Because I understand the reasons behind it, we're perfectly prepared to support this amendment. But I think that ultimately, even if passed, this amendment will not fix what is a fundamentally broken piece of legislation, will not fix this government's failure to look at the challenges within our health care system head-on and take the kind of decisions that are necessary to truly protect, preserve, and grow a healthy public health system of medicare in Canada.

You know, the newly appointed parliamentary secretary to the minister of health led a consultation across the province that formed the foundation for this piece of legislation. While there were, you know, certain general motherhood and apple pie statements that came from that consultation, I will say that in our caucus's own consultation, which preceded his cross-province tour – if I recall, there had been a plan on the part of the government to have an Edmonton-only, invitation-only sort of consultation process. Then we in our caucus chose to travel across the province, meeting with Albertans in open public-hearing forums, and we prepared our report. Subsequently the government decided to also have a slightly more open hearing process, which ultimately resulted in the report which forms the foundation for this act.

11:30

While we were out there, we heard from people about what needed to happen in health care. There were a lot of truly innovative ideas which really focused on strengthening the quality of care, increasing accessibility, increasing affordability, managing health care in a more effective way, all those kinds of things which I'm sure I'll have a chance to talk about when we talk about the bill in general, all the things that were included in our caucus's report entitled *What Albertans Want*, which is a report which includes about 25 sound recommendations for improving the scope and quality of health care and public health care, particularly in Alberta.

I would have loved to have seen, ultimately, this government at the end of their consultation at least having identified the fact that 30 per cent of our health care right now is privately funded. I would have wanted to have seen some comment about that, some guarantee that that percentage was not going to go up and, perhaps, even an effort on the part of government to bring that percentage down. But as much as they identified the fact that roughly 30 per cent of health care in Alberta is paid for out of pocket by those who can afford to

and not received by those who cannot, in fact, they were silent on that issue, and I think that was a huge shortcoming.

I think that's really what it is that this amendment is trying to get at. It's to refocus the discussion on public funding of health care. Whether describing the Canada Health Act in more detail is necessarily the best way to get to that outcome, I don't know. Certainly, I believe that we need to do whatever we can to legislatively describe and secure the objective of increasing the percentage of health care provided in Alberta that is publicly funded and not privately funded.

Then, of course, I'm reminded as well that there's a whole other issue, which is the issue of public delivery, which I've talked about already. That's an administrative issue, but it's an issue that I think is so blatantly obvious as the best way to provide the most efficient, the most easily managed, and the most comprehensive system of health care that you make sure that as much of it as possible is publicly delivered. The whole notion of carving off pieces to private-sector groups, injecting the profit margins so that suddenly we have to somehow have a health care system that not only provides health care but also provides profits to the shareholders of the for-profit deliverers, to me, on the face of it, just defies common sense, the whole notion of how competition will somehow improve the quality. Well, no, it won't. What it will do is fracture the quality, fragment the quality, make it harder to manage, and ensure less control over the system. So I fundamentally disagree with the mover of this motion on that particular issue, but I'm sure we'll have lots of time to talk about that in more detail down the road.

Having said all that, I certainly think there's no harm to be done by providing more description of the Canada Health Act in this piece of legislation. I would just like as well in the future to see better work in this piece of motherhood and apple pie legislation, that would include something more substantive, which, in my view, would be a commitment to increase the amount of public funding for health care and the percentage of health care which, as I've said, is publicly funded and to reduce the need for people to pay out of pocket for their health care because that is a growing area in Alberta. The more you talk with people about what the pressures are in our health care system, you know, what the pressures are in our ER as well, one of the pressures in our ER is the lack of long-term care. Long-term care needs to be something that is clearly defined as part of our health care system and publicly funded.

Right now we've got sort of a dog's breakfast of arrangements for providing that care, for describing that care, for delivering that care, and for funding that care. Any given day you can have four people in a room talking about it, and they can all be talking about different things. I think in some cases the confusion is intentional. Regardless, that's an important, important component of our system of public health care, yet it remains singularly unaddressed through this legislation or even through their statement of principles within it, so I think that that's another thing that needs to be addressed. You know, you can sort of argue that perhaps you're taking the first step through supporting this amendment here.

With that, I think I will end my comments on this. I look forward to a great deal of more fruitful debate on the state of our health care system in terms of the theatrics that we've observed over the course of the last three or four weeks. I don't actually see the impassioned plea of our ER doctors as theatrics nor the unfortunate circumstances that they've described publicly and openly to Albertans as theatrics, but there's certainly no question that there's been a great deal more public attention paid to our health care system over the course of the last two or three weeks. So I anticipate having some good conversations and debates about that as well, given that I didn't get the opportunity to get up and speak during our emergency debate, which

lasted for, I believe, 65 minutes or something like that. I also look forward to talking more about the kinds of solutions that we in the Alberta NDP need to see aggressively pursued by this government in order to ensure the absolute greatest level of health for the greatest number of Albertans at the least cost to them.

Thank you.

The Deputy Chair: The hon. Member for Edmonton-Gold Bar.

Mr. MacDonald: Thank you very much, Mr. Chairman. It's with interest that I rise to participate in the debate on amendment A1.

The Deputy Chair: A2.

Mr. MacDonald: Oh, yes. A1 was defeated, of course. Amendment A2, proposed by the hon. Member for Airdrie-Chestermere.

Certainly, I listened with interest to the comments, particularly the comments from the hon. Member for Edmonton-Rutherford, who explained why the government at this time was not keen on this proposed amendment. I heard from the hon. members. The hon. members from the Wildrose are sensitive about the perception or the ideas that Albertans have regarding their position on public health care. I think this is a political amendment – there's no doubt about that, Mr. Chairman – to soften or to try to change the image that Albertans have or the questions that Albertans have regarding the hon. members' party and the direction that they may want to take with health care and the health care delivery system.

I have, quite frankly, reservations about the motives of this amendment. It certainly looks good, and it would not hurt, certainly, to have added after "Canada Health Act" in the last recital of the preamble of Bill 17 the fact that "health insurance coverage is publicly administered, comprehensive, universal, portable and accessible."

I have trouble, I must confess, Mr. Chairman, keeping track of all the committees that this government has struck over the years to have a look at public health care and what should be done, what needs to be done, and what could be done. It's quite odd that in the midst of this debate or discussion we're having on health care, of all the reports and all the committees that were struck, there was never a report done, a cost-benefit analysis done of the consolidation into Alberta Health Services from the nine regions and the Alberta Mental Health Board and the Alberta Cancer Board to determine if (a) costs could be controlled and (b) if it would improve service. There was never an internal study done by this government, nor was there an external study done.

11:40

There were lots of consultants hired. I'm looking at some information in the blue books, in the public accounts, about consultants and this government's use of consultants. Not only were there a lot of reports presented by committees that were struck, but there were also these external consultants. McKinsey & Company comes to mind, Mr. Chairman. They had some very, very good ideas. I rather doubt that they had any input into the drafting of this Bill 17. I rather doubt that they had any input into including in this section that "health insurance coverage is publicly administered, comprehensive, universal, portable and accessible," as is suggested by the hon. member, but certainly in the discussion about principles for renewed health legislation. I mean, it's a cottage industry. Sometimes I wonder if any of these reports have ever been read by government members.

I was waiting for my turn to speak on this amendment, and I was reading some of the work that was done. I didn't get an opportunity to look it up, but I'm going to go on the record, and if I'm wrong, I

will stand corrected by one of the hon. members across the way. Certainly, in the last period of time – I'm going to say less than two years – McKinsey & Company has invoiced the taxpayers of this province for at least \$1.4 million for reports. Now, were those reports considered when this bill was drafted? I would have to reluctantly say no. Did the hon. Member for Airdrie-Chestermere read those reports? Did he think to himself that maybe, just maybe, this is what the government had in mind, and they overlooked it? That could be a reason for his amendment, but I rather doubt it.

I think it's a political reason, Mr. Chairman, that this particular party – and he's very proud of them, and that's certainly his right. We do know that their public suggestions on health care are contrary to what mainstream Alberta is thinking. Mainstream Alberta is sick and tired of this government. They see through this bill. This amendment is certainly not going to repair the bill to the point where Albertans are going to say: "Okay. This is really what we need, the Alberta Health Act." They're not going to get fooled again.

What Albertans really want and what is not in this bill are some ideas on how we can improve public health care delivery, how we can shorten wait times, how we can eliminate a lot of the chaos and confusion that occurs in emergency rooms. This is what people want. They don't want a public relations exercise, which is this Alberta Health Act. I can see the hon. member's sincerity, his earnest effort to improve this bill. Maybe it was overlooked, but we have to look at this. We have to look at all of the discussions that have occurred.

One of the committees that was struck, the Minister's Advisory Committee on Health: its conclusion is Bill 17. The terms of reference for the committee: as I understand it, there were two principles at the start of the discussion. One was that the public health system will serve the interests of all Albertans regardless of their ability to pay, and access to publicly funded health care services is to be fair and effective. Now, another way of describing these principles is patient centred, publicly funded, and accessible, which the hon. member certainly covers in his amendment. Albertans along with other Canadians value the national framework of health services available on the basis of need, not ability to pay, linking provincial health systems with the principles of the Canada Health Act.

What about quality and safety as principles? A focus on wellness? Well, it's quite interesting. I don't have – I should, but I don't, and I apologize, Mr. Chairman – handy some of the comments that the leader of the Wildrose Alliance has made regarding health care and what she and their party would like to do. It would fit into some of the comments that have been made in the past by some of the government members, not all government members but some. That, in my view, is the reason for this amendment.

When we look at the health care system and keeping it consistent with the Canada Health Act, it must include the principles of public administration, comprehensiveness, universality, portability, and accessibility, and that's again mentioned in the amendment. Maybe we should have it there. I'm not convinced this bill is necessary, but I may listen to the hon. Member for Edmonton-Rutherford on this because I'm not so sure that we need that. If it would satisfy the Friends of Medicare, if it would satisfy the many citizens from our constituency of Edmonton-Gold Bar who are very, very concerned about the direction this government is going with health care, I would support the amendment.

I'm torn, actually, Mr. Chairman, between the effort of the hon. Member for Airdrie-Chestermere and the comments earlier from the hon. Member for Edmonton-Rutherford regarding this amendment. What I do know and would like to repeat to all hon. members is that health care is what Albertans want this House, want this Legislative Assembly to fix. They know the system has been run into the ground by this government. We have seen countless managers come

and countless managers go. We have seen ministers. Now, I'm not going to start counting up the members of that front bench who have had a time as minister of health. Certainly, there's the current Minister of Energy, the current Government House Leader, and the Minister of Education, and there's the Minister of International and Intergovernmental Relations.

Mr. Snelgrove: Don't forget about us back here.

Mr. MacDonald: They have not been in health care, Minister, that I'm aware of.

And we have the Member for Edmonton-Mill Creek. So that's four. I could be missing one; I'm not sure. I could never count up the deputy ministers that have come over the years to Public Accounts. But these are reasons why Albertans in good health or in bad, retired or still working consider this government's management of the health care system a total failure. A total failure.

Now, when we compare their management style, Mr. Chairman, it would be safe to say that we have a minister of finance who is contemplating a different pension system. Meanwhile, we have this lavish pension system for health care managers, in some cases \$22,000 a month for life, indexed. Yet we can have these pensions for these individuals . . .

11:50

The Deputy Chair: Hon. member, what does that have to do with the health insurance coverage, with this amendment? Please stick to this amendment.

Mr. MacDonald: I am definitely sticking to this amendment, Mr. Chairman. If you could allow me to finish, you would certainly see where I'm going with this.

The Deputy Chair: Get to the point.

Mr. MacDonald: Yes. Okay. I certainly will.

Now, it's another example of the mismanagement and the double-talk of this government. In one case we want to restrict and limit pensions for some people, but in other cases individuals who have been running up massive deficits, ruining public confidence in the health care system – and this bill and this amendment are not going to restore, whether we vote for it or not, public confidence in the health care system, because it's been damaged by the mismanagement of this government, totally damaged. There's nothing I can do about that, Mr. Chairman. I know certain members across the way may not appreciate that, but that's how it is.

Citizens are sick and tired. I was waiting for my turn to speak to this amendment, and I couldn't believe some of the comments I was reading on the Internet regarding the latest shenanigans of this government. I couldn't believe it.

Now, this amendment and how it will be reflective of the Canada Health Act: whether it's in there or not, I don't think it's going to make a lot of difference to this bill. Maybe it will. I think that people who understand and appreciate what public health care means and how we're protected by the Canada Health Act will see the efforts of the hon. member and say: okay. They will also see the veiled attempt by this overall legislation that the government is trying to work through here, and that attempt is a public relations exercise to say: "Hey, we're doing something. Finally, we're doing something."

This act, this bill, this amendment is not what Albertans want, Mr. Chairman. What they want are some reasonable solutions to fix the long wait times in emergency rooms. They want to see acute-care beds used in hospitals for those who are in need. It should not be a

bed that's used for a long period of time when you have the patient waiting for long-term care. These individuals tell me that they want the mental health system. They want the plan that the Auditor General so accurately described in his report two years ago. They want that plan implemented. They don't want this bill. They're not talking about this amendment. That is what Albertans expect, and that is what they want. They don't want any more public relations fluff from the government.

No one has phoned and suggested to me today that this amendment is what we need or that Bill 17 is what we need, but people have phoned concerning wait times in the emergency rooms, access to orthopaedic surgery, access to a family doctor. Why are facilities being constructed? Why have the facilities been furnished with medical equipment, but we don't have enough skilled personnel to work in them? Those are the questions people are asking, Mr. Chairman.

In conclusion, when we think of the Canada Health Act and we think that health insurance coverage is publicly administered, comprehensive, universal, portable, and accessible, Canadians and Albertans understand that. Hopefully, the hon. Member for Airdrie-Chestermere understands that. Hopefully, his party does.

Certainly, I'm going to express my gratitude to him for bringing this amendment forward, but I would like to remind all hon. members to work to ensure that the problems in the system are fixed. We can debate this amendment, we can debate this bill, but the rubber is going to hit the road when this government finally decides that we're going to need some different management techniques and different management skills than they have across the way. They are the leaders. They are the ones that have made the political decisions that have caused all this chaos and confusion, not the appointed or hired individuals. The responsibility lies with the hon. members across the way. That's where the responsibility lies. I know they're going to try to duck that responsibility, but they can't. They are the ones that after the 2008 election, that big majority – I don't know what they were thinking, Mr. Chairman, but Alberta Health Services was not a good idea.

The Deputy Chair: The hon. Member for Fort McMurray-Wood Buffalo.

Mr. Boutilier: Thank you very much, Mr. Chair. When we talk about the amendment to Bill 17, I think that patient-centred service delivery is so important, and this is part of what we believe is a fundamental principle. The most fundamental flaw of Alberta's health system is the lack of choice and competition in the delivery of health care services. I think we can all agree with this, and as we look at the Canada Health Act, we believe that this component can be under the Canada Health Act under the amendment that's taken forward.

The provincial government has created a monolithic public delivery monopoly, basically, wherein there is virtually no competition for patients, no incentives for providing effective service. [interjections]

The Deputy Chair: Just a moment. Hon. members, can you tone it down a little bit? I can't hear a word he's saying. [interjections] I'm the only one who's listening, though, so please tone it down.

Go ahead.

Mr. Boutilier: Mr. Chair, I'm not sure why the Member for Vermilion-Lloydminster would not be. "We're happy for that" is his quote. I'm glad to see that he's paying attention, with his ears wide open. Unfortunately, his mouth is wide open, too, but that's okay.

Choice and competition between health care providers is the key to really solving these problems. In many cases well-run public

hospitals will provide patients with the best and the most timely treatment. The provincial government has created a monolithic public delivery monopoly, that I made reference to earlier, wherein there's virtually no competition for patients. Patients are not able to go to see where they can get the best or the quickest service and the most competent service, and I think it really reflects in terms of the crisis we're facing today when we talk about no competition for patients, no incentives for providing effective services or, for that matter, excellent treatment, and no reason to run hospitals or utilize operating rooms more efficiently. A fundamental flaw.

This amendment, I believe, will in fact be able to enhance the concerns that I raise. Is it any wonder emergency rooms are in the crisis that they're in today? Choices in competition, I believe, between health care providers is the key to solving these problems. In fact, in many cases well-run public hospitals will provide patients with the best and most timely treatment. I say "the best and most timely treatment," which is so important. In other words and in other instances, independent nonprofit and private facilities will be able to treat patients more effectively and efficiently.

12:00

I'd like to use just one example, under this amendment, of how that is done. I am very proud in terms of the category of nonprofit to talk about the Shriners hospital. I'm proud to have been a Shriner for over 10 years, an Al Shamal. In being a Shriner, it's our responsibility as Shriners to – did you know? – raise \$1 million per day, \$1 million per day that go towards not-for-profit hospitals such as the children's Shriners hospital, a wonderful example.

Choice. I believe competition between health care providers is a key to solving the many problems that we are facing. In the example of nonprofit the Shriners hospital, I think, is just one of many examples of where we're able to treat patients more effectively and treat children more effectively and efficiently without long waiting lines. I want to congratulate and I also want to take the time to say thank you to the Shriners across Alberta, the Shriners across Canada, in North America, for that \$1 million a day that they raise 365 days a year.

If you can imagine, their commitment to caring for young children is through the amendment that we're talking about and the principles of the Canada Health Act, that are so important. As I speak about not-for-profit, it's about enhancing. This amendment, I believe, is enhancing the principles of a bill that is, as I mentioned earlier, very flawed but at the same time recognizing that we want to stop the bleeding. We want to be able to treat patients more effectively and efficiently, and our children: we want the best care for them. I don't think anyone in this Assembly would argue such a point as long as the needed service is publicly paid for and done safely. It should not make a difference whether an operating room is run by a public hospital or a private surgical centre.

The hon. Member for Calgary-Fish Creek earlier and the Member for Calgary-Glenmore earlier and the hon. Member for Airdrie-Chestermere clearly recognize the importance of new ideas to the important delivery of health care services to ensure that the actual emergency rooms are no longer faced with the dismal. We want to give people help.

One person who was giving Albertans hope was the doctor who, of course, was recently kicked out. I can say that the Member for Edmonton-Meadowlark is a shining example of hope of the future for a better health care system.

Mr. Chairman, on the amendment that has been put forward, where we talk about, "namely, that health insurance coverage is publicly administered, comprehensive, universal, portable and accessible," I think that we are able to talk about not-for-profit. We are able to talk about providers such as private and also public all

rolled into one. I think that kind of hybrid approach is one that Albertans expect no less of.

If I could give you an example, and this is where the minister of finance may want to astutely pay attention. The HRC, the Health Resource Centre, in Calgary is an example, under this amendment, where changes have been made, money has been spent, and now what used to be 1,600 people getting hips, knees, and other replacements – I think hip and knee is the most in the HRC. What I find really, really important is that there are going to be another 1,600 people – 1,600 people – who are not going to get due attention. I'm going to be introducing five of them next week with their hips and their knees. They're on wait-lists, and they're in pain because of what has taken place in Calgary.

This amendment is talking about publicly funded even if it means in a private centre, but what it really is about, what Albertans have told me, Mr. Chair, is that we don't care who does it. If it's publicly funded and it's private or if it's not-for-profit or if it's private doesn't really matter. What we want to ensure is that the lines go down, no one can queue-jump. In the Canada Health Act no one will be able to queue-jump, and this amendment that's being put forward is another principal pillar in what I believe are Alberta values.

I believe that Albertans deserve better, and I believe that a Wildrose government will ensure, under this amendment, that we are putting forward that Alberta's health care delivery is patient centred and that wait times for specialists and procedures and emergency room care are significantly decreased by implementing important components that are framed under this Canada health umbrella. Let me just give you an example. You ask: give us an example. Well, let me give you an example: significantly reduced wait times for specialists and medical procedures by opening delivery of publicly paid for health services to any accredited private and not-for-profit health service provider. It's not radical science. It's not new. But it all fits under the umbrella of the Canada Health Act, which is of course mentioned in the amendment.

A private or a nonprofit provider such as the Shriners can deliver the same service, either as good or a better quality of care, more quickly. In other words, that person I'm going to be introducing next week in the public gallery here in this Assembly who is agonizing in pain, who is taking drugs because of the pain, because of their hip that they're waiting and waiting for, now that the decisions were made in Calgary, is going to have to wait longer. People and Albertans don't care, Mr. Chairman, under this umbrella of the amendment, under the Canada Health Act. What they care about is being able to get an efficient and effective service quickly. That's not happening in ER rooms, and it clearly is not happening if you happen to require a new knee.

I might add: how many over across the way need a new knee? How many across the way may need a new hip? When I introduce the people up there next week that will be travelling, they are going to be living proof of people that are in a line. You can go and pay out. You know, the HRC, the Health Resource Centre, in Calgary has been absolutely stellar in the approach that they have performing the service. So the public system can actually learn from what is going on. I can only hope that the members across the way may never need a new hip or a new knee because in my judgment they don't want to wait in a line any more than Albertans do, and that's what is happening.

Mr. Chairman, it is clear to me. The choice is obvious. Support this amendment. Do the right thing. You will be able to look yourself in the mirror tonight and sleep well tonight. That's if, in fact, you go home for a sleep tonight. We're not really quite sure on that point because we have lots of energy on this side. In fact, I often say: nous avons l'énergie; we have the energy. It really

captures the spirit, under this amendment, of who we are, what we do, and how we do it.

I can say to you that when you put your hands on your head like this, it means you require more oxygen, just so you know. Some may require more oxygen, others may not, but that's okay because at the end of the day under a really good health care system you shouldn't require more oxygen because you should be getting enough through your ventricles and your blood system that is coming forward. So on this amendment, Mr. Speaker – and I'm not a doctor. In fact, they kicked out the only doctor that was on that side. On the amendment, it was unanimous.

12:10

Mr. Chairman, at the end of all of these important issues of a Canada Health Act, I find it ironic. Introducing a health care funding model in which public and private and not-for-profit health service providers and facilities are compensated according to the quality and the timeliness of care has to be a principle that the Treasury Board President can agree to and the minister of finance can agree to.

Mr. Chair, I see some movement on the other side in the far right corner.

The Deputy Chair: Okay. Well, you're talking through me.

Mr. Boutilier: In fact, Mr. Chair, on the amendment, I see a few dolls moving on that side, and it obviously has distracted me from my thoughts. I can only say that, you know, I don't think you're allowed to be theatrical when it comes to holding up dolls and things like that. I think you may want to forewarn your colleagues across the way that it's very important that they play nice in the playground because right now we want to get this right. It's clear to me that I can only say, when it comes to getting this right, a Wildrose government.

In fact, I want to say, Mr. Chairman, on this amendment, that when I drove back from British Columbia into Alberta this summer, there was a beautiful sign put up by the government, and it said: welcome to wild rose country. What a beautiful sign that was. It was truly beautiful. In fact, I got a picture by it. I think I was an independent at the time, on the amendment on the Canada Health Act, but I got a picture from it because I was coming back to wild rose country, and that is so nice.

I think it's important to dream, and in fact this amendment is about dreaming.

An Hon. Member: If you don't have nightmares.

Mr. Boutilier: Yeah. I would far prefer to have a dream than a nightmare, and I can say, Mr. Chairman, that this amendment is a dream. This is not a nightmare. I think a nightmare is actually Bill 17. I think it is quite simply a train wreck ready to happen, and that's why we want to amend this Bill 17.

Mr. Chairman, I'm finding it difficult to concentrate with all the activity going on. I will continue on without the distraction, but I always welcome active participation in terms of what's going on here. I want to say: how could anyone, on this amendment, disagree with the concepts of ending the practice of building expensive health facilities until there is clearly enough available staff to open them? What a novel idea, under this amendment, on the Canada Health Act. With the money saved from this practice, immediately work to open and staff available capacity within public systems to reduce wait times.

Not only that, Mr. Chairman, but the Minister of Transportation from Innisfail-Sylvan Lake may actually then be able to get some dollars to put some pavement on my highway, which is directly

related to the Canada Health Act because of the fact that I and my family and Albertans who travel that highway that doesn't have pavement on it today may be in jeopardy. That's how that works.

To the head of the oil sands secretariat I can only say: clearly, to me you have a situation, under the amendment on Bill 17, and I think, please, give the Minister of Transportation some money for pavement so that we can save under the Canada Health Act. Right now, Mr. Chairman, clearly, he doesn't have the resources because there's sure no paving going on, and I continue to wait. I divert, for the benefit of my health, from calving caribou. I continue to manoeuvre around migrating birds. We do all of those things because I do know that at the end of the day we want what is the best health care system based on the best transportation. Because, you see, if we don't have a good system, under this amendment, then the health care system is actually going to be further burdened based on, in fact, more accidents.

The Deputy Chair: Hon. member, we're talking about health insurance coverage.

Mr. Boutilier: Right. That is so important, and that goes directly to my point, Mr. Chairman. At the end of the day this insurance is something that is an umbrella. This is an enhancement, the amendment that is being put forward here. I want to say that I will sleep better tonight when the members across the way support this amendment. I know they are eager to stand. Maybe it might soon be getting close to calling for the question on this amendment. This amendment stands for the values and the principles of Albertans. It stands for Wildrose Albertans. I mean, all Albertans are Wildrosers because that's actually what it says on our licence plates.

Mr. Chairman, on the amendment to the bill regarding the insurance I want to say that when I get my car insurance . . .

The Deputy Chair: We're talking health insurance.

Mr. Boutilier: Yeah. Car insurance and health insurance are very interrelated.

The Deputy Chair: No. Health insurance coverage.

Mr. Boutilier: Health insurance and car insurance. Why? Because, clearly, we want to ensure that our health care system is not burdened needlessly and unnecessarily. I believe that under the Canada Health Act and their insurance further reducing surgical and specialist wait times by funding patients outside of the province should also be an opportunity to be able to get timely access to medically necessary procedures, which are also sometimes unavailable within the province of Alberta. Of course, I don't think that any of us are at all pleased by that.

In such cases, under this amendment, Mr. Chairman, the costs to the government to have the same procedure performed in Alberta would instead be sent to an out-of-Alberta health provider. If that's what it takes, we will eliminate the 10 people that I'll be introducing in the Assembly next week under the umbrella of the Canada Health Act and the insurance. I might add that when we talk about Bill 17, the health insurance coverage is publicly administered, comprehensive, and, in fact, accessible.

Chair's Ruling Relevance

The Deputy Chair: Hon. members, before I recognize the next speaker, I want to just make a couple of points under Standing Order 23(b) and *Beauchesne's* 459. First is relevance. We are talking to

an amendment on health insurance coverage by adding that “health insurance coverage is publicly administered” go in after “Canada Health Act.” That’s what we are talking about. We’re not talking about paving roads to anywhere. We’re not talking about anything else on this. We are talking about this, so this is where we are going. We’re going to keep it relevant, and I will be calling everyone on relevance. Also, you’ve got to quiet down on both sides of the House.

The hon. Member for Calgary-Varsity.

Debate Continued

Mr. Chase: Thank you very much. I’m sure that when it comes to health insurance, as is being proposed in amendment A2, we’re probably all wishing we had the debate on health insurance tonight because it’s 20 after 12, and we’ve been basically chasing our tails with amendment A2.

One of the terms that amendment A2 calls for is “comprehensive.” Comprehensive has a couple of meanings. It means complete; it means understandable. I don’t believe that at this hour we have the comprehension available within this House to actively participate in the best interests of Albertans. Yes, we’re accessible in the sense that we’re all here, but the progress that we’re making, whether it be on amendment A2 as stated, is very questionable.

I do appreciate the hon. chair doing his level best to guide the direction on this debate and to also keep people in check, but the reality is that if there isn’t something particularly creative or changing, then an individual’s ability to participate in the debate on A2, that “Bill 17, Alberta Health Act, be amended in the last recital in the preamble by adding” – without that ability to comprehend what is being discussed tonight, the value of the exercise is terribly diminished. I’m suggesting that if there is the possibility of amendments that are going to bring us forward, that are going to positively impact on Bill 17, then I would suggest it would be very refreshing to move forward beyond this particular amendment.

Therefore, Mr. Chair, I would like to call the question.

12:20

The Deputy Chair: The hon. Member for Airdrie-Chestermere.

Mr. Anderson: Well, the reason we’re here talking about this: let’s put it in perspective. People want to know why we’re talking about the same amendment for the last however many hours. It’s probably quite simple: because we think this bill is a piece of garbage. That’s why. We will sit here and we will talk about it and we will talk about it and we will talk about it some more until you guys don’t want to talk about it and make the appropriate motion. That’s all that needs to be done. I’m sorry if that bugs people and if you just think this is such a waste of time. The fact is that people are tired. Albertans are tired of being bullied, and we’re going to stand in here and talk until the cows come home.

We’re going to talk about universal coverage, universal public insurance. That’s what we’re going to talk about. We’re going to continue to talk about it. The reason we’re going to talk about it is because we need some more options in this country with regard to our health care.

There’s no doubt that all this amendment says is – it’s pretty darn simple. It’s just talking about the Canada Health Act and naming the principles in the Canada Health Act. This is not a very large concession that we’re talking about here. It just shows how this government is unwilling to listen and to compromise.

You know, it’s funny. Not all the members on that side are like that, clearly. I know that for a fact. There are some that would love to work on things together and work on things constructively. But,

no. It’s either the way Ron Glen wants to do it or the way somebody wants to do it, and that’s it. That’s the way it’s going to be. So we can’t even clarify what Canada Health Act means without getting permission from the puppet master. It’s not doable. That’s ridiculous.

We’re saying that all we need to do is name the five principles of the Canada Health Act. If you want utility, the reason we would do this is because, well, for one, if the Canada Health Act were to be changed and there were going to be different principles introduced, at least as a province we could keep our autonomy. We could say: no; these are the principles that we were talking about. Whatever the feds pass, do we give up our sovereignty? Am I unaware? Are we a colony or something? No. We’re a province. We have our own laws, and if we say Canada Health Act, it’s the Canada Health Act as it exists today with these five principles. We don’t want anything more than that.

You know, I think that that’s pretty self-explanatory. It’s fundamental. It’s not a big concession. We’ve been here for a long time, and it’s just to demonstrate the fact that this government once again is unwilling to even make the smallest little concession. It’s really about clarification. That’s all it is. It’s not even changing your bill. But you’re not even willing to do that.

It’s indicative of the bully tactics that are used by this government repeatedly, all the time. It’s just unbelievable, you know. I can’t even imagine – well, I can imagine. I do unbelievably still have friends over there, few, and I know what gets said. It’s absolutely ridiculous that we can’t stand here and actually have a debate on health care.

Mr. Boutilier: That’s why they should guard against self-deception.

Mr. Anderson: Yeah. Guard against self-deception is right.

Now, I would be happy to end this debate on this tonight if you would like. Just say you’d like to end it, and we’ll do it, and you just adjourn it. That’s all we ask, that we adjourn debate until we can do it at an hour that people are actually listening instead of in the wee hours of the night. So it’s totally up to you. You want to go? Make the call. Otherwise, we’re going to talk about this. You guys can camp in the back and you can be friends and buddies and laugh and see how smart you are. Just let us know when you’d like to stop for the night, and we’ll do so.

Why do we believe in universal coverage? Well, as I said earlier, the reason we believe in universal coverage and the reason we think it’s important to enshrine these principles is, hopefully, for the same reason that the government side does. We don’t believe that people should – somebody should not be denied health care coverage . . . [interjection] Pardon me?

Mr. MacDonald: I’m going to support you.

Mr. Anderson: All right. Thank you.

The Deputy Chair: Hon. members, he has the floor. He is talking to the chair.

Mr. MacDonald: I’m sorry if I distracted him.

The Deputy Chair: Okay. Proceed.

Mr. Anderson: I appreciate that.

We on this side of the House don’t think, and I’m pretty positive that most if not all of the folks on the other side of the House believe, that somebody should be denied access to critical or

necessary health care because of an inability to pay. That's wrong, and that's why I think everybody has that concept. But I think people get confused with what's actually in the Canada Health Act.

The Canada Health Act talks about insurance coverage being publicly administered, comprehensive, universal, portable, and accessible. It does not talk about the delivery component. What the Canada Health Act clearly does not say is that there needs to be a public monopoly on delivery. I think what this government should be doing – and we'll be bringing in lots of amendments at a better hour, when people are actually listening to this debate. We'll be bringing forward some amendments that, for one, will allow more competitive delivery in the health care system.

We need to allow private, public, and nonprofit providers to compete for every single public dollar that is spent. We think that that's important because we think that it will lead to lower costs, more competition, and more investment in health care from the private sector, and that's a good thing. That's something that we should be encouraging. That's what they do in Europe, and they have managed to almost eliminate waiting times. I mean, their health systems are so vastly superior to what we've become here, this monolithic public monopoly which is just failing Albertans at every turn. You know, that's something that we need to do.

Here we are talking about the Alberta Health Act and trying to find ways that we can make sure that our system remains completely publicly insured but have competitive delivery. We want to make sure that in order to protect that right, the right of having the option of private and public delivery, we have this amendment in there so that it gives us the flexibility. So if the feds decide to change the Canada Health Act to, say, outlaw any kind of competitive delivery, what we are saying is still enshrined in here and won't be automatically changed. I think that's an important thing.

Again, I look at the reason it's important. Well, there are many reasons why it's important, but one of the reasons is that you have in every single system that is superior to ours – in Europe, in particular, and Japan – that they have this competitive delivery model. And it's working, guys. It's working. Look at every report. We're here late at night. I mean, go on the Internet; look it up. Look up what they're doing in Sweden. Look up what they're doing in Luxembourg and France and Switzerland. Look at Japan. Look at those areas and look at the competitive delivery model that they have with private, nonprofit, and public competing for publicly insured patients. It works.

We're in Alberta. In Alberta, Mr. Chair, we should be leading the way. We should be forging the way. We should be the pioneers. There are 67 Progressive Conservatives over there. Well, I always thought that that meant that, you know, we didn't buy into this whole kind of socialistic, monolithic public delivery. I thought that meant that we were forward-thinking. You know, that's what I thought when I was over there. We were forward thinking, we believed in good conservative principles, but we were comfortable enough in our own skin to make sure that the things that weren't working we fixed. That's what I thought it meant to be a Progressive Conservative. But, no, it's not that.

12:30

We've become as status quo as any of the eastern left-wing parties out there, and it's just been ridiculous. It's almost like we're afraid to change or afraid to be pioneers in health care, and it's the most important issue to Albertans. Like, let's do it. I mean, come on, hon. member. Are you telling me that Sweden doesn't work? Is that social democracy too right wing for you? Come on. It's a left-wing social democracy, and they've got more choice in health care than we do by a mile. It just doesn't make sense.

How about France? How about Switzerland? Even the United Kingdom of all places, which, of course, was on the brink of economic bankruptcy, like the United States in a lot of ways, are going towards the models of western Europe. That's what Prime Minister Cameron has done. They're keeping these principles that we see in the Canada Health Act, the universality of public insurance, and they are moving towards a more competitive delivery model. They just ran on it, and they just got a mandate to do so. In the United Kingdom, well, they're far more left wing than we are in Alberta. At least I thought so, anyway. I think they are. And there they go.

Mr. MacDonald: No, they're not.

Mr. Anderson: Oh, sure they are. Well, maybe they're not. Maybe they're not.

Mr. MacDonald: There's a coalition government there.

Mr. Anderson: Well, they're a coalition government though the Social Democrats are allowing them or supporting them to bring in a more competitive delivery model both for health care and education. I think it's a real victory, and we'll see the results. It'll be a good experiment to see the before and the after picture. Will it result in what the hon. Member for Calgary-Varsity thinks it'll become, or will it result in something positive? Well, we'll see. I think that it's clear from the evidence that it will result in something positive, that there will be less wait times, more private investment, nonprofit investment, that that will lessen the burden on the public purse for health care, but everyone will still remain publicly insured. It's an incremental step. You never want to go too far. You never want to go jump the gun and just say, "Okay; we're going to jump straight from this system to a totally other system," because you might way overdo it and then cause more harm than good.

Obviously, we know we have far too monolithic a system. I mean does anyone here think we don't have too monolithic a system right now? I guess there might be some. Well, maybe there are some.

An Hon. Member: No comment.

Mr. Anderson: No comment. That's right.

I'd say that a lot of us think that we couldn't really get any more monolithic in our delivery of health care, specifically when you're not talking about primary care. I don't think we could get any more monolithic. So why don't we look at ways that we can open up competitive delivery? Let's open the gates. Let's have some good competition and innovation. We can take the best of those, and we can make a made-in-Alberta approach. It doesn't have to be an exact carbon copy of those western European democracies. We can move more in that direction and see what works for us and what doesn't work for us. But piling more money into the system and making it more monolithic, which is what's happening, the damage we've done with the cataract people and, of course, HRC – I mean, we're becoming more monolithic, and that's not what the Canada Health Act says. That's not what it says. It doesn't talk about that it has to be publicly delivered. It talks about public insurance. I hope that people will realize that.

This isn't some hidden agenda. I mean, we just released a 20-page booklet. It's on our website. It's all in plain black and white what we want to do with this health care system in Alberta. I want to see what the government's plan is other than: "Yeah. Okay. We need more long-term care beds."

An Hon. Member: Let's see what you've got there.

Mr. Anderson: Well, this is just our health care policy.

I mean, that's not rocket science. We all know we need more long-term health care facilities, but what are we going to do to introduce more competition and innovation into the system? That's what I'd like to see.

I would love to debate another bill. That would be really fun tonight. We could leave this for more important things later. I'll leave it to the hon. House leader to decide when he wants to do that. So we'll just keep chatting about it.

I think it's important to understand the dangers of misinterpreting what the Canada Health Act says because if you misinterpret what the Canada Health Act says, that's where you've got a problem, and it leads to big issues. I think that the hon. Member for Edmonton-Meadowlark had just a fantastic speech in the Legislature during the emergency debate. He encapsulated, I think, a lot of what you see when you don't have a model that incents innovation and incents competition and incents basic accountability in its structures. People say: well, just put in accountability measures, and that will work. Well, it won't work without the driving forces of competition.

People right now when they go into a hospital, when they go for surgery, are all considered an expense. Of course, any business owner knows that if something is considered an expense, you want less of it. It doesn't help. It means less for salaries. It means less for redoing the front lobby in the hospital. It means a whole bunch of different things. It means less. It's an expense. It means less workers to hire and more work to go around to the existing workers. That's what it means.

But if you change the incentive, if you make the incentive that people bring with them – I mean, the hon. Member for Calgary-Varsity calls it a voucher system. That's not true because you don't actually hand them the voucher, but I would say that there are similarities because the money is following the patient. I think that's what you're alluding to. If we switched that incentive around a little bit and made sure that the money followed not just the patient but followed the patient if they're treated correctly, if they're treated properly, if the proper preventative approaches are taken with that patient – if that's how the money flowed and that patient could decide to go to a public facility or a private facility, all of a sudden they'd become a source of revenue for that elected hospital board, or they'd become a source of revenue for that private hip and knee replacement clinic. They'd become a source of revenue.

Everything that you do at that point is about getting more people to come to you, and if people are coming out of the same queue, you can only do that if you do more. So you streamline your services. You specialize. You try to get more people through the door so you can get more revenue. You want to get more hips done and more knee surgeries done. You want to get as many from the government queue as possible. So if the government's queue is 18 months, that's essentially a huge potential source of revenue. You want to just get as many of those guys through the door as possible. Of course, it all has to be safe, but you specialize and make sure that everything is as efficient as possible so you're getting people through the door.

That's exactly what HRC did, Mr. Chair. They found a way to do hip and knee replacements 30 to 40 per cent faster and, therefore, 30 to 40 per cent cheaper than what was done on average in the public hospitals. It was quite amazing. We talked to nurse after nurse and doc after doc at that HRC. A lot of these nurses were part of the union. They loved it. The quality of conditions, the work environment were fantastic. We didn't hear one complaint, and you could see because these nurses were in the *Calgary Herald* letters to the editor saying how great it was. I think that people lose sight of that

fact, that that kind of choice and competition improves working conditions. I think it's important that we don't lose sight of that.

I think that that's another offshoot, the improved working conditions, the choice that nurses and doctors have in a competitive system. If you're a private clinic, you try to move things through as quickly as possible in a safe, orderly fashion so that you can get more patients through the door, and necessarily that leads to more efficiencies. We're not talking about any kind of U.S.-style, two-tiered thing. That's not what we're talking about, and I think that's pretty clear. It's unfair of the Premier in question period – and we'll call him out on this later on – to somehow refer to what we're proposing as a European two-tiered system.

A two-tiered system, just so that there's clarification, is when you have a system that's publicly paid for, and then you have a parallel system where people can take out their credit card and their chequebook and pay for their own health care. So you've got two systems. One, you've got a public queue, and then you've got a private queue on demand.

12:40

Now, of course, we kind of have a two-tiered system because people can go down to the States and get health care any time they want. Obviously, that's more inconvenient. It's only the really rich that can afford that other tier because you can't get health insurance up here. You don't have that option of private health insurance for critical medically necessary procedures. But that's not what we're talking about. We're talking about a one-tier public queue but with competitive delivery, with more choices on the delivery side. Everyone is coming out of that same queue. If they need a service they've got to get, they've got to line up in that same queue for their hip and knee replacement. But when they get to the front of that queue, they've got an opportunity to go in multiple different places, and because of that there are more options, and you can care for more people.

The Deputy Chair: The hon. Member for Calgary-Glenmore.

Mr. Hinman: Thank you, Mr. Chair. I'd like to rise and speak in favour of amendment A2 to the Alberta Health Act. I think it's quite important that we realize and reflect on why we need to put this amendment in here. This government has tried several times in the last decade to change the Alberta health care system. They've tried in some areas, and they've failed even in bringing the legislation forward. I remember Bill 11, the debate over that and the rallies that were here. The previous health minister said that we just need to do it and not talk about it and push this through. Albertans are very uneasy not knowing what the direction is.

We hear lots about the Canada Health Act, but very few people know, well, what is the Canada Health Act. What are the principles? What this amendment is all about, very simply, is to say: let's name the five principles of the Canada Health Act so people realize exactly where we're coming from. What are those five principles? Namely, that health insurance coverage is "publicly administered, comprehensive, universal, portable and accessible." That's right out of the Canada Health Act. In Bill 17 what we have in the preamble is: "Whereas policies, organization, operations and decisions about Alberta's health system should be guided and measured and sustained consistent with the following principles." The first principle: "that Alberta is committed to the principles of the Canada Health Act." I'm sorry, but when you go and ask most people, the number one thing they usually say is that it's publicly provided. That isn't in the Canada Health Act, but that it's publicly administered is, that it's comprehensive is, and that it's universal and

portable and accessible are. So by putting this little bit of clarification in there, I think that that would set at ease a lot of Albertans because they know that this is what is staying in. Albertans have been very clear in saying that we want to stay within the Canada Health Act. It's one of the great benefits that has . . . [interjections] It's always good to have the House leaders going head to head.

It's a great benefit that Albertans are very grateful for, that when there's a tragic accident, when all of a sudden our personal health or that of a loved one falls apart, the first thing we think about is not: can we afford it? We get there; people are treated. The first thing that's often thought about if it's not a critical problem is: when am I going to be able to get my hip or my knee or my cataract? When am I going to get my shoulder? When am I going to be able to get an MRI to see what it is? That's where in the third one it talks about timely access. We need timely access. It's critical that we have that.

Going back to this amendment and why we should be bringing it forward, like I say, if we reflect on this government and the number of attempts that it has made to improve our health care system, there have been quite a few, but it's always come under, I guess, the argument: oh, they're trying to privatize it. They're going to continue saying: oh, they're going to try and privatize it. So we need to put in that clarification and say: no; we're going to stay within the Canada Health Act, which is, namely – and we'll read it in again – publicly administered, comprehensive, universal, portable, and accessible. When you know that these are the parameters within which we're trying to make changes to our health care, people are much more comfortable because they're not worried that: "Oh, am I going to have to start to pay if I go to my doctor and have a checkup to see why I'm having this problem? Am I going to have to pay because I've got a frozen shoulder and need to have an X-ray of it? Oh, I don't want to pay." Albertans are very nervous about that, and they've showed that over and over again.

What we want to do with this amendment, a very simple amendment, is to bring clarity and, I guess, comfort to Albertans, to say: "No. You can depend on this, that we're going to stay within the Canada Health Act and to actually know what it is." Far too often the argument that comes forward is that this is private and this isn't acceptable, yet for most every Albertan that I know who has the benefit of having a family doctor – and there are too many that I'm running across that no longer have that benefit – the clinic that they go to is privately owned. It's privately run by a consortium of doctors, and there isn't a fear or a problem having it privately delivered. That isn't outside the Canada Health Act.

HRC was privately delivered, yet it was inside the Canada Health Act. The Gimbel clinic, world famous, renowned – he's done all kinds of charitable work on other continents; he teaches, does all those things – is a private clinic, and it was paid for by Alberta health when someone was told: oh, you need a new cataract; you need this treatment.

We need to clarify and talk to Albertans and let them know that, no, we are going to stay within the Canada Health Act. Without that in there, we're going to continue to have to argue, to have the debate with Albertans and say: "Oh, no. Trust us. Trust us." No. We learned a long time ago that Albertans do a deal on a handshake, but it's still good. "Don't trust us; we'll put it in writing. We'll have it in the contract, and you don't need to worry. You can take it to the bank. It's written down. It's in legislation. It's within the Canada Health Act."

What is it? There we go. It's publicly administered, comprehensive, universal, portable, and accessible. I do not understand why this government is neglecting to realize the importance of this, and we are going to keep talking about it and talking about it because this is what Albertans want. We're not just going to roll over and

say: "Okay. Go ahead. There's nothing we can do." No. There is something we can do. We've been asked to talk about it. We've been elected to represent those people. That is what we're going to do. We want this amendment to go through. We're going to keep talking about it, and we can do that for as long as this government wants to until it listens and says: "Well, I guess that it is okay to clarify our bill. We don't want a misunderstanding going forward, and this is in the best interests of Albertans."

Let's look at health care as a bigger picture and what some of the challenges are. What are the problems, and are those within the Canada Health Act? Wait times have gone up. Emergency rooms are bulging at the seams. We've got people literally waiting in the hallways to get in to get diagnosed and to find out what their problems are. This government has come out with a new protocol. They had a hundred people come together because they said that we need a new protocol. No. What we need is a new process. Those doctors know what to do. It's that they're not allowed to do it. Health care administrators know what to do, but they're not allowed to do it.

I mean, can you believe anything that's so sad as to think that this new protocol says that, well, if someone waits for eight hours – eight hours – then they're in a position of authority to open up some new beds and move people? Why would we want to do that, to wait eight hours? It makes no sense. Nobody can get any understanding of it that's on the outside. We didn't have the privilege of being there for this meeting of 100 special individuals that are trying to accomplish this problem. You have to ask why. What is the difficulty on this? It's because of the process.

12:50

It's very sad to see this week that someone's job is on the line for only carrying out what he's been asked to do. He's been given the mandate: this is what we want you to do; now go and execute. I believe that he's executing what has been wanted to be done, but because he was probably told not to talk to reporters, a cute PR trick was to carry out a cookie, and then that way you can argue: I'm busy; I'm eating a cookie.

I'll take a quick little break here. I'm getting a little dry. I need a little drink here, and then we'll get back to relevance. Yes, I appreciate the motion there and understand what you're trying to relate.

What is the relevance of amendment A2 and Bill 17?

Mr. Boutilier: You don't have to answer their questions.

Mr. Hinman: Oh, no. The chair is asking me. I'm speaking to the chair, answering the chair, and that's what's important.

It's simple. Albertans are nervous and wanting to know what direction this government is going to go. This Bill 17 is full of platitudes, but when they look back over the last two and a half years at what's happened here in the province, everybody shakes their head, and they don't understand it. We're spending more money. We're building more facilities, so many facilities that we're actually shutting down some awesome facilities and are making people . . . [interjections]

The Deputy Chair: Hon. member, you have the floor. Continue.

Mr. Hinman: I'm sorry. Some of the chit-chat is kind of amusing, and I got sidetracked. We were talking about health, and someone was worried about someone's health, whether they're alive or not, I think.

The Deputy Chair: Hon. member, continue.

Mr. Hinman: Okay. We just wouldn't want someone who needs some help missing some help, but that's okay. We'll keep going here. Well, we're concerned about the health of some of the government members there.

What we need to do is back up and look at what's caused the problems when we've tried to make improvements here in Alberta. I think the number one cause of problems is the nervousness of people on whether or not the government is going to stay within the Canada Health Act. It's a simple amendment. It's about clarity. It's about setting out the definition on which we're going to operate. I mean, the whole purpose of bills and legislation is for clarity. It's a simple amendment to put it in there. What is the Canada Health Act? Anybody who opens it up: they read it; they know it. Like I say, I just can't for the life of me understand why this government wouldn't say: "You know what? That is a good thing. We can put it in there." But to say that it has no utility . . . [interjection] I would need more assurance than that. Again, we'll be so shocked, Mr. Chair, and disappointed, as Albertans are, in what this government is doing with health care. We'll say another wonderful line here, but they won't carry it out.

I mean, earlier we talked about the striking out of section 10 because people need to be held accountable. Again, this government wants to say: trust us; let us vote on it. Boom. It's gone by, and then we can't . . . [interjection] Why don't you tell us?

The Deputy Chair: Hon. member, he'll have an opportunity to speak if he wishes to stand later. Continue with me.

Mr. Hinman: I will sit down and let him speak, then, and jump up after he's done.

The Deputy Chair: Any other members wish to speak? The hon. Member for Edmonton-Gold Bar.

Mr. MacDonald: Yes. Thank you very much. On amendment A2. Now, I've been, again, listening to the discussion. Certainly, I'm leaning more and more into the view of the hon. member who proposed this amendment, the Member for Airdrie-Chestermere. Again, when we look at Bill 17 and we look at some of the consultation, Mr. Chairman, that occurred leading up to this bill – I spoke earlier about many of the different committees that were struck, and I overlooked the Putting People First, part 1: Recommendations for an Alberta Health Act. Of course, there were many noble principles proposed, and they include the "quality and safety of health services received by individuals, families and communities." That has to be assured. "All Albertans have access to timely and appropriate care." "Accessibility is based on need, not on Albertans' ability to pay." The primary focus of all of these consultations was, of course, Bill 17.

Did anyone make any recommendations or suggestions regarding whether or not we should be looking at the Canada Health Act in Bill 17 and, specifically, if we should be looking at anything in here that would not just talk about the Canada Health Act but would enshrine the principles of that act into the bill? Now, what the hon. member is attempting to do is I think supporting one of the recommendations of the Putting People First document.

When we consider the shape and the content of the components of the Alberta Health Act, everyone has talked about how they appreciate public health care. Certainly, the hon. member from Airdrie-Rocky View – why do I want to call that Rocky View? Airdrie-Chestermere. Through all of these consultation processes,

it's been articulated by the hon. members that Albertans express a strong desire, Mr. Chairman, in support of medicare in Canada and for the principles of the Canada Health Act.

Now, to the hon. Member for Edmonton-Strathcona, I have to say that whenever we're talking about the Canada Health Act, everyone thinks, of course, of Saskatchewan and Tommy Douglas. I was surprised and somewhat delighted to read in the *Globe and Mail* yesterday about the contributions Ernest C. Manning made to universal health care in this very Assembly. I doubt if it was at this hour of the night. The research that was conducted by this writer indicated that, of course, the Alberta Social Credit government was the first one to introduce medicare for seniors. To the hon. member through the chair, Tommy Douglas, when he was Premier of Saskatchewan, didn't introduce the actual medicare bill there. It was the individual who occupied the Premier's office after he did. That is a little vignette, shall I say, Mr. Chairman, on medicare in this country.

Of course, the Canada Health Act came through the federal government. I believe it was in 1982. Now, I could stand corrected on that, but Monique Bégin was the health minister at the time. I believe she's a professor at the University of Chicago at this point in her life, but I'm not sure about that, Mr. Chairman. The Canada Health Act was certainly discussed in one of the framework documents that led up to the drafting of this legislation.

1:00

It is noted and is interesting to note – and I think this is what the hon. member is trying to finish with his amendment – that these principles of the Canada Health Act have influenced publicly funded health care across Canada. That's another term that we cannot forget, publicly funded health care. Certainly – and it's been said here all evening – that's what Albertans want. I'm pleased to see that the hon. Member for Innisfail-Sylvan Lake agrees. I appreciate that.

Now, as principles-based legislation the Alberta Health Act stands to have a similarly powerful influence within our province. Well, I think the individuals who worked on this document, Putting People First: Recommendations for the Alberta Health Act, got a little zealous with that. I'm not so sure this legislation is going to have a powerful influence within our province. Certainly, the Public Affairs Bureau may have every intention of creating confidence in the public health care system through this bill, but I don't think it will work, Mr. Chairman.

The principles within an Alberta Health Act from the Canada Health Act must embody and reflect the kind of health care system Albertans want for themselves and their families. Sure, it has to be modern, it has to be efficient, it has to be economical, and it has to be a system that is focused on individual needs, recognizes a broader continuum of care, and works to support their overall wellness. Albertans said that the principles laid out in another report had merit but wanted to see transparency, accountability, and sustainability added to the principles of the act.

If we take what the hon. member is suggesting here – and that is publicly administered, comprehensive, universal, affordable, and accessible – will that satisfy Albertans, and will it work? Well, Albertans also want to know where the system is headed. Again, that has been discussed at length this evening. Not everyone has the same confidence that some government members have. Albertans realize that the system is continuously changing. Now, we only have to look at the IT budget of the government to know how much the entire system is changing. Many members here would be astonished to realize that we have spent or that the former health regions and the current Alberta Health Services have spent in the last four years on IT alone \$1 billion. One billion dollars.

They have increased spending in that same time period by \$270

million on emergency rooms. The reason I know this, Mr. Chairman, is because constituents ask me: where are they spending the money? I go to the coffee shop, I go to the dry cleaners, I go to the Safeway, and people stop me all the time – Mr. Chairman, I'm sure they stop you in Medicine Hat and Cypress Hills – and ask: hon. member, where is the government spending all that money? The budget keeps going up. Services are going down. Is it going to improve with Bill 17, the Alberta Health Act? I'm sure you're asked that question all the time. Is this the answer?

I don't know what you say, and it's your reply, but certainly if we look at this amendment, I can understand where the hon. member is coming from to try to ensure that everything in this initiative will be under the Canada Health Act.

Now, Mr. Chairman, when we look at some of the recommendations from Putting People First, that supposedly was the initial document that related to the drafting of this bill, the number one aspiration Albertans had for their health system, the legislative language in the preamble to the act – you'll be surprised and, I think, you'll be delighted to hear that the number one item on the list was that Alberta has to be committed to the principles of the Canada Health Act. That's reflected in the legislation. Specifically, it goes on to state: universality, comprehensiveness, accessibility, portability, and public administration of our health system.

Now, I heard, as I said before, from the hon. Member for Edmonton-Rutherford regarding why the government decided they just wouldn't put that in. I think the amendment from the hon. member certainly corrects an oversight by the government. If this was in the consultation report, the date of this report is very important: nine weeks ago.

We all work on behalf of our constituents. Some individuals had a chance to be involved in the emergency debate last Thursday afternoon, Mr. Chairman. Others did not have an opportunity to stand up and express on behalf of their constituents what they were hearing regarding the attempts by this government to reform and improve health care. Some members didn't get that chance, and I would say that this evening is an ideal opportunity. Whether it's on amendment A2 or whether it's on Bill 17 itself, it gives each and every one of us an opportunity to stand up and express on behalf of our constituents precisely what we're hearing about public health care and the delivery of public health care throughout the province.

Now, Mr. Chairman, the number one aspiration – and I'm going to repeat this for all hon. members – as set out in this report that was the basis for this bill: we have to remain committed to the principles of the Canada Health Act. I have no doubt of the sincerity of the hon. Member for Edmonton-Rutherford, but certainly it was spelled out here. It appears to have been overlooked, and it has been corrected by this amendment. I think we should commend and congratulate and thank the hon. member for bringing this amendment forward. Again, we have to remember that we each have an obligation to try to fix the horrendous mistake that was made by this government when they consolidated the nine health regions into the Alberta Health Services Board.

I know, Mr. Chairman, it is difficult for some government members, but they only have to look at the financial statements, which are here in the Health and Wellness annual report 2009-10. They can see for themselves where the money that was budgeted went. Oddly enough, \$220 million of that was unexpended, which the President of the Treasury Board put back in his bank.

The Deputy Chair: We're on A2.

Mr. MacDonald: Yes, we certainly are on A2.

The Deputy Chair: And you are on A2?

Mr. MacDonald: It's 10 after 1. It's not near 2 o'clock.

The Deputy Chair: We are on amendment A2. You are on amendment A2?

1:10

Mr. MacDonald: Of course we're on A2. Yes, we certainly are, Mr. Chairman.

When we look at the principles that define our beliefs and how they're reflected in the public health care system, we should use them as a guide in our efforts to fix the mess that was made by the hon. members across the way with our public health care system. Now, some Albertans gave this government a bit of direction, and I'm sure they would be frustrated. I'm sure some of them would be suspicious, and I'm sure some of them would think to themselves: am I just part of some elaborate public relations exercise? I bet there was even a facilitator involved in this. That in itself would get some people suspicious of the direction that the government wanted them to go in. But we have this report. This report clearly outlines what the recommended components for the Alberta Health Act should be, and it's not there. Some of it is there, not all of it, but the number one recommendation is not there.

Now, Mr. Chairman, when I look through some of these other things that are in the bill, I think we're going to need amendments on that, too. Several members have suggested to me that they already have amendments drafted, so I think we're going to go from A2 to who knows what before we're finished with this.

I would like to conclude, Mr. Chairman, by thanking the hon. member for bringing this forward. I don't know where the hon. member got the idea for this amendment, whether he got it in the Putting People First document, part 1, or not, but it is a good suggestion. If it was the spirit of Tommy Douglas that mobilized the hon. member, I'm not going to say a word about that. I'm just glad that it has occurred and that we have this amendment before the Legislative Assembly at this time.

With that, Mr. Chairman, I will conclude my remarks and cede the floor to another hon. member.

The Deputy Chair: The hon. Member for Calgary-Glenmore.

Mr. Hinman: Thank you, Mr. Chair, and thank you, hon. Member for Edmonton-Gold Bar. I really enjoyed the vignette and some of the other items that you brought up on why this amendment is so important. I guess I have to express my disappointment with the Deputy Premier from Spruce Grove, who pretended to want to talk and say: look what we're going to do. It's so typical of this government and this cabinet that they say that they're going to do one thing, and then it goes in another direction. That's why we need to have this clarity, this amendment A2, because of the misleading preamble that comes out of these ministers' mouths, and then they don't do it.

To clarify for them, Mr. Chair, what they need to do is to stand up and to say: you know, we see that this is a good amendment, and I'm for it. If they were to stand up and start saying, "I'm for this; I'm going to vote for this amendment," at that point we'll be happy to go to a vote. [interjections]

The Deputy Chair: Hon. member, I mentioned it when you were up before that they have the opportunity to stand up and speak if they wish after you're finished. If they wish. You have the floor now. We're speaking to A2.

Mr. Hinman: As you had mentioned it, I am also mentioning it to

them because I don't think it quite clicked. We're talking about A2, so they know what they can stand up and vote for. They don't seem to understand that, so I was trying to clarify it.

The Deputy Chair: Okay. Let's talk to A2.

Mr. Hinman: Yes, let's talk to A2 and how we can pass this amendment. That's what we're trying to discuss. The way that this can get passed is for members like myself – Edmonton-Gold Bar, Calgary-Varsity, Lethbridge-East – to get up and say: "I'm in favour of this amendment. I think that this is a good amendment, and this adds clarity to Bill 17."

Mr. Fawcett: Let's vote on it.

Mr. Hinman: See, Mr. Chair? They don't even understand plain English. It's not: let's vote. Stand up and make your declaration. [interjections]

The Deputy Chair: Hon. members, Calgary-Glenmore has the floor speaking to A2, not about whether someone else should vote or not. Speak to A2.

Mr. Hinman: Okay. Thank you, Mr. Chair. Amendment A2 is an important amendment, and we'll keep repeating that. It's about clarity. It's about assurance. It's about comfort for Albertans to know the direction it's going. This government's track record continues to be poorer and poorer, and there are more and more questions and doubt and no trust anymore on what this government is going to do.

As I mentioned before, the previous health minister was very outspoken and said: our mistake was in the past. This is about clarity and why it needs to be written, Mr. Chair. Do you just want me to keep saying the same thing over and over again or try and explain it?

Mr. Chair, the former health minister has made this statement publicly many times: where we've made the mistake in the past is that we discussed it and said what we wanted to do, and there was opposition to it. So what we're going to now and what he did with the superboard was that we're just going to do it. That's the problem. Albertans want to know before, not after, and if Albertans don't like what's there, then we expect them to speak out and to limit the discussion on what they're trying to do. What we want to do is to put trust by passing legislation that says: this is what we're going to do. We're going to stay within the bounds of the Canada Health Act and then state what those are so that people have the comfort because people question that now.

Many people have gone out there and said that what the Canada Health Act is is publicly delivered, and that is not in there. That's why we put here, Mr. Chair, what it states, that it's publicly administered. Again, when you go to the family doctor, it's not publicly delivered; it's privately. That doctor has his own private clinic, and he is publicly funded. That's an important clarity that needs to be brought forward to give Albertans the assurance that these are the parameters on what we're going to do when we amend or move forward with some of our health acts.

It's frustrating for Albertans, just as it was frustrating for me to listen to the Deputy Premier say: oh, we'll vote and show you. What they're going to do is vote, and it doesn't add to the trust of the people on the way they're speaking and what they're doing. Because of that, we need to put this amendment A2 in. It's their track record. It's just like someone who goes and gets a credit check. If they've failed to pay their bills month in and month out, they can't just go in and say: oh, we're going to go by Canada credit,

so you can extend us credit. Well, no, what are the parameters of that?

This is the dilemma that we're in here in the province of Alberta. Because of the past actions, because of the process this government has put in place, people question it. They question why these different facilities are being opened up and why other ones are being closed down. The arbitrary decision of the minister has gone forward, and all of a sudden with four days' notice our minister got up and said that we've received some RFPs and that in four days we're shutting down these four eye clinics, and we're going to open these other ones.

What we need is assurance. Yes, assurance. That's what this is. It's very simple. I don't understand the confusion about explaining why we need to have this amendment. I'm giving examples of what's happened in the past and why we need to have this amendment and what the Canada Health Act is because most Albertans think that it's just getting thrown out. So just to put in there the Canada Health Act. We need the clarity. Simple addition, simple procedure for members in the House to get up and say: "You know what? This is the right thing to do. I'm in favour of this amendment." It's that simple, Mr. Chair. But, again, simple isn't always easy to do, which has been demonstrated this evening by this government and its obstinance in stepping up to the plate and saying: "Yes. Let's make this clarity. Let's improve this bill so Albertans know where we're at and where we're going to go."

1:20

You know, there isn't a bigger expenditure in the province than what we do on Alberta health. To the hon. Member for Edmonton-Gold Bar, I didn't realize that. I always appreciate his astuteness in the numbers that he brings forward, but a billion dollars on IT: is that correct? A billion dollars, and we have to ask: is that in the Canada Health Act? Is IT in there? No, I don't think it is. But Albertans want to know where the money is being spent. Hon. members like those that spoke earlier here, especially the hon. Member for Edmonton-Gold Bar, point that out time and time again in this House where money is being spent. Is that money being spent within the Canada Health Act? That's a question that many Albertans are interested in and would like to know.

It's such a simple thing to do. It's the right thing to do, to give that assurance. It's to say that, yes, you can count on us to follow the Canada Health Act. What that is is publicly administered, comprehensive, universal, portable, and accessible.

Accessible. Isn't that an interesting word to bring up when we hear day in and day out how many people don't have access to an emergency room? When they are in that emergency room, Mr. Chair, they don't have access to a bed to be moved up. Then when they are in that bed and moved up, they don't have access to a surgeon because the facility has shut down. We only operated for eight hours today, and then this expensive surgical room is being shut down. Why it needs to be in there is that it's accessible because then people can say: well, if it's accessible, why am I waiting here and have no access to the system?

That's what happened day in and day out. It was very disappointing to hear the Premier respond earlier this week. When asked what he was going to do, he says: we're not going to go back to 300 health boards. We've never had 300 health boards. Why would he make such an absurd statement that we're not going to go back to 300 health boards, that we're going to go to a two-tier European system like the Wildrose? I mean, they're just ridiculous statements, Mr. Chair.

What we need to do is have a bill with clarity to say: where are we going to draw the parameters on the Alberta Health Act? I mean,

when you read through this document, Bill 17, and you go through the preamble and you read all of it, it's words. The reason why this government is putting out this wordy piece of proclamation of what they're going to do is because they've failed to do it. So they think this can buy them another year if they just put out a wonderful document, pass it as legislation, call it the Health Act, and then people will buy that smoke and mirrors for another year because we're saying that we're doing all of these things.

Are these things – what are they inside of? Oh. “Alberta is committed to the principles of the Canada Health Act (Canada); that individuals, families and communities receive quality health services that are safe.” What are they saying? That before this bill came in, they weren't safe? That all of a sudden they've discovered – yet we know the number of errors that are made. “Albertans have reasonable access to timely and appropriate care, including primary care.” I spoke earlier. What's appropriate care, and what's timely care?

I asked the health minister a week ago to please provide an audit of all of the facilities and how many beds are closed in those facilities, and he refused to answer the question, which is regular. But it was amazing that yesterday he got up and he spoke: we've just opened up 360 beds. For two and a half years have these 360 beds been mysteriously closed off and shut so people don't have access when, in fact, the Canada Health Act says that we're to have access? Oh, no. You can line up and wait eight, 12, 16, 24 hours in the emergency room because I guess that's access. You've come in. You've checked in. We've seen you appear. But they don't address it.

The Deputy Chair: Are you on A2?

Mr. Hinman: Yes. About access.

The Deputy Chair: It's about health insurance coverage.

Mr. Hinman: Yes. Maybe I should come up, Mr. Chair, and see if we have the same amendment. Would you like me to do that?

The Deputy Chair: Health insurance coverage: accessible.

Mr. Hinman: Accessible. That's the word I'm talking about right now, accessible.

This government is coming up with a new protocol that they think they'll be able to initiate in 40 days. This is an emergency. In 40 days we'll be able to initiate this new accessibility, and we have these wonderful numbers and formulas that, when reached, trigger a reaction. We don't need to worry about reacting when they come through the door. It's when they pile up enough that all of a sudden: “Oh, wow. We get the formula. It's been hit. Now we can open up a bed for them. They've been here eight hours.” At seven hours, 55 minutes someone could still be sitting there, and they move them through in a disorderly manner. Why? Because they're handcuffed. They're gagged. They're chained. It says: “Oh, no. You can't actually work on this person and open up a bed to move out someone else because we haven't hit the trigger of eight hours or that 33 per cent of the beds or less are available.”

It's ridiculous to think that that is how we're going to manage our health care system: here are these wonderful formulas to assure you the comfort that you have accessibility. That's not accessibility.

Again, in the Chaoulli case, in Quebec, the Supreme Court ruled that waiting does not meet the Canada Health Act. To wait for eight months for a hip, to wait a year for a cataract, to wait nine months for an MRI because it's not deemed deadly, that you're okay: we're missing the point. We're not spending our money well.

We could ask some of the very simple, simple questions, Mr. Chair, when someone even comes into the emergency room. Often an ER doctor within an hour or two has a patient stabilized and is willing to sign off and say: “This one is now ready to be moved into an acute-care bed. We've done our job here.” But they can't do it. We've seen night after night the ambulances with a policeman, two paramedics sitting there looking after an individual because they're not allowed to leave until there's been the proper transition. We know with the transitional nurses, in their job, when the ER doctor has actually signed off and said, “This person is stabilized; you can now move them out,” the transitional nurse often has that individual for seven to 10 days inside their double computer system. Again, I say double computer system because my understanding is that they have to put all of the entries into two systems because they're moving from the hospital into postcare somewhere else, and they can't move them out. So they're locked into this system for seven to 10 days.

They're missing that we're not talking about that. We're not talking about accessibility. We're talking about formulas – formulas – that are going to somehow enhance your quality of life. No. It's actually having the accessibility to get the treatment that you need. That's what the Canada Health Act is about. That's why they took it to the Supreme Court in Quebec, and it was ruled that waiting eight months or waiting six months was inappropriate.

Then government comes up with formulas saying that this is acceptable. Well, why is it acceptable? If your father was having a heart attack, would you find it acceptable to wait six hours, have damage that's irreversible because there were three other individuals who had heart attacks first? We didn't want to call in another doctor even though there were doctors that were available if the CEO or the chief administrator had that authority to call up and say: look, we've got a problem.

I mean, when you go to a simple thing like a grocery store, you have the manager there. When people line up too much, there's someone there that says: “You know what? We need to open up another till.” They'll bring workers in because they understand the importance of service. We've lost that whole concept in our monolithic formula health care delivery system. It's not about people. It's not about service. It's just about numbers. What are the formulas on these numbers?

1:30

I can't even understand how our morale is where it is when someone has to go through one of those tough periods where people show up at the emergency room and aren't being treated. I can't imagine what it must have been like to be in that hospital, to find someone who had hung themselves or to be the person who actually delivered a pen and paper to him and was so busy and so distracted that it didn't even dawn on them why this individual would want a piece of paper and a pen. There are some major problems here on accessibility.

Why is this government so stubborn as to say, “We're not going to accept this amendment; we're not going to say that it's going to be accessible”? It's beyond those of us in opposition as we continue to say that we need a better bill. We need a health care bill that doesn't just give insurance in words but actually sees the action. We should stay in here and talk until that action is actually in place in the hospitals. I think that then those individuals over there would say: we need action now. They don't want to wait here 24 hours for something. They want it now. So maybe we should debate in here as long as people have to wait in an emergency room and say: “You know what? Let's see what it's like to be 24 hours.” They've got

comfortable chairs. They're laid back. They've got their eyes closed so that they can think deeply and reflect on what we should be doing here.

I can almost feel the vibes, that they're thinking: "You know, I think it would be right to put in the definition of the Canada Health Act and actually ensure that when people show up at our emergency rooms, right now we're on top of it. We're bringing people in there. We realize what it is. Why not have the triage nurse – and they do this in some of the hospitals – say: "You know what? You need to go to your family doctor tomorrow."

But there, again, is the problem. Our system is such that people can't get in to a family doctor. It's very discouraging for individuals. I've talked to too many now who say that they can't find a family doctor. Theirs is retiring. They've had this doctor for 30 years. "Can you please help us find a new family doctor?" Family doctors are so busy that they're actually screening new patients or have signs on the door that say: "We're not accepting any new patients. Our practice is full."

The Deputy Chair: The hon. Member for Calgary-Varsity.

Mr. Chase: Thank you very much, Mr. Chair. If I could speak to the process. We've had considerable discussion on A2 as it relates to Bill 17, and I think part of the reason that we've had such a lengthy discussion has to do with trust in the process. So I'm going to very quickly suggest that the process amongst the House leaders was that Bill 17, the Alberta Health Act, would be debated and adjourned. I would suggest that it would be time to adjourn the amendment A2 so that we could then go home and come back tomorrow refreshed. I know that some of us will be in Public Accounts at 8:30 tomorrow, talking with Intergovernmental Relations. I, myself, would like to be sufficiently sharp to hold that ministry to account. Therefore, I'm suggesting that we adjourn debate on motion A2.

The Deputy Chair: Are you moving that?

Mr. Chase: That is what I am moving, Mr. Chair.

The Deputy Chair: You're moving a motion to adjourn debate.

[Motion to adjourn debate carried]

The Deputy Chair: The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Chairman. I would move that the House now rise and report bills 26, 21, 22, 20 and report progress on Bill 28 and Bill 17.

[Mr. Mitzel in the chair]

The Acting Speaker: The hon. Member for Calgary-North Hill.

Mr. Fawcett: Thank you, Mr. Speaker. The Committee of the Whole has had under consideration certain bills. The committee reports the following bills: Bill 21, Bill 22. The committee reports the following bills with some amendments: Bill 20 and Bill 26. The committee reports progress on the following bills: Bill 28 and Bill 17. 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 Acting Speaker: All those members of the Assembly that concur with the report, please say aye.

Hon. Members: Aye.

The Acting Speaker: Opposed, please say no. So ordered.
The hon. Government House Leader.

Mr. Hancock: Thank you, Mr. Speaker. I move that we adjourn till 1:30 p.m.

[Motion carried; the Assembly adjourned at 1:37 a.m. on Wednesday to 1:30 p.m.]

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