



Office of the CEO

August 14, 2026

Standing Committee on Alberta's Economic Future
c/o Committee Clerk
3rd Floor, 9820 - 107 Street
Edmonton, Alberta T5K 1E7

Delivered by email: AEFCommittee.Admin@assembly.ab.ca

Dear Members of the Standing Committee on Alberta's Economic Future,

Re: Comprehensive Review of the *Lobbyists Act*

The Alberta Medical Association (AMA) welcomes the opportunity to provide input to the Standing Committee on Alberta's Economic Future as part of its comprehensive review of the *Lobbyists Act*. As a member-focused organization, the AMA represents the interests of Alberta physicians, residents, and medical students in support of a high-functioning health care system. The AMA advocates on behalf of its members and the patients they serve, engaging regularly with the Government of Alberta on matters related to health policy, physician compensation, and health system administration.

The AMA supports the fundamental intent of the *Lobbyists Act*. Transparency in government decision-making is essential to public trust, and Albertans have a legitimate interest in knowing who is seeking to influence public policy and how. The AMA also recognizes that advocacy is a normal and healthy part of public policy development.

At the same time, the AMA believes the current review presents an important opportunity to examine whether the Act's requirements remain appropriately calibrated. The recommendations that follow are offered in that spirit.

Recommendation 1: Preserve and clarify the volunteer exemption

The *Lobbyists Act* currently exempts unpaid volunteers from its registration and reporting requirements. The AMA strongly supports this exemption and urges the Committee to reaffirm and preserve it.

Physicians across Alberta regularly engage with their elected representatives as concerned citizens and health professionals. This kind of direct, grassroots democratic engagement is valuable to policymakers and to the public. It brings firsthand clinical experience and community-level insight into policy discussions in a way that formal institutional advocacy cannot always replicate. It should not face unnecessary barriers.

Recommendation 2: Maintain proportionate reporting requirements

The AMA already meets extensive disclosure obligations under the Act, including reporting on subject matters, government departments and officials engaged, funding relationships, communication methods, and advocacy activities. We take these obligations seriously and believe they serve an important transparency function.

The AMA's recent semi-annual registry review illustrates the breadth of information already captured through the current framework. A single organizational return may include multiple health-system subject matters, affected government institutions, communication methods, funding relationships, participating individuals, and recurring advocacy activities. This level of disclosure provides the public with meaningful transparency about the AMA's engagement on matters such as physician compensation, health system administration, primary care, acute care, health system reform, and policy or program design.

In previous reviews of the Act, proposals have been brought forward that would significantly expand reporting requirements, including the introduction of a monthly communications registry that would require lobbyists to file detailed reports of individual meetings with public office holders on a month-by-month basis. We strongly urge the Committee to reject such an approach.

For an organization like the AMA, ongoing dialogue with the four provincial health agencies is an operational necessity. Physicians and health system administrators are continuously grappling with issues that require timely, fluid communication between clinicians, professional associations, and government. Preparing and maintaining organizational registrations already requires internal tracking, coordination across staff and leadership, and ongoing review for accuracy. Requiring meeting-by-meeting monthly disclosure of these interactions would impose a significant additional administrative burden on the AMA and organizations like it and divert limited staff resources away from AMA's key tasks of member support and health system-related work.

The AMA's view is that the current reporting framework, which requires regular disclosure of subject matters and engagement activities at the organizational level, strikes an appropriate balance between transparency and proportionality. We would encourage the Committee to maintain that balance rather than move toward more granular or more frequent reporting requirements.

Recommendation 3: Improve clarity in key definitions

The AMA's experience with the Act has highlighted several areas where greater definitional clarity would help organizations comply with confidence and reduce unnecessary compliance uncertainty.

First, we would welcome clearer guidance on the distinction between lobbying and stakeholder consultation. Health sector organizations are regularly invited by government to provide subject matter expertise, participate in policy roundtables, and contribute to the development of clinical guidelines and health system frameworks. The line between these activities and formal lobbying is not always clear under the current Act, and organizations exercising good faith judgment in this area can find themselves uncertain about their obligations.

Second, we would ask the Committee to consider the treatment of communications initiated by government officials. The Act currently provides an exemption for communications made in direct response to a written request from a public office holder. In the health sector, requests for expert input from government officials frequently occur verbally and informally, particularly during periods of acute system pressure when timely clinical advice is needed. We would recommend that the Committee consider whether the exemption should be broadened to cover verbal requests, or at minimum whether clearer guidance should be issued on how organizations should treat urgent, informally requested expert advice.

Third, we would ask for clarity on the treatment of board members and other individuals who participate in organizational governance or program delivery without engaging directly in lobbying activities. The Act's requirements can create uncertainty about whether certain governance, advisory, oversight, or operational roles trigger registration obligations, particularly where individuals contribute to organizational decision-making but do not themselves engage in lobbying activity. This makes it challenging for organizations to determine who must register and to apply the requirements consistently.

More broadly, the AMA would welcome clearer administrative guidance from the Registrar on recurring grey areas identified through regular registry reviews, including verbal or informal requests from government officials, participation in government-convened stakeholder tables, physician involvement in AMA-supported grassroots advocacy, and the role of board members or volunteers who support organizational governance but do not themselves engage in lobbying activity.

Recommendation 4: Clarify the interaction between lobbying restrictions and expert advisory roles

The AMA wishes to draw the Committee's attention to Section 6 of the Act, which creates practical difficulty for organizations that both advocate on behalf of their members and are sometimes asked by government to provide expert advice.

Section 6 prohibits a person from lobbying the government on a subject matter if that person, or a person associated with them, holds a contract to provide paid advice to the government on the same subject matter. The AMA understands and supports the intent behind this provision.

The provision, however, may create an unintended operational problem for health sector organizations and the professionals who work within them. Physicians may be asked to sit on government clinical advisory panels and task forces, and these roles may sometimes be compensated through honoraria to offset lost clinical time. Under Section 1(5) of the Act, an organization is associated with its directors. For example, if a physician serving on an organization's board of directors accepts an honorarium for participating in a government advisory panel or task force, there may be uncertainty about whether that physician could be considered to hold a contract for providing paid advice. If so, the organization could potentially be restricted from lobbying the government on the same subject matter by virtue of the association between the organization and its directors.

The Act does contain an existing exemption under Section 6(2) for reasonable remuneration received for serving on a board or commission established by or under the authority of an enactment, provided there are at least two other members representing different organizations or interests. However, this exemption is narrow in its application. Many clinical task forces and working groups are convened informally by the various Ministries that are concerned with health or Alberta Health Services (and other health service delivery organizations) without a formal legislative instrument. Where that is the case, the body would not meet the definition of one established by or under the authority of an enactment, and the exemption would not apply.

Physicians receiving honoraria for their participation could still be captured by the paid advice prohibition, with the consequence that the organization's ability to advocate on the same subject matter would be restricted.

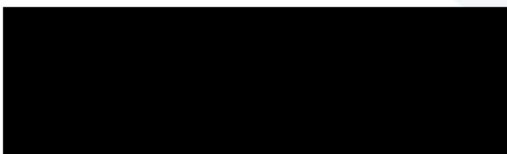
The AMA recommends that the Committee consider broadening the Section 6(2) exemption to cover government task forces and working groups regardless of the administrative mechanism used to establish them. This would better reflect the reality of how health system advisory work is structured in practice and would ensure that health professionals can contribute their expertise to government without inadvertently restricting the ability of their organizations to engage in legitimate advocacy on the same issues.

Conclusion

The AMA is grateful to the Standing Committee for the opportunity to contribute to this review. We have endeavoured to offer practical, experience-based recommendations that reflect our commitment to transparency and accountability while identifying specific areas where the Act's current requirements create unintended friction.

We would welcome the opportunity to discuss any of these recommendations further with the Committee or its staff. The AMA remains committed to working constructively with the Government of Alberta to support a lobbying regulatory framework that serves the public interest.

Respectfully submitted,



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Chief Executive Officer
Alberta Medical Association