Legislative Assembly of Alberta

The 30th Legislature
First Session

Standing Committee on Private Bills and Private Members' Public Bills

Bill 205, Human Tissue and Organ Donation (Presumed Consent) Amendment Act, 2019
Bill 206, Workers' Compensation (Enforcement of Decisions) Amendment Act, 2019
Bill 207, Conscience Rights (Health Care Providers) Protection Act

Monday, November 18, 2019
9 a.m.

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Standing Committee on Private Bills and Private Members' Public Bills

Ellis, Mike, Calgary-West (UCP), Chair
Schow, Joseph R., Cardston-Siksika (UCP), Deputy Chair

Glasgo, Michaela L., Brooks-Medicine Hat (UCP)
Horner, Nate S., Drumheller-Stettler (UCP)
Irwin, Janis, Edmonton-Highlands-Norwood (NDP)
Neudorf, Nathan T., Lethbridge-East (UCP)
Nielsen, Christian E., Edmonton-Decore (NDP)
Nixon, Jeremy P., Calgary-Klein (UCP)
Pancholi, Rakhi, Edmonton-Whitemud (NDP)
Sigurdson, Lori, Edmonton-Riverview (NDP)
Sigurdson, R.J., Highwood (UCP)

Also in Attendance

Jones, Matt, Calgary-South East (UCP)
Reid, Roger W., Livingstone-Macleod (UCP)
Williams, Dan D.A., Peace River (UCP)

Bill 205 Sponsor

Jones, Matt, Calgary-South East (UCP)

Bill 206 Sponsor

Reid, Roger W., Livingstone-Macleod (UCP)

Bill 207 Sponsor

Williams, Dan D.A., Peace River (UCP)

Support Staff

Trafton Koenig	Parliamentary Counsel
Philip Massolin	Clerk of Committees and Research Services
Michael Kulicki	Committee Clerk
Aaron Roth	Committee Clerk
Janet Schwegel	Managing Editor of *Alberta Hansard*

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Standing Committee on Private Bills and Private Members' Public Bills

Participants

Bill 205, Human Tissue and Organ Donation (Presumed Consent) Amendment Act, 2019 ..... PB-71
Ministry of Health
Glenna Laing, Director, Provincial Services

Bill 206, Workers' Compensation (Enforcement of Decisions) Amendment Act, 2019 ..... PB-77
Ministry of Labour
John D. Kelly, Acting Executive Director, Workplace Policy and Legislation

Bill 207, Conscience Rights (Health Care Providers) Protection Act PB-80
Ministry of Health
Leann Wagner, Assistant Deputy Minister, Health Workforce Planning and Accountability

9 a.m. Monday, November 18, 2019

[Mr. Ellis in the chair]

The Chair: All right. Good morning, ladies and gentlemen. I'd like to call this meeting of the Standing Committee on Private Bills and Private Members' Public Bills to order and welcome everyone in attendance.

My name is Mike Ellis. I'm the MLA for Calgary-West and chair of this committee. I'd ask that members and those joining the committee at the table introduce themselves for the record. We will begin to my right.

Mr. Schow: Joseph Schow, Cardston-Siksika.

Mr. Neudorf: Nathan Neudorf, Lethbridge-East.

Mr. Sigurdson: R.J. Sigurdson, Highwood.

Mr. Jeremy Nixon: Jeremy Nixon, Calgary-Klein.

Mr. Horner: Nate Horner, Drumheller-Stettler.

Ms Glasgo: Michaela Glasgo, Brooks-Medicine Hat.

Mr. Jones: Matt Jones, MLA, Calgary-South East.

Ms Sigurdson: Lori Sigurdson, MLA, Edmonton-Riverview.

Member Irwin: Good morning. Janis Irwin, Edmonton-Highlands-Norwood.

Ms Pancholi: Good morning. Rakhi Pancholi, Edmonton-Whitemud.

Mr. Nielsen: Good morning, everyone. Chris Nielsen, MLA for Edmonton-Decore.

Mr. Koenig: Good morning. I'm Trafton Koenig with the Parliamentary Counsel office.

Dr. Massolin: Good morning. Philip Massolin, clerk of committees and research services.

Mr. Kulicki: Good morning. Michael Kulicki, committee clerk.

The Chair: Well, thank you. It looks like all committee members are in attendance, so there's no teleconferencing at this time. Substitutions, obviously, as indicated, are not required at this moment.

Please bear with me. A few housekeeping rules to address before we turn to the business at hand. Please note that the microphones are operated by *Hansard*. Please set your cellphones and other devices to silent for the duration of the meeting. Committee proceedings are live streamed on the Internet and broadcast on Alberta Assembly TV. The audio- and video stream and transcripts of the meeting can be accessed via the Legislative Assembly website.

We'll next move to approval of the agenda. Are there any changes or additions to the draft agenda?

If not, would someone like to make a motion to approve the agenda?

Mr. Neudorf: So moved.

The Chair: Mr. Neudorf. Okay. Mr. Neudorf moves that the agenda for the November 18, 2019, meeting of the Standing Committee on Private Bills and Private Members' Public Bills be adopted as distributed. All in favour, say aye. Any opposed? Hearing none, that motion is carried.

We'll next move to item 3. That's the approval of the minutes for the November 4, 2019, meeting. We have the draft minutes of our November 4 meeting. Are there any errors or omissions to note?

If not, would a member like to make a motion to approve the minutes?

Mr. Nielsen: So moved, Chair.

The Chair: Mr. Nielsen. Thank you. Mr. Nielsen moves that the minutes of the November 4, 2019, meeting of the Standing Committee on Private Bills and Private Members' Public Bills be approved as distributed. All in favour, say aye. Any opposed? Hearing none, that motion is carried.

We'll next move on to item 4, review of Bill 205. That's the Human Tissue and Organ Donation (Presumed Consent) Amendment Act, 2019. This will be a presentation by Mr. Matt Jones. He's the MLA for Calgary-South East. Welcome, sir.

Hon. members, Bill 205, the Human Tissue and Organ Donation (Presumed Consent) Amendment Act, 2019, was referred to the committee on Wednesday, November 6, in accordance with Standing Order 74.1(1). The committee must report to the Assembly on Bill 205 on or before Wednesday, November 27, 2019.

Joining us is the sponsor of Bill 205, Mr. Matt Jones, the MLA for Calgary-South East. At this time I would like to invite Mr. Jones to provide a five-minute presentation, and then I will open the floor up to 20 minutes of questions from committee members. Thank you very much, sir.

Mr. Jones, the floor is yours.

Bill 205, Human Tissue and Organ Donation (Presumed Consent) Amendment Act, 2019

Mr. Jones: Thank you. I am pleased to speak to Bill 205, the Human Tissue and Organ Donation (Presumed Consent) Amendment Act, 2019. Every year too many people die while waiting for an organ donation. Every year Albertans die while waiting for an organ donation. These are our parents, our siblings, our children, our relatives, our friends, and our colleagues. Those who remain on the wait-list experience poor quality of life, depression, and often require regular medical appointments. Today there are over 4,500 Canadians and over 700 Albertans on the wait-list for an organ transplant. In Canada in 2017, 415 people withdrew from the wait-list, and 245 people died while on the wait-list. Sixty-seven of those who withdrew and 35 of those who died were Albertans.

A 90 per cent majority of Canadians support organ and tissue donation, but fewer than 20 per cent make formal plans to donate. Eighty-one per cent say that they are willing themselves to donate their organs and tissue. As of today only 19 per cent of Albertans have registered to be an organ donor. At around 20 donors per 1 million people, Alberta is below the national rate of 22 deceased donors per 1 million people, and Canada lags the world. One donor can save up to eight lives and enhance the lives of 75 or more through tissue donation. Over 1,600 Canadians, including upwards of 200 Albertans, are added to organ wait-lists every year.

Bill 205 proposes the implementation of presumed-consent, or opt-out, organ donation to replace our underperforming opt-in system. In fact, 12 of the top 15 countries with the highest organ donation rates have presumed-consent systems in place. Croatia, for example, has a presumed-consent system and a deceased organ donor rate of 40 donors per million population. This was roughly double that of Canada and more than twice that of Alberta. This bill also makes the ability to explicitly consent to donate or opt out

easier by enabling improvements to the online registration system and the overall process.

Now, for those concerned about the potential change to an opt-out, or presumed-consent, system, rest assured that there are a number of safeguards in place. This bill would not apply to anyone under 18 or to anyone who's not an ordinary resident of Alberta. This bill would also not apply to anyone who was for a significant period of time before dying incapable of giving consent or refusing. Albertans would be able to opt out online or at a registry at any time. And there's a natural safeguard. Only 1 to 2 per cent of deaths result in or represent a potential donor opportunity, so in 98 per cent of cases the mechanism of consent, whether it's opt in or opt out, is irrelevant. An Albertan is six times more likely to need an organ than to donate one.

Even if you are presumed to have consented to be an organ donor and even if you took the initiative to explicitly consent to be an organ donor, the final say rests with your family, as it does now, even under this bill. These include your spouse or adult interdependent partner, your adult children, parents, adult siblings, or any other adult next of kin. For me, that's over 20 people. There will never be any cost to the family or estate related to organ donation. Albertans will continue to receive whatever treatments they need, and every effort will be made to save their lives before organ donation is even considered. Most religious traditions are supportive of organ and tissue donation or leave it to the individual to choose.

Every so often we as legislators have an opportunity to make a meaningful, tangible difference in the lives of Albertans, to address issues that transcend partisanship and touch the very lives of the people we represent. That is what I hope to do with this bill, to implement meaningful, common-sense measures to improve the rates of organ donation in Alberta and, hopefully, save and improve lives.

I look forward to answering your questions.

The Chair: Okay. Well, thank you very much, Mr. Jones.

I'm going to open the floor to questions from committee members. As this is a private member from the government side, it's only fair we start with the Official Opposition. I see Member Pancholi raising her hand. We will start with you. You will have a supplemental after your first question, and then we'll move on to the other side. Thank you. Go ahead.

Ms Pancholi: Thank you, Mr. Chair. It is a pleasure today to speak to this bill. I myself know – and I trust that the member is in the same situation – a number of families who are affected and who are anxiously waiting for organ donation. In fact, one of my constituents, who I've spoken to a number of times on the phone this week, has a two-year-old son who's waiting for his second heart donation. Certainly, this is something that is very important to a lot of Albertans and touches our lives very significantly. I am certainly very supportive of any measures that would improve organ donation as we know it will have a significant impact on people's lives.

One of the questions I have is about other measures. Presumed consent might be a very important step in terms of legislation. However, we know that there are a lot of other things that need to happen in order to actually increase the number of organ donations. Certainly, some things do require the input of resources, not just monetary but personnel, such as how to make sure that there are people available at that point in time. It's a very difficult time in a family's life when they're considering a loved one passing and they're considering organ donation. As you said, the bill maintains that the family still has the opportunity to make a decision. One of the things we've heard about is the need for personnel to be there to counsel at that time, to support the family, and to explain organ donation.

As well, if we're talking about organ donation across the province, in rural and remote areas, how do we make sure that there are enough supports and resources to identify whether or not an organ is viable and make sure that it can be transported? There are a lot of other resources that are needed. Have you thought about how this bill can be supported by these other measures? What other things need to happen?

Mr. Jones: Yeah. Great points. I see this bill as a catalyst to begin the process of improving organ donation broadly in Alberta, and it has already started discussions. You're exactly right. The other measures that also improve rates of organ donation are having organ donation teams all around the province, educating the public, and educating our medical professionals. Also, there's equipment that can preserve organs longer. The biggest one is education so that people actually talk about it and talk to their loved ones about their wishes in terms of organ donation but also those teams around Alberta and the equipment to preserve organs.

9:10

That is why I've put a two-year delay on the implementation of this bill. That gives us the opportunity to learn from Nova Scotia, which is just about to implement Bill 133, which is their presumed-consent legislation. That gives us two years to educate the public, educate our medical professionals, and look into surgical teams and equipment, where it needs to go.

The Chair: Thank you very much.

We'll now go to the – oh. Sorry. I forgot the supplemental. My apologies.

Ms Pancholi: Thank you. I appreciate that response very much. I'm wondering. I know this is a private member's bill, so it's not done, necessarily, with the support of, you know, the Minister of Health. I mean, not that he wouldn't support it, but you're bringing it forward as a private member's bill. All of those things that we just discussed would probably require some input of resources. Have there been conversations that suggest to you that the Minister of Health would support some of the resources and educational work that's required to make this happen?

Mr. Jones: I would say that the Minister of Health is interested, like we all are, in improving organ donation rates. I've taken the initiative under my private member's bill to try to implement presumed consent, which is demonstrated to increase organ donation by upwards of 25 per cent. No, I have not had formal discussions as to what else the government would be willing to do, but there is absolutely a willingness to work towards increased organ and tissue donation.

Ms Pancholi: Thank you.

The Chair: Thank you very much, Member.

I will now go to the government members side. Who would like to ask a question from the government member side? Member Glasgo, go ahead.

Ms Glasgo: Thank you, Chair, and thank you, MLA Jones, for coming forward with this legislation. As this is kind of our first time, really, getting into this, I just have some, I guess, pretty basic questions. I heard you say that you're 67 times . . .

Mr. Jones: Six.

Ms Glasgo: Sorry.

. . . six times more likely to need an organ than to have to donate one. I'm just wondering if you could talk about what those needs are and basically what kind of inspired you or what brought you to this point where you felt that this kind of legislation was necessary.

Mr. Jones: The concept for this bill was brought to me by Minister Jason Copping, and it was brought to him by one of his constituents. I, of course, was aware of the need for organ donation, but I wasn't fully aware of the problem, and I wasn't aware of the solution. Then I researched presumed consent and the effect it's had in places like Croatia and other areas around the world, where it's resulted in a substantial increase in organ donation. Then you couple that with upwards of 90 per cent of people being supportive of organ donation, and it seems odd to me to require those people to opt in rather than asking the 9 or 10 per cent to opt out when we're dealing with life and death.

You talked about that you're six times more likely to need an organ than to end up donating one. I wasn't sure of your question on that part.

Ms Glasgo: Yes. I was just wondering if you could elaborate on what those times are. You know, you also said that there's a 1 to 2 per cent – I don't know if this counts as my supplemental, Mr. Chair – chance of you actually being able to donate an organ to begin with. I was wondering. Like, this is obviously a very unlikely circumstance, and this is a bill for those very unlikely circumstances, which are also very important. If you could just elaborate on that.

Mr. Jones: Yeah. You're absolutely right. Only 1 to 2 per cent of deaths result in an organ donation opportunity, and that's because you have to die in a very particular way, where essentially you are on a ventilator and you are brain-dead. Otherwise, the organs do not survive long enough to be transplanted. We're dealing with a lack of supply and a lot of demand, so that's why you are six times more likely to need an organ transplant in your life than to end up donating one even if you are a willing organ donor. This is a problem for all of us, to be frank.

Ms Glasgo: Thank you.

The Chair: Thank you.

We'll go to the other side. Member Irwin, go ahead.

Member Irwin: Thank you, Mr. Chair, and thank you, MLA Jones, for bringing this forward. I think it's really going to, if it hasn't already, precipitate an important conversation. We know that many First Nations believe that the body must be whole as it returns to the Creator, and we know that there have been some concerns raised by indigenous communities regarding presumed consent. I'm just curious to hear from you – I didn't hear you mention it in your opening remarks – about what work is being done to ensure that the perspectives of indigenous communities are heard, respected, and reflected in the legislation that you've proposed.

Mr. Jones: Excellent question. First, I did briefly touch on that various groups have various opinions on this matter. The Christian, Jewish, Muslim, Buddhist, and Hindu faiths encourage organ and tissue donation. There are other faiths that wouldn't. That's why we have the natural safeguard that only 1 to 2 per cent of deaths would even be considered for organ donation.

We also have the ability to opt out our entire adult life, which is upwards of 60 years here in Canada, and then we have another safeguard, which is your next of kin. Typically in the cultures that would struggle with the idea of presumed consent, they have a lot of next of kin.

Our medical system already presumes things about people's bodies. An example is that if you were to get into a car crash on the way here and were unconscious and needing life-saving interventions, our medical system takes custody of your body, will cut you open, put five people's blood in you, remove damaged tissue, put in nonbiological materials, sew you back up, and then you wake up. Our medical system functions this way because if it didn't, more people would die. That is what's happening here, actually. We're presuming that the average person does not want to donate their organs and tissues when over 80 per cent and upwards of 90 per cent do.

There are safeguards in place for people who are not in support of organ donation. There are safeguards. They can opt out, and their will will be respected. Their family always has the final say, and it is extremely unlikely that they would be an organ donor in the first place.

Member Irwin: Okay. I know you mentioned Jewish, Christian faiths and whatnot. I didn't hear you say, though: did you in fact consult with any indigenous folks, any First Nations in Alberta?

Mr. Jones: We requested consultations broadly. I didn't ask them what their culture or ethnic background was in that consultation process.

Member Irwin: Okay.

The Chair: Member Irwin, do you have a supplemental?

Member Irwin: No.

The Chair: Okay. Thank you.

I think, Mr. Neudorf, you had indicated you might want to go next? No?

Mr. Horner, go ahead.

Mr. Horner: Yes. Thank you, Mr. Jones. Through the chair to you, I'm embarrassed to say that I'm one of the 81 per cent that's always been very pro organ donation, but I've never gone through a formal process to make sure that's the case. I'm definitely a fan of the direction of this bill.

I was at the AUMA convention recently, and someone popped up to speak, wanting to advocate for a bill like this. I noticed that immediately someone popped up on the other side to speak against it. If I recall, that person had been an organ donor, and they felt that choice was something so important to them, that they got to make that choice. I think it was to save a brother or a family member. I think what we're going to find with this is that by far the majority of people will be in support of this, but what kind of communication will take place to ensure that those that are opposed know all the tools to opt out and that this won't affect them?

Mr. Jones: Good question. Under this bill, you absolutely do have choice. Your choice right now is to allow the presumption that you do not consent to stand, or you can explicitly opt in. Under this bill, you can explicitly opt in, explicitly opt out, or allow presumed consent to kick in.

I've heard this argument before, you know: I don't get to make the choice. You do. You have three choices, which I just outlined. But under both systems, our current system and my proposed system, actually it's your family and next of kin who has the ultimate say. You can opt in to be an organ donor now, and your family gets to decide whether or not you donate your organs when you die. I

understand the concern, but the choice is up to the individual and their families under both systems.

In terms of educating the public, that's why there's a two-year delay in this bill. My work on organ donation does not end if this bill passes or doesn't pass. The next step, if this does pass, is to spend two years educating the public and medical professionals, and I'll do everything in my power to do that.

Mr. Horner: Just a quick supplemental, chair.

The Chair: Go ahead.

Mr. Horner: Just due to the kind of heavy nature of this bill – you know, we're dealing with people's loved ones and their bodies – would you be prepared to bring in stakeholders and present multiple sides, and if so, who would you bring?

Mr. Jones: Yeah, I have a number of stakeholders who would like to present if they're given the opportunity. They range from people who have had loved ones who have died while waiting for organ transplants to leading experts in organ transplantation and other experts that consulted with Nova Scotia on their bill for presumed consent. A wide range of diverse stakeholders are prepared to speak to this committee.

Mr. Horner: Thank you very much.

9:20

The Chair: Thank you very much.

Member Lori Sigurdson, go ahead.

Ms Sigurdson: Thank you. Thanks so much for your presentation. Of course, this is a very important issue. Having been recently very involved with the health system as a patient myself, not so much for a transplant but, certainly, for transfusions of blood and platelets, I mean, it was invaluable to me, just the supports I received.

I think, though, another part of this is just about how much people are informed, you know, the education, the information. Just recently I renewed my driver's licence, and for the very first time at the Alberta Motor Association they asked me if I wanted to donate my organs. I said yes, but that hadn't been made available to me before. My understanding from the fellow who was serving me was that it hadn't been too long that that was something that they practise on a regular basis. So I just wonder about your understanding about these other measures to support people to be donors. Like, I don't know how long that's been a practice. I mean, I guess this may be something for the ministry to talk about, but just anything that you can share about that.

Mr. Jones: What I can share about the current system is that a lot of people report not ever being asked at the registry if they would like to become an organ donor and, also, that when they're asked, they're not provided with the information that would help people make this decision, like the stats and figures, the fact that it saves up to eight lives and improves the lives of 75 or more people.

Obviously, this is not covered in my bill. It would be something that the ministry, Alberta Health – Service Alberta would be tasked with operating the online registry for consent and opting out. The Ministry of Health would probably be the one responsible for the education of the public, but I can't speak to those because they're not within the bill. All I can say is that I believe that our government is interested in increasing organ donation rates, as is every government, so I think there would be a willingness to look at how we can invest in the education program.

The Chair: Member Sigurdson, go ahead with your supplemental if you have one.

Ms Sigurdson: Yeah. Certainly, we know of the Boulet family, whose son was killed in the horrific Humboldt crash. I mean, that's where the focus really is, on this piece that isn't part of your bill, but certainly it is the role of government, really. I mean, along with my colleagues I just want to make sure that the resources are there to support people so that those questions are answered and, like, the stats or the questions that someone might have that may be barriers that need to be removed so that there is more of a kind of comprehensive plan and not just only this.

Mr. Jones: Exactly. This is not a silver bullet, nor have I every claimed it to be. There have been various studies on presumed consent, and they range from saying that presumed consent has resulted in an 18 to 30 per cent increase in organ donation, but what the studies also say is that that can't be solely attributed to presumed consent. It turns out that when you decide to put in presumed consent, you've got to firm up your registry, you've got to look into organ donation teams, educational programs, and equipment. So that's why I said at the beginning that I very much view this as a catalyst. We'll have a two-year window to maximize the effect of presumed consent. We get to learn from other jurisdictions who've gone before us, and we get to learn from Nova Scotia, which is just about to implement their presumed consent.

The Boulet family, after it was decided that he would donate his organs – over 100,000 Albertans registered to be organ donors from that single event. It's called the Boulet effect. So I strongly believe that there is a strong desire by Albertans to save other Albertans' lives and improve things through organ and tissue donation. The current system is not enabling them to do so. While I acknowledge that there are concerns about people who would not wish to participate in this, I do see this as a mechanism for improving our ability to match willing organ donors with people who need life-saving transplants.

The Chair: Thank you.

Are there any further questions from the government members' side?

Hearing none, we'll go back to the Official Opposition. Go ahead, Mr. Nielsen.

Mr. Nielsen: Well, thank you, Mr. Chair, and through you to Mr. Jones. I appreciate your putting in the work here. You did mention that the original bill originated with Mr. Copping. Of course, now he is a minister and unable to bring forth a private member's bill based on being a minister. I was doing some consultation around this bill with practically anybody that would sit still for five seconds and let me ask them. So what kind of feedback did you get from Minister Copping around what he was hearing? I've heard everything from, "Absolutely I'm in favour" to, like you said, "Absolutely not" and folks right in between saying "I'm in favour of whatever everybody else is in favour of." What are some of the things that you're hearing from him?

Mr. Jones: Yeah. He merely indicated that this was something that we could look at to improve organ donation. We did not have extensive dialogue. I took it from there. The feedback I've received is overwhelmingly positive, at least 90 per cent – at least.

Actually, the main feedback I received, because it's mainly positive, is that this doesn't go far enough. What some proponents for presumed consent would like is what's called a hard opt-out or a hard presumed consent environment where families cannot override presumed consent. What happens now is that people even

explicitly consent to being an organ donor, but then their families at the time of death decide: "Well, no, I don't want my son or daughter to donate their organs." I did not go that way because I want the additional safeguard there for people who would like to opt out. I also believe that family and next of kin are in the best place to determine whether or not somebody is currently willing to be an organ donor. That could change, right?

Other feedback I've received is: will this affect my care? That's another common one. You will continue to get the same care. Every life-saving measure will be taken. You won't be denied care to obtain your organs and tissues. Provincial laws and emergency medical practices ensure that your life comes first. The medical staff who take care of you are completely separate from the organ donation system.

Religious rights and freedoms. Like I said, the majority of world religions support organ donation, but there are a few who would likely opt out.

The other big push-back that I've heard . . .

The Chair: Thank you very much, Mr. Jones. I'm sorry, but the time has expired.

I'd like to thank all committee members for the wonderful questions you had for this member. I would like to thank Mr. Jones for his presentation today. Mr. Jones, certainly, you are free to stay in the committee room and sit off to the side if you so wish.

I would also like to ask, Ms Laing, if you could come to the table where Mr. Jones is. We'll just give Ms Laing a moment to get settled.

Hon. members and ladies and gentlemen, the committee will now receive a technical briefing on Bill 205 from the Ministry of Health. I'd like to invite Ms Glenna Laing, the director of the provincial services unit, to provide a five-minute presentation. Then I will open up the floor for 20 minutes of questions from the committee members.

Ms Laing, thank you very much for being here today. We will now continue with your five-minute presentation. The floor is yours.

Ms Laing: Thank you, Chair. I would just like to set the stage with a bit of the current situation. Alberta currently has an opt-in model of consent in place. This was a choice made to encourage a culture where people speak of donation as a positive action. The Alberta Human Tissue and Organ Donation Act requires that registry agents ask their clients about registering for donation every time an Albertan receives or renews a driver's licence or identification card. This face-to-face mention of donation is one of our most significant public awareness tools.

The Alberta organ and tissue donation registry has 681,158 registrants as of this morning. It increases at a rate of about 10,000 per month. The registry was put in place in 2014. So in the last five years we have now registered 19 per cent of the Alberta population. Under the current Human Tissue and Organ Donation Act a process called mandatory consideration has been implemented. Under mandatory consideration a physician

> who makes the determination of death must consider and document in the patient record the . . . suitability of the deceased person's tissues or organs for transplantation.

9:30

It's very rare, as you've heard, to be an organ donor. Only 2 per cent of deaths can be considered for donation as people must die in a hospital in a specific way where they are brain dead or near death but their organs are functioning through being supported on ventilation.

Alberta has laws which reduce brain injuries such as helmet and seat belt laws. We also have protocols for dealing with brain injuries that focus on maintaining the life of the individual.

To summarize the amendments of Bill 205, an individual who has not decided to provide their consent to donate or refuse to donate is presumed to have consented to the donation of their organs and tissues for the purposes of transplantation only. The Alberta organ and tissue donation registry must allow the registration of refusals to donate a person's tissue, organs, or body for use upon their death. Individuals will be asked by registry agents when renewing or issuing a driver's licence or identification card to make a declaration to either consent to donate or refuse to donate organs or tissues upon their death. Individuals who decline to declare their intention are to be informed that in the absence of a registered declaration, they may be presumed to have consented to be a donor.

Provision in the bill for a mandatory requirement for a medical practitioner making a determination of death to provide specified information to a donor organization regarding the suitability of the deceased person to donate their tissue or organs for transplantation: in the organ and tissue world that is referred to as mandatory referral. It also allows notification of a university of a donation of a body for the purpose of medical education or scientific research. It also requires quarterly reporting by the chief medical officer regarding the number of deceased persons for whom information was not provided to an organ donation organization with sufficient time to co-ordinate a donation and information regarding any remedial action proposed or taken to facilitate such donations.

Although Nova Scotia has recently passed a bill to establish presumed consent, currently none of the Canadian provinces or territories have a presumed consent model in place for organ donation.

Bill 205 is focused on an element of donation-leading practice, which is the consent model, but does not reflect other donation initiatives currently being undertaken by Alberta Health and Alberta Health Services such as implementing a provincial donation information management system and funding the implementation of expert end-of-life specialists who can support organ and tissue donation referrals.

This bill as presented does not currently align with the red tape reduction bill amendments which streamline online registration by removal of the registration of whole-body donation on the AOTDR to reduce confusion and because the university programs require autonomy over their own processes, including registration of prospective donors and – this is important – removal of the requirement for signature and moving registration to a completely online one-step process.

If this bill is supported, the amendments would require one-time costs of $80,000 to $150,000 to revise the registry system and registry brochures.

The Chair: Thank you. I hesitate to interrupt. Thank you, Ms Laing. Your five minutes have expired.

I will now open the floor to questions. We'll begin with the Official Opposition and Member Pancholi.

Ms Pancholi: Yes.

The Chair: Go ahead.

Ms Pancholi: Thank you, Mr. Chair. Actually, Ms Laing, if you don't mind, I think you were maybe about to finish saying something, so I wouldn't mind if you would finish your comments.

Ms Laing: I was just going to comment on communications strategy and public awareness.

Ms Pancholi: Okay. If you wouldn't mind finishing your comments, that would be great.

Ms Laing: Yeah. As I said, the amendments would require one-time system costs of $80,000 to $150,000 to revise the registry system and as well a communications strategy and, importantly, some enhanced training for registry agents who would be making this ask.

Ms Pancholi: Thank you. Can I . . .

The Chair: Go ahead.

Ms Pancholi: A slightly different topic, but I just wanted to give her the opportunity to finish.

The Chair: I appreciate that.

Ms Pancholi: Thank you, Ms Laing. I'm just wondering if you can comment – and thank you for your presentation. Perhaps you have this information. You might not have it available to you. Can you comment on the availability across Alberta, particularly perhaps in remote or rural areas, of the facilities or resources that are currently available to support organ donation? For example, is it more difficult in certain areas, or do all medical facilities have what's required in order to do organ transplantation or harvest organs?

Ms Laing: Currently organ donation only occurs in the major centres of Edmonton and Calgary. Part of the reason that it's been established that way is that when an individual is injured, their assessment, their continued and advanced medical assessment, is usually best completed at one of the university or tertiary care centres. Although many rural facilities are able to support a ventilated patient, a patient who would be considered would typically be transferred to one of the tertiary care centres for treatment.

Ms Pancholi: Thank you.

The Chair: Member, you can do a supplemental if you'd like.

Ms Pancholi: Oh. That's fine. I think that's good. Thank you very much.

The Chair: You're good? Okay. Thank you.
Mr. Schow, go ahead.

Mr. Schow: Thank you, Mr. Chair. I do have just a question here. Mr. Jones has stated that if a person gives consent currently to be an organ donor and that person passes away and is a suitable donor, the family of that person can actually revoke that consent. I want to ask the other side of that question. If a person is a suitable donor and has not given consent, just to clarify, is the family able to give consent on behalf of that person?

Ms Laing: Yes, they are.

Mr. Schow: They are? Okay.
Yeah. That's about all I've got.

The Chair: Okay. No supplemental.
We'll go back to the Official Opposition. Ms Sigurdson, go ahead.

Ms Sigurdson: Good morning. I mean, you did touch on it. I just wonder if you could sort of identify what you think are the most significant barriers in Alberta to people actually, you know, agreeing to donate.

Ms Laing: I think the best answer I can give to that is that we really want to make it easier for people to register their consent to donate. The current two-step process, which requires that you make a written declaration around opting in and choosing the organs you wish to donate and then having to fax and complete putting that consent into the registry, has deterred some people from registering their consent. Families tell us that they appreciate knowing the wishes of the person who is deceased or near deceased. I think we've touched on it several times, public awareness as well as provider awareness and the ability to be able to counsel families well on the donation process.

The Chair: Do you have a supplemental? Go ahead. Thank you.

Ms Sigurdson: Thank you. What I'm hearing is that, really, what's so important is to help address the process not being too complicated. Like, you're talking about having one step instead of a two-step and then also just, really, an education piece, public awareness – you used those terms – and even some facilitation with family in terms of consultation. So those are sort of key components.

Ms Laing: Absolutely.

Ms Sigurdson: Okay. Thank you.
Thanks.

The Chair: Thank you very much.
Mr. Neudorf, go ahead, please.

Mr. Neudorf: Thank you, Mr. Chair. I just wondered: are there any expected numbers or a calculated increase in how many people would participate if this was to move forward? Are there any models that you have that would be able to predict that?

Ms Laing: I'm not sure I understand your question. Are you asking how many more . . .

Mr. Neudorf: Yeah. If we know that 2 per cent of deaths now result in organ donation by those that have consented to it, if we change this model, obviously there'd be an increase in numbers that are available to it. Do we have any predictive models that would tell us how many more people that would add to that list?

Ms Laing: I'll just clarify. When we speak of 2 per cent of people being eligible to donate, that is not just registered donors; that's Albertans overall. In Alberta in any given year, of the people that die in an ICU, ventilated, only 2 per cent of those folks, regardless of their registration status, would be eligible to donate. As MLA Jones mentioned, some of the evidence says that we could see a 25 per cent increase in donations as a mechanism of having understanding of the person's wishes. Evidence currently is mixed, and as MLA Jones pointed out, there are usually a suite of actions along with the consent model that support increased donation.

9:40

Mr. Neudorf: Okay. Thank you.
That's all.

The Chair: Thank you.
Okay. Mr. Nielsen, go ahead, sir.

Mr. Nielsen: Thank you, Mr. Chair. Of course, we've heard about some of the success stories in other jurisdictions with regard to this program. I believe there are a couple of European jurisdictions that actually had a negative effect. Would those just be anomalies or maybe something that would need to be taken into consideration?

Ms Laing: France and Brazil did see a decrease after they moved to presumed consent although it seems to be moderating in its effect. The evidence was that some families still wished to know or still questioned what the deceased person would have wanted. In those cases, because families are still consulted, they did not go forward with donation.

Mr. Nielsen: It sounds like there's still a very heavy educational component that would need to be required here in order to ensure that a new program such as this would be successful right out of the gate.

Ms Laing: Correct.

Mr. Nielsen: Thanks.

The Chair: You're good? Thank you very much.

Government members, does anybody else have a question?

Seeing none, we'll go back to the Official Opposition. Does anybody? Okay. Well, thank you very much.

Ms Laing, thank you so much for being here. Very kind, your presentation and your thoughts on this particular subject. Thank you very, very much.

If we could please get Member Roger Reid to go to the committee table, that would be appreciated.

Ladies and gentlemen and committee members, we're going to go next to item 5 in our agenda. That's review of Bill 206. That's the Workers' Compensation (Enforcement of Decisions) Amendment Act, 2019, the presentation by Mr. Roger Reid, the MLA for Livingstone-Macleod. Hon. members, Bill 206, Workers' Compensation (Enforcement of Decisions) Amendment Act, 2019, was referred to the committee on Thursday, November 7 in accordance with Standing Order 74.1(1). The committee must report to the Assembly on Bill 206 on or before Thursday, November 28, 2019. Joining us next is the sponsor of Bill 206, Mr. Roger Reid, the MLA for Livingstone-Macleod. I would now like to invite Mr. Reid to provide a five-minute presentation, and then I'll open up the floor to 20 minutes of questions.

Mr. Reid, the floor is yours. Go ahead, sir.

Bill 206, Workers' Compensation (Enforcement of Decisions) Amendment Act, 2019

Mr. Reid: Thank you, Chair, and thank you, committee, for the chance to meet with you. It's a pretty simple bill. I don't know if we can cover five minutes on it because it's not that long, but I think that's one of the things that makes it such a great bill. I want to thank you for the invitation to come and present to the committee on my private member's bill, Bill 206, the Workers' Compensation (Enforcement of Decisions) Amendment Act, 2019.

My passion and my desire behind this act are very simple. It comes out of being, first of all, a businessman who watched a number of my employees struggle with the bureaucracy and the issues of trying to deal with valid claims with WCB. In our business we operated on a strong safety culture. We want to keep our employees safe. They're like family when you work in a small business. You don't want to see anybody incur injuries or anything that are avoidable, but the reality is that we do know that sometimes slips and falls and accidents do happen. My desire for my staff was always that when something happened, they would be able to be compensated fairly.

Our WCB system is a nonadversarial system. I as an employer pay my fees into it on a regular basis, based on what our company deals with, with the expectation that my employees should be able to collect for anything that goes on. I often heard from my employees the frustration over: well, they didn't want to bother putting a claim in because it wasn't worth the hassle and it wasn't worth the need. But we know that many, many Albertans struggle with being only a couple of paycheques away from financial insolvency, so we worked very hard to ensure that paperwork and everything was kept up on our side for employees and that our employees would put forward those claims when they were valid.

My goal for this legislation is very simple. It's to ensure that those who are forced to take a leave of absence because of any workplace injury can continue to put food on the table for themselves and their families. No one, especially hard-working Albertans, should be struggling while waiting for the government to forward them money that is rightfully theirs. Bureaucracy should not mean a missed mortgage or credit card payment.

Again, as a business owner I saw this too often, and now as an MLA I'll tell you that one of my very first meetings in my office was with a constituent that had an issue with a WCB claim and appeal. Just this morning I got an e-mail from my office, and I have another meeting this Friday, so it is prevalent.

We have employees who have had to miss time when they were left abandoned by a system that we as business owners pay into for their protection. As a result, employees can feel pressured to return to work before they are really healthy enough to do so or would even take out loans or take on extra credit card debt just to keep their heads above water.

You may or may not know that there are five steps in any WCB claim. First, you report your injury. Next, your claim is classified as a lost time or no lost time claim. The third step is where my bill would begin to have some real effect. At the third stage a decision is made on whether a claim will be accepted, denied, or needs further medical investigation. If a claim is denied, appeals can be made through the Appeals Commission. The Appeals Commission, should they reverse the decision of the WCB, then hands the decision back down to the WCB, who are required to comply. The Alberta Workers' Compensation Act, the legislation which oversees the Workers' Compensation Board, already puts a 30-day deadline on the WCB to implement a decision made by the Appeals Commission.

What my bill, then, does is that it gives claimants some teeth to be able to fight back with the WCB and to ensure that their payment is not delayed. Bill 206 authorizes claimants to go to the Court of Queen's Bench and ask for a court order directing the WCB to pay the due compensation immediately. This is a simple, common-sense solution that prevents greater loss for Alberta families. It's a small change that I believe can have a large, positive impact. The bill also grants claimants the ability to seek remuneration for legal costs related to any appeals made under section 13.3(2). This allows workers to proceed with a greater level of certainty. I believe that both of these changes can do much good for Alberta families through what are already trying times. Albertans who have been injured at work deserve to have peace of mind knowing that they will be compensated on time. Now, while this legislation change is small, I believe this change has the potential to have a wide-ranging positive impact around the entire province.

I'd like to thank you all for your time, and I look forward to answering your questions.

The Chair: Thank you very much, Mr. Reid.

I will now open the floor to questions, beginning with the Official Opposition and Mr. Nielsen. Go ahead, sir.

Mr. Nielsen: Well, thank you, Mr. Chair, and thank you for bringing this bill forward. It's unfortunate that we find ourselves in situations sometimes where we see an instance that identifies a flaw that maybe we haven't caught in this. So if I understand the Coles Notes version of this, we have individuals that have received a decision and can't actually get that decision.

Mr. Reid: Exactly.

Mr. Nielsen: This, then, would close that loophole.

Mr. Reid: And it would also add the ability for claimants to be able to seek any legal costs they incur. Again, I think it empowers injured workers to be able to take action to receive their compensation.

Mr. Nielsen: Well, maybe we will see the current government be sparked with enthusiasm around maybe working towards, hopefully, not having people going down that road, and they can just get their decisions.

Mr. Reid: Absolutely.

Mr. Nielsen: Thank you, Chair.

The Chair: Thank you very much, sir.

I'll go to the government members' side. Does anybody have a question or comment? Mr. Neudorf, go ahead.

Mr. Neudorf: Thank you, Mr. Chair. Thank you, Mr. Reid, for your comments and bringing this bill forward. I just wanted to see how far reaching this bill might be. Does it have any impact on a claim that is denied or one that might be contested? At that point, if a claim is denied or contested, is there any impact on those?

Mr. Reid: The way it would work is that a claim is denied, an injured worker then makes an appeal and is granted a favourable decision on that appeal, and they are then required to go back to WCB and can use this change to legislation to ensure that they'll be paid out in a timely manner. I think one of the things that it would help do also is that in terms of allowing WCB to quickly address minor claims and discrepancies, it would give them more time. There's certainly – and you wouldn't know this working in construction. Sometimes there are claims that are much more complicated and complex. I believe the other advantage is, then, that it would give the WCB time to actually deal with the more complicated cases in a more timely manner as well to ensure those injured workers are also compensated in a more timely space.

9:50

Mr. Neudorf: Thank you.

A supplemental?

The Chair: Yeah. Go ahead.

Mr. Neudorf: I do know that for many businesses, their concern may be that if there was a contested claim, they wouldn't be bound by this legislation to pay out if that was still under contestation. I guess that's where I just wanted to seek that clarity, that your bill doesn't take effect until after any dispute resolution process was completed.

Mr. Reid: That's correct.

Mr. Neudorf: Thank you very much for that.

Mr. Reid: Thank you.

The Chair: Thank you.

The Official Opposition, anybody have any? No? Okay. Thank you.

I think we have another question by Mr. Schow. Go ahead, sir.

Mr. Schow: Thank you, Mr. Chair. Thank you, Mr. Reid. Just one question. We're always trying to solve problems with our bills that we produce. I was wondering if you have any information or numbers on how many of these claims are going unpaid, just to get a better idea of how serious this problem really is.

Mr. Reid: I have no solid numbers on it. Speaking out of personal experience as an employer and just the feedback that I got when we announced that the bill was coming forward, really a straw poll that says that this makes sense, common sense, we're tired of the frustration that we felt as employers and workers in terms of just knowing that we will get a timely compensation should we get a ruling in our favour.

Mr. Schow: Okay. Thank you very much.

The Chair: Okay. Thank you.

I'm going to ask once again. No further questions from the opposition?

Any questions from the government members? Thank you very much.

Mr. Reid, thank you very much for your presentation, sir, for presenting to the group today.

I'd just like to ask: is Mr. Kelly or Ms Leathwood in attendance at this moment? Oh, you are. Wonderful. Thank you. If you folks could go to the table, that would be appreciated.

Again, Mr. Reid, thank you very much for your presentation.

All right. Ladies and gentlemen and committee members here, we will now move on to the technical briefing by the Ministry of Labour and Immigration. Hon. members, the committee will now receive a technical briefing on Bill 206 from the Ministry of Labour and Immigration. I would like to invite Mr. John Kelly, the acting executive director of workplace policy and legislation, and Ms Glennis Leathwood, a senior policy analyst with occupational health and safety and WCB policy and legislation, to provide a five-minute presentation, and then I will open the floor up to 20 minutes of questions.

Folks, you can proceed when you're ready. Thank you very much.

Mr. Kelly: Thank you, Mr. Chair. I am pleased to represent the Department of Labour and Immigration this morning and provide the committee with technical information related to Bill 206.

To begin with, just some background on the current appeals process for workers' compensation claims. Through the Workers' Compensation Act the Appeals Commission for Alberta's workers' compensation has exclusive jurisdiction to examine, inquire into, hear, and determine all matters that pertain to reviews of appeals completed by the Workers' Compensation Board. The Appeals Commission can confirm, vary, overturn a decision made by the WCB. The Appeals Commission's decisions are final and binding on those matters. As per section 13.3 of the act the WCB is, in turn, bound by any determination made by the Appeals Commission. This section stipulates that the WCB must implement the decision within the time limit outlined by the Appeals Commission decision. If no time limit is provided in the Appeals Commission decision, as

is the majority of the time, they are bound by a 30-day time limit to implement the decision by legislation.

The Appeals Commission does not monitor how or when the WCB implements their decision. Questions an appellant may have regarding the implementation of an appeals decision are directed back to WCB for a response. Should the applicant have an issue with the timeliness of the implementation of an appeals decision, they can seek the assistance of the Fair Practices office. This office is an independent office that hears complaints on administrative fairness within the workers' compensation system.

Should the delays in implementing an Appeals Commission decision be unresolved by the WCB or the Fair Practices office, an interested party can and currently has the right to apply to the Court of Queen's Bench to seek a court order compelling an administrative body, the WCB, to carry out the action that is required of them. This remedy is codified in the *Alberta Rules of Court*. This means that an applicant or interested party can apply to the Court of Queen's Bench for an order directing the WCB to comply with the appeals decision.

On the Bill 206 elements, it does propose adding new subsections to 13.3, including the authority in the act itself for a person who has a direct interest to, again, go to the court for a decision directing the WCB to implement that decision. The bill also proposes that if a court order is made, the court may award solicitor-client costs incurred related to seeking and obtaining that court order. It also notes that the proposed new sections do not detract from any other rights or remedies legally available.

Some considerations. Information obtained from the WCB indicates that since August 2019, 67 per cent of the cases or issues were implemented within 30 days and that 82 per cent were implemented within 60 days and 96 per cent within 90 days. The WCB has advised that in instances where delays resulted from implementation, it's typically due to complex decisions that require follow-up or specialized exams or testing. To date it is noteworthy that there have been no instances where cases have been taken to court for directing the WCB to implement an Appeals Commission decision.

No other jurisdiction has a legislated time limit on when their respective workers' compensation entity is required to implement a decision. As a result, no other jurisdiction, of course, has what's proposed in Bill 206, which is clarifying that the individual can seek a court order and be awarded costs for seeking that implementation.

For the solicitor-client costs related to applying for a court order, the draft legislation gives the court the option of awarding these costs versus being required to give these costs. If the costs were awarded by the courts, the WCB would be responsible for those costs that the court awards, and WCB costs are covered by job creators or employers through premiums paid for WCB coverage, including any potential costs imposed by the courts resulting from this change.

Thank you for the opportunity to come here today and provide information on this bill.

The Chair: Well, thank you very much, sir.

Okay. Great. We'll now go back to the Official Opposition. Mr. Nielsen, I see you smiling. All right. You go ahead, sir.

Mr. Nielsen: Thank you, Mr. Chair. It's interesting. In your statements there, of course, you said that the commission issues a binding decision, yet here we are with a bill trying to deal with decisions of a binding nature that aren't happening. Do you feel confident that this bill will, shall we say, move that process forward so that injured workers can get their decision in a timely manner and maybe we can, you know, avoid even going to court proceedings?

Mr. Kelly: If I could clarify, it is actually the implementation of the Appeals Commission decision, not the WCB decision, when the appeal does happen. Again, there are a couple of avenues that are available. I'm not sure whether that would increase the time. That remedy is currently available, actually, if people wanted to seek it through the courts although it hasn't actually occurred in the past.

The Chair: Go ahead, sir.

Mr. Nielsen: Okay. I guess a quick follow-up comment. Hopefully, it would urge the ministry to maybe look at ways that we can reduce red tape and ensure that our injured workers can get back in a timely manner but be at a hundred per cent recovery before they do that.

Thank you very much.

The Chair: Thank you, sir.

Mr. Sigurdson, go ahead, sir.

Mr. Sigurdson: Thank you, Chair. I guess my question is: I know you were giving some statistics here on the time in which the decisions are made, but my understanding is that this bill just is directed more to the timely payout after a decision is made. Do you have any statistics on when a payout or how payouts are made or if there are delays in how quick they come at this time? I think that's what the principal focus of this bill is, that after a decision is made, there is a timely payout to that particular employee for that compensation.

Mr. Kelly: Right. Yes. Actually, the bill only deals with the implementation of an Appeals Commission decision through the appeal, so it doesn't apply to other – about 85 per cent of the matters that go to WCB are paid out and resolved without having to go to appeal, and the bill really just deals with the appeal component of it, so for those cases that do go to appeal, making sure that they are implemented, that that decision is implemented in a timely manner. It's a bit different than just general claims through WCB. It wouldn't have any bearing on those.

Mr. Sigurdson: Okay. Excellent.

Thank you, Chair.

The Chair: Okay. Thank you.

We'll go back to the Official Opposition. Member Pancholi, go ahead.

10:00

Ms Pancholi: Thank you, Mr. Chair, and thank you, Mr. Kelly, for your presentation. I'm just going to follow up on the comment that you just made, which is that the bill addresses, really, only the Appeals Commission decisions. You noted a number of statistics with respect to payout. Well, at least there are provisions already within the legislation that deal with the decisions that must be made within – is it that the decisions must be made within 30 days, or is it that it is the implementation of an Appeals Commission decision that must be made in 30 days?

Mr. Kelly: It's the latter. It is the implementation. Once the Appeals Commission renders the decision on a matter, the WCB then needs to implement that decision from appeal within 30 days.

Ms Pancholi: Then given that, do you feel that what's currently in Bill 206 actually changes that from what's in the current legislation? Is it necessary, in your opinion?

Mr. Kelly: Yes. I can't really give an opinion. I can say that, you know, again, in current legislation we're the only jurisdiction that

does have a 30-day limit for their appeal body decisions being implemented by the board. So that is there. Whether or not this would increase or expedite the implementation of those decisions, I can't really say.

I think it also maybe just puts into play in the act itself that that mechanism already is available for people, so people might be more aware of it and take advantage of it. But, again, there are other opportunities for people that are in that situation to discuss with the board why it is taking longer than the 30-day limit as well as to go to the Fair Practices office for administrative fairness, and they will advocate on behalf of that person who is facing a delay in implementation.

Ms Pancholi: Thank you.

The Chair: Thank you very much.

We'll go back to the government member side. Anybody else have any further questions?

Seeing none, we'll go back to the Official Opposition. Okay. Great.

Well, ladies and gentlemen, thank you very much for attending here today. I'd like to thank the members from Labour and Immigration for presenting today.

At this time, committee members, we are going to take a quick five-minute break before we do our presentation on Bill 207 as well as the deliberations. I will ask the clerk to set the clock. We will all resume in five minutes. Thank you.

[The committee adjourned from 10:02 a.m. to 10:07 a.m.]

The Chair: All right. Ladies and gentlemen and committee members, I certainly would ask you to please take your seats. The five minutes have expired. I thank everyone for their patience and certainly hope that everyone had a very nice five-minute break.

We'll move on to item 6. That's the review of Bill 207, Conscience Rights (Health Care Providers) Protection Act. We have a presentation now by Mr. Dan Williams, the MLA for Peace River. Welcome, sir.

Mr. Williams: Thank you, Mr. Chair.

The Chair: Oh. Okay. Ms Pancholi.

Ms Pancholi: Sorry, Mr. Chair. I'd like to seek unanimous consent from the committee to extend the period of time with respect to the presentation from Member Williams and questions and answers. I think we've seen that this is an issue of significant concern and questions, and there's a lot of debate around the content of the bill. Typically I think we only have 20 minutes in committee to ask questions of the member bringing forward the private member's bill, and I'd like to seek unanimous consent to extend that period of time.

The Chair: Member, thank you. We are actually running quite a bit ahead of schedule. Do you have an idea regarding what time you were thinking? Were you thinking from five to 10 minutes for the presentation or from 20 to 30 minutes? Do you have something in mind as we present it to the committee?

Ms Pancholi: Sure. Mr. Chair – and correct me if I'm wrong – I think we typically have up to a five-minute presentation.

The Chair: Yes.

Ms Pancholi: Is it 15 minutes or 20 minutes to . . .

The Chair: Twenty.

Ms Pancholi: I'm suggesting, given the time – we still have another almost two hours in committee – 40 minutes for question and answer.

The Chair: Okay. And do you want to make a motion to extend the five-minute presentation to 10 minutes, or are you satisfied with the five-minute presentation?

Ms Pancholi: I'll make a motion that Mr. Williams can have – if it works for Mr. Williams – 10 minutes to present and that we have 40 minutes within committee to debate.

The Chair: Okay. The clerk is just putting in that motion.

All right. I'll ask for unanimous consent of the committee members to extend the invitation – you certainly don't have to use the entire 10 minutes – to speak for 10 minutes regarding your bill and 40 minutes of discussion and questions and answers amongst committee members. All members of the committee: all in favour, say aye. Any opposed? Hearing none, thank you very much. Unanimous consent has been granted in regard to that motion. Thank you very much.

Hon. members, Bill 207, Conscience Rights (Health Care Providers) Protection Act, was referred to the committee on Thursday, November 7 in accordance with Standing Order 74.1(1). The committee must report to the Assembly on Bill 207 on or before Thursday, November 28, 2019. Joining us now is the sponsor of Bill 207, Mr. Dan Williams, the MLA for Peace River. I would like to invite Mr. Williams to provide a 10-minute presentation, and then I will open up the floor to up to 40 minutes of questions.

Mr. Williams, thank you very much for being here. Sir, the floor is yours.

Bill 207, Conscience Rights (Health Care Providers) Protection Act

Mr. Williams: Thank you, Mr. Chair. Thank you, committee, for having me. I appreciate the opportunity to present my bill. I'm hoping we can have a fruitful discussion today to talk about the contents of the bill, its importance, and any concerns folks have. I want to work constructively, thoughtfully with members of this committee, with all stakeholders and the general public to make sure that we find a piece of legislation that suits the needs of Albertans in all different facets of life. I will be recommending that the bill continue on to second reading after the committee.

The purpose of the bill is to protect conscience rights and the freedom of conscience for medical professionals in the province of Alberta. The reason that this is important is because if we look at contemporary jurisprudence across the country of Canada and also if we look at a growing pressure on freedom of conscience and freedom of expression in the country in lots of different facets, we can see that there are areas where defending conscience rights in provincial legislation has a meaningful impact for protecting those rights.

Ontario is a good example of where we saw a college of physicians and surgeons with a very aggressive stance on conscientious objection, particularly in their human rights policy, introduced, I believe, in 2015, culminating in a court decision just this current year. What that did is that it pitted doctors and the patients against each other.

Before that, what we saw across the country and what we do see currently in Alberta is a regime within these colleges where we see thoughtful accommodations made. Where there are conscientious objections – because Alberta, as with the rest of the country, is a diverse population with a diversity of views and positions where folks come from – the solution that the colleges have had up to now

is one where we say that working with employers, working with employees or contractees, and working with the colleges, we find ways to make sure that conscientious objection and freedom of conscience are preserved while at the same time ensuring that access to health care services continues.

All legal health care services should continue on, and they will continue on whether this bill is passed or not. This bill passing allows protection for conscientious objectors. What it does not do in any way – and I want to make myself clear – is limit access to health care services. I understand that there is concern surrounding that. I understand that there is a concern about access to services, and I want to have that fruitful discussion constructively today about where people feel like those concerns may lie and what my thoughts are on it, how I understand this bill is crafted, what its ends are, and to achieve access to health care continues on.

There are two sides to the coin, I understand, and I want to make sure we have a thoughtful, balanced piece of legislation. To that end, I have worked constructively with stakeholders from the very beginning all the way to right now, where this past week I've accepted a number of friendly amendments from a number of health care colleges that are created under the HPA. Working constructively with them, I have come up with a host of material changes so that we can accomplish both ends: yes, making sure we protect freedom of conscience for these objectors, and yes, also making sure that we have access to services and the colleges continue on.

I've provided the document to the committee clerk, and I'm happy to provide those substantive amendments to the committee members now so that this is something for committee members to review in part and parcel. The College of Physicians & Surgeons and I will be releasing the details of this publicly as well for the general public to see.

My intention with offering these amendments is a genuine olive branch, a genuine attempt to say that the purpose of this bill is to protect conscience rights and in no way has any desire to limit access. These amendments are thoughtful. They were offered in good faith and accepted as such. I believe that with these amendments we have a stronger, more robust bill that is precise in language and ensures not only that we have protection of conscience freedoms but also access to care continues on and these colleges continue to do their obligation that they have to the province, which is to protect the public. That was made clear to me in the feedback that I got. I have heard Albertans loud and clear. Yes, conscientious objection and freedom of conscience are an important part of our political and human rights history but also access to health care. To that end, I genuinely offer an accommodation, as thoughtfully as I can, to make sure we achieve these ends.

10:15

I believe we could go on and on at length, but I know that are a lot of questions that were presented to me. I know we have lots of time committed to that. Thank you, Member Pancholi, for offering that extension. I greet it warmly, and I welcome the opportunity to continue having this discussion. I will do my best to answer the questions as fulsomely as I can with as much detail as I can with the limited knowledge that I have. I ask, in return, that members ask questions in good faith from a place of genuine concern and at the same time fairly consider the answers.

On that note, I'm happy to turn my time back to the chair. We can begin questions and comments.

The Chair: Okay. Thank you.

Before we begin with questions, starting with the Official Opposition, just for clarification, the amendments – this is the first time I'm seeing these as well. It's somewhat unusual procedure for that to occur. This is not a matter of debate. We are not debating these amendments. The decision today of this committee is whether or not the bill as-is is to go back to the Assembly or to hear from further stakeholders in regard to that bill. So just to be clear, this is not a debate on amendments that nobody has seen or Parliamentary Counsel has not even seen yet. Okay?

That being said, we will now go to the Official Opposition and Member Irwin. Thank you very much.

Member Irwin: Thank you. I'm quite concerned about this bill, and while I will be respectful in my questioning, I must take this opportunity to share the concerns of many.

In your own press release you cite wide consultations with health care professionals. I have to tell you that I've heard from many health care professionals, probably more correspondence on this bill than in any other in my term as an MLA, including doctors, some of whom are in this crowd, in fact, doctors from all parts of this province. They're extremely concerned about this bill, about its attack on women's reproductive rights, about its unnecessary nature, and about how it's utterly unconscionable. They also say that you most definitely did not consult them and that you certainly do not speak for them. So who are these professionals that you consulted? Were they medical doctors across Alberta beyond your constituency? Please be specific in your response.

Mr. Williams: Thank you, Member Irwin. I appreciate the question, and I understand the concern. I think I'll address it in two parts because I think there were a bunch of different facets to it. One is who I consulted, and the other was your concern for it attacking women's rights or vulnerable Albertans.

To the second part first, there is zero intention to attack vulnerable Albertans and their access to health care. As I mentioned, in the amendments I brought forward, I hope to speak to that. To the chair's concern: I have worked with my parliamentary counsel to draft these, so I am certain that they are within the scope of the bill and drafted properly. That being said, I do understand that you want to ask questions about the bill currently. Yes, I do believe that this bill does consider the concern for vulnerable Albertans. There is no change in, for example, the standards of practice for the health care professions with this bill. They get to continue on practising after as before. Much of the concern revolves around patient referral. The current standard of practice for physicians and surgeons in the province will not be affected by this bill, by my estimation.

To that end, I understand the concern, and I hope to work with you to alleviate it through discussion or looking at the amendments and seeing that there is still a need for conscientious objection. I believe that most members who I speak to see that but want to make sure it's balanced.

On the first point, on who I consulted with, as a private member I consulted as widely as I could, yes, first with many physicians and health care providers within my constituency and then across the entire province. But I will echo some of your sentiment that there are a number of health care providers that don't see the need for the legislation, think that it doesn't serve a purpose. But as I continue to engage with those individuals or I see their public commentary on it, it strikes me very often that the individuals who see no need for it themselves are not conscientious objectors, do not have concerns about it. Where I found the most vivid concern for this kind of legislation was around folks who do have beliefs that differ from the general public on contentious services, and the reason that they would enjoy the protection of this bill is not for some cynical purpose or hidden agenda. It really is because they are conscientious

objectors and are concerned that a situation like we saw in Ontario could happen here.

I believe you're right; I have no doubt there are a number of medical professionals that don't see the need for this. The question is: in a society with a very large diversity of views, where we have people from a huge variety of backgrounds – morally, ethically, religiously in terms of the conscientious belief – it seems only reasonable that we ask ourselves: who are most affected by not having this, and why are they speaking out right now? I found that, over and over again, it's the folks who are concerned about freedom of conscience that speak out the most on this and are most concerned.

Member Irwin: Respectfully, I mean, your constituency is a rural one. I would imagine – I don't have the numbers, but I can find those – that there would not be a large number of medical professionals, of doctors there, I should say specifically. You know, we know that the AMA, the CPSA have come out in disagreement with what you've stated. Again, I've heard from countless doctors all across this province. I've heard from rural physicians, I've heard from physicians who are here in Edmonton and in Calgary as well, and they were not consulted. You did mention that you've consulted with physicians within your own riding. Again, I don't feel like that's a wide scope. My question is: are you able to share some of the names of the physicians that you consulted with in other areas beyond your rural constituency?

Mr. Williams: Sure. I did consult with many outside of my constituency as well. I would have to, as you would understand, for a question of privacy, speak to individuals first, but short of me offering those names – I'm happy to follow up with you afterwards in correspondence if I have individuals that feel, you know, open to being public about their involvement – I will also point to a very large number, a significant minority, of health care professionals, physicians, and others who have spoken out publicly, whether it be in the media or social media or within their own associations or colleges in support of this. I don't believe that you're trying to say that there are no conscientious objectors who are speaking out . . .

Member Irwin: I'm not saying that.

Mr. Williams: . . . but you're just wondering if I consulted a diversity of views. I believe I have spoken to and understand folks from all sides, and that in large part is hopefully reflected in the substantive amendments.

Thank you.

The Chair: Okay. Thank you.

Member Sigurdson. Go ahead, sir.

Mr. Sigurdson: Thank you, Chair, and thank you for your presentation, Member Williams. I have a couple of questions, and I'm hoping you can help clarify for me. I've been reviewing the bill and digging into this in depth and trying to get through this as much as possible. What I want to ask you about a little bit right off the hop is on conscientious belief or conscientious objection. This is something I've struggled with. I'm looking for a clear definition: where the outlines are of this, how far it goes, how broad it can be. I'm struggling a bit to get a very clear definition on what this is and what it would be in its entirety, and I just hope that you could maybe help clarify your position on the statement itself and why it's necessary.

Mr. Williams: Yeah. Happy to answer the question, Member Sigurdson. On why it's necessary to have, which you add at the end: I'll address that first, and then I'll speak to the definition itself in the legislation. It is absolutely important as a country that we protect conscientious belief in all aspects. No matter what Canadian takes whichever job they have, they're protected by the Charter for a reason. It is the highest law in the land, and this is the first of the enumerated freedoms in our Constitution.

It is very disconcerting for anyone in society to live in a place where individuals, whatever their vocation but particularly physicians, surgeons, nurses, pharmacists, those most concerned with their vocation of service for our health – it's disconcerting when these individuals become implements of the state, when they become reduced to an instrument directed exclusively with the authoritative power the state has to compel. It's for that reason, looking throughout western medical history, we see conscientious objection has always been a strong theme running throughout all practice, even going right back to the Hippocratic oath. We see that it is a part of that tradition for a reason. So I believe it is of paramount importance that we protect conscientious objection.

10:25

I do not claim to have moral authority or necessarily all the right answers. I think no citizen, especially those wielding the authority of the state, should claim that when it comes to these deeply held convictions. It is very concerning for us as a society to end up in a spot where we feel the state should be compelling people to participate in procedures. No matter how abstract it may seem to the rest of us, two and a half years ago it was a concern, so much that it was in the Criminal Code. Multiple attempts to legislate it, to change it, had been brought forward democratically through the federal Parliament and had been voted down by multiple members of different parties federally.

I'm not here to debate the substance of the Carter decision or the particular merits of that legislation. I understand that it is there. It is a rule of law. I have accepted that as a fact of law in the country, as have these conscientious objectors and folks who want to defend freedom of conscience in health care. Their concern now and the reason they are proponents of this legislation is because even if it is the rule of law and it must be offered and have timely access to it, as this bill suggests should continue on, they themselves do not want to participate directly or indirectly in those procedures and services. That, I think, is a reasonable position. It's reasonable on its face, and it's in our Constitution as a conscientious freedom for a reason. This law would protect that status quo in Alberta.

Now, remind me of the other part of the question I was going to . . .

Mr. Sigurdson: Sorry. Chair?

The Chair: Yeah. Be brief, though, please.

Mr. Sigurdson: Yeah. The most important thing for me is framing the bounds of conscientious belief . . .

Mr. Williams: Right. I understand.

Mr. Sigurdson: . . . and where that fits. I mean, that's my biggest concern right now.

Mr. Williams: Sure. It was a concern for myself and drafters and many of the folks that we've consulted throughout as well. It's for that reason that we defined it according to 2(a) of the Charter. I'm just going to quote from the legislation, definition 1(c):

> "conscientious beliefs", of a health care provider or a religious health care organization, means the beliefs of the health care provider or religious health care organization that are protected as fundamental freedoms under section 2(a) of the Charter.

Now, this will, as you note in the amendments, be amended to add "sincerely held" for a sincerity test and will strike the extra aspects where it says "including religious belief, moral and ethical," et cetera. This gives more precision. This was feedback that I received from many stakeholders and regulatory colleges because they wanted to make sure discrimination couldn't happen, or, short of discrimination, they wanted to make sure that bad actors, who they are responsible to protect the public from, are not abusing this. So when we limit it exclusively and tightly to a sincerely held conscientious objection as defined by the Charter, it leaves no wiggle room in that sense. Ultimately, this definition will have parameters around it as discerned by judicial decisions and case law of conscientious objection.

Any concerns individuals have with the current definition, because I reference only back to the Charter, would then be with the Charter itself. I don't think that is a serious contention or political position for many to hold, that the Charter itself is flawed in its definition of conscience rights or how courts would interpret that. Or, if that's the case, maybe we should be speaking to Parliament about changing the Charter, which I don't suggest.

The Chair: Thank you, sir.

Member Pancholi, go ahead.

Ms Pancholi: Thank you, Mr. Chair, and thank you, Mr. Williams, for being here today to speak to this bill.

Mr. Williams: Thank you.

Ms Pancholi: I just want to clarify a couple of things. I mean, you repeatedly have mentioned that the purpose of this bill is to protect the conscience rights of health care providers. However, we know – and it has been stated very clearly many times by the College of Physicians & Surgeons of Alberta and the Alberta Medical Association – that those rights are already protected by their codes of conduct. They state that, actually – I will say that despite how you are presenting it, currently health care providers are not required to provide services that they conscientiously object to. What they are required to do is to provide a referral, right? That is currently the state of practice, code of conduct, and the law. To say that this bill is intended to protect conscience rights because they're not protected: well, that's not accurate because they are already protected.

What this bill effectively does, it appears – and I'm looking at the original draft of the bill because I don't think we're in a position to be considering any amendments you brought forward today – is remove that requirement that a referral be made to a provider who can provide that service. To say that that is not a limitation on access to service seems to be very far-fetched, particularly for rural and remote areas, where there may only be one provider. If that provider is not even required to provide a referral to another service provider, then, really, the access for that individual to that service has been curtailed. I actually just want to clarify that because you've repeatedly stated that the purpose is to protect conscience rights.

Mr. Williams: I'm happy to speak to that.

Ms Pancholi: Actually, I want to move on because I think it's actually a fact that conscience rights are already protected. I actually want to go to something. When you issued a news release about this bill, you mentioned that you obtained a legal opinion about the constitutionality of Bill 207 and that that was provided to you by Miller Thomson law firm. My assumption is, of course, because this is a private member's bill, that it was provided directly to you as the client, in which case I'm asking if you would be willing to provide a copy of that legal opinion.

Mr. Williams: Okay. I'll address both aspects of your statement and question. I'll have to speak to my staff about getting you a copy of that, but I see no problem with releasing that, especially given that former Justice Major's comments are based on that. So, happy to. Again, I hope that's seen as genuine collaboration and openness to talk about this.

Now, as far as the comments you made at the beginning, I would agree with you. Conscience rights are well protected by the College of Physicians & Surgeons. I'm very proud of the work that the registrar and the college does with the responsibility to protect the public. But I must point out a statement that you made which I think was unintentionally inaccurate.

If we look at the standards of practice of the College of Physicians & Surgeons of Alberta, we can see 4(b) in their document on conscientious objection – I'll read it in its entirety, and then I'll specify exactly how it's understood within the profession, by the college, and also by me.

Section 4 reads:

> When Charter freedom of conscience and religion prevent a regulated member from providing or offering access to information about a legally available medical or surgical treatment or service, the regulated member must ensure that the patient who seeks such advice or medical care is offered timely access to:

And then there are (a) and (b).

> (a) a regulated member who is willing to provide the medical treatment, service or information;

So that could be understood as a referral. It doesn't precisely mention it, but it could take that form.

And this is the other option. So I understand it is "or."

> (b) a resource that will provide accurate information about all available medical options.

Now, there is not a necessity for individuals to be referred for these contentious services. This statement makes it abundantly clear. It is the practice, it is the understanding of the college. It is the understanding of conscientious objectors. It is the current state of affairs in Alberta. I just wanted to make that clear for the record.

I'll also note the question of referrals. These contentious services – I'll just put it bluntly: access to abortion, access to euthanasia, assisted suicide, access to any of those sorts of services – do not require a referral in Alberta. They can have access through direct access, through the clinics that offer it. They have direct accessing through Health Link, 811. There is no referral required for those. The care co-ordination network and service provides direct access to these services as well. We have primary care networks that allow access to these.

The current state of affairs in Alberta is not to mandate a referral. I believe that is good. I believe that the college has found thoughtful accommodations in how to resolve these questions without using the blunt instrument of force of the law to compel individuals to participate in ways they don't see fit.

Referrals for medical professionals such as doctors: it's not simply providing information. Doctors that I have met – and I believe all doctors who act in good faith are happy to provide care for all of their patients – are not there to discriminate. They do not want to discriminate. That is not their intention. They want to make sure that they provide all the services needed. When it comes to a patient who may require or request a service that they believe would be against their conscientious objection, that does not mean that they lose access to health care. They continue to have the offering of these different health care options as their policy states, as my legislation reinforces, and it continues on in different forms.

Referrals are a direct endorsement of a procedure for a particular patient as far as many of these conscientious objectors are concerned.

I should also note that the requirement of a referral is based on the practice of that individual physician or surgeon. They get to decide if they want a referral or not for a particular service. It is not something that is decided by AHS necessarily. It is something that these professionals, as is my understanding, get to have input on and what they choose to refer for.

So the happy news is that we do not require referrals. Also, on top of that, not requiring referrals does not limit access. Information on all health care services continues on through these different means, as I mentioned: Health Link; dialing 811; we look at the primary care network; and many others.

I'm happy to continue that discussion, but that's my understanding.

10:35

Ms Pancholi: Thank you, and I believe my colleague will follow up on one of those issues, but I do want to clarify that you have confirmed that you will be providing a copy of that legal opinion to the committee. I'm not looking for it personally.

Mr. Williams: Okay. I'm happy to speak to my staff. Give me at least a day to be able to arrange that.

Ms Pancholi: Because my presumption is, too, that we have seen that the Minister of Justice has already indicated that he's not going to be supporting this bill, it suggests to me that you have not shared that legal opinion with your colleagues. I realize it is a private member's bill, but you have not shared that with your colleagues. Is that correct?

Mr. Williams: I don't know if I can speak to whether I shared it with colleagues or not right now. I can't remember exactly if they have or they haven't, but I'm happy to provide it one way or the other.

Ms Pancholi: Okay.

Mr. Williams: And I should note as well that the reason I'm providing that statement is because a former Supreme Court justice, who, I believe, of anyone legally allowed to comment on prospective legislation that could end up in a court, is an incredibly good resource and very authoritative to speak to its constitutionality – he's not currently sitting, so short of a Supreme Court justice, himself or herself, right now, it is, as he put it, embracing the Charter.

Ms Pancholi: Thank you, Mr. Williams.

I will say, obviously, that we also know that in a fulsome and spirited Supreme Court, which often is the case, Supreme Court justices have different views and have different opinions. All due respect to Justice John Major, of course, but he has not sat on the bench for some time, particularly since the most recent decisions from the Supreme Court with respect to medical assistance in dying, so there has been some time . . .

Mr. Williams: I'm happy to speak to that.

Ms Pancholi: But I'd just say that that is not necessarily an endorsement of constitutionality. Really, the only people who can determine the constitutionality would be the current Supreme Court of Canada.

Mr. Williams: I'm glad you would agree with that.

The Chair: Member Pancholi and Mr. Williams, we've got 20 minutes here, and we've got lots of questions.

We're going to go now to the government side. Member Glasgo, go ahead, please.

Ms Glasgo: Thank you, Mr. Chair, and thank you, Mr. Williams, for bringing forward this legislation and coming to the committee today so open and transparent about exactly how you expect things to proceed and how you would like this bill to be perceived.

I know that in my riding of Brooks-Medicine Hat we're a rurban riding, for lack of a better term. I have an urban contingent but also a large rural base. I've heard quite a lot about this bill, both ways, of course, and I know that within our caucus and even around this table and probably in this room, I would assume, there are many different opinions. There are many different opinions on exactly what's going to go forward with this bill, what should or should not be.

Now, having said that, there is a diverse range of views within this room, within this table, within caucus, everything else. You know, I do think, like you said, the Supreme Court is in the best position to determine constitutionality, not members of this table, but what I will ask you is that, obviously, this didn't just come out of nowhere. You didn't just dream this up one day and decide to go to the trenches with this. So I was wondering if you could elaborate: are there any other jurisdictions or organizations that have similar provisions? What have you heard from them?

I'm assuming that because you've had these extensive consultations, which I know you have, you would be able to elaborate on that and also just let the committee know as well as members who are here, because this is a very popular subject right now, exactly how you came to this decision to put forward this bill, about the other jurisdictions and how this compares or does not compare. I'll give you a second because that was a long question.

Mr. Williams: Thank you, Member Glasgo. I appreciate the honest question and the feedback from your constituency. I know that it's been talked about quite a lot over the last few weeks. I understand that. Comparing it to government bills, I think I have probably more media attention from my friends in the media gallery than a couple of ministers have. So you know things are contentious in terms of the reception when that happens. That is a reason why I'm bringing forward amendments, and that is why from the start I've always sought to consult as broadly as I can and take in all the positions I can. This is truly an attempt to find a solution to what I believe is a genuine problem, and that's why we can see in Manitoba similar legislation that has passed in recent years to protect conscientious objectors. And it passed, I might add, unanimously between the different parties, including the NDP, in that province to our east.

If I also look at the current standards, Ontario is the only province in the country that currently forces what they call effective referrals. "Effective referrals" is a term used in the policies of the CPSO, the Ontario college, that forces a situation for doctors to participate through referrals in these procedures that only two and a half years ago were in the Criminal Code and is of concern to them from their deeply held moral convictions.

The differences across the provinces are largely regulated by the different colleges' positions, none of which, short of Ontario, are forcing effective referrals. The goal of this legislation is to prevent what we're seeing in Ontario, which I believe is a real tragedy for medical professionals. You see there are a number of medical professionals that believe they must attempt to change their specialty after years of practice in that, some of whom feel they can't practise in any way in the province in the different forms that they have. I've heard accounts of physicians leaving Ontario to practise in other jurisdictions because of those concerns. Many of

these conscientious objectors in Ontario are the ones who work with the most downtrodden, the ones who are happy to go to the most far-flung communities, and they end up being afraid to practise anywhere. This policy ends up having this reverse intent in Ontario, and folks end up sometimes with fewer health care services, as the case may be, circumstance to circumstance.

I should also note the current standard outside of Canada. The World Medical Association recently, last year, reaffirmed their position that no physician should be compelled to provide referrals for assisted suicide or euthanasia, what in Canada we know in the regime is called MAID. I believe that the anomaly really is Ontario. And the misinformation going on right now across the province: I'm doing my best as a simple, lowly backbencher to explain to folks that it really is the case that referrals are not mandated, but it is a genuine threat and concern that it could happen.

The college in Ontario is not so different from ours, created from a similar piece of legislation like our health care professionals act. Their physicians come from similar or the exact same hospitals and universities they graduate from, the same standards of practice in large part. It is not so different a circumstance from Ontario in Alberta, other than that we are lucky to have a very good college right now. They could change that standard of practice within 60 days if our current registrars or current boards were to change, God forbid, for the worse. For that reason, that is why we have this.

Now, I see the chair wanting to step in.

The Chair: There are a lot of questions, and these answers are going quite long.

Mr. Williams: I apologize.

The Chair: Be very, very brief, Ms Glasgo, please. We want to get to the rest of them.

Ms Glasgo: I'll be really quick. You alluded to this in Manitoba. I know that in the federal Parliament, the last Parliament – I think it was in May 2016 if I have it correct – there were amendments made to conscience kinds of legislation in the federal Parliament, and actually there was crosspartisan support for that legislation. I'm just wondering if you could comment quickly if you see it in the realm of possibility that we could actually work together on a piece of legislation like this, if this could actually be something that unites rather than divides. I know that your belief is to have this to be a balanced discussion, and I really thank you for coming forward today to do that. I'm just wondering if you could comment on the previous decisions of other members, I guess, across partisan lines, to support something that is specifically enumerated in the Charter.

Mr. Williams: I appreciate that. It's a good question. I don't know. I think that might be a question to speak to our colleagues in the Legislature about. I don't think I can answer that directly myself, but I can speak to my hopes and what I first thought when it was introduced. I did try and define the legislation according to the Charter. I used that definition on purpose. I've since accepted amendments, substantive ones, which I hope are, you know, accepted and that people see that it is a genuine attempt to make sure that all positions feel included.

I am surprised that opposition members decided to vote against it in first reading. For those who aren't involved in the legislative process regularly, it is highly irregular to vote against a first reading as the content of the bill is not yet seen. It needs to pass first reading for the Legislature, its members, and the public to gain access to the contents of the bill.

That being said, I do understand the concerns raised even if I might disagree on the position they took on voting against first reading. I feel I've heard many Albertans express this. I don't think Member Irwin's and Member Pancholi's questions are lost on me that it's been a genuine concern. Again, all I can say is that I hope these amendments reflect that, in sincerity. You will not see from me an ideological position of stick-in-the-mud. My goal is practical, genuine, realistic protection of conscience rights, and my hope is that afterwards the members, when they do get a chance to digest the amendments . . .

Member Irwin: Point of order.

10:45

The Chair: Yes. Go ahead, please.

Member Irwin: Yes. We really want to get a lot of questions in here. Under 23(b) in the standing orders I would say that this is irrelevant to the topic at hand. It doesn't matter how this was addressed in the House. We need to speak to the bill.

The Chair: Just for the record the clock has been stopped. Thank you.

Member Irwin: Thank you.

Ms Glasgo: I would say that this is perfectly relevant, the question that I asked. As a private member in this committee it's my obligation to ask questions to the presenter of the bill, which I did. The question that I asked was specifically about crosspartisan co-operation and also what he hopes to see as the outcome of this bill as far as co-operation across both sides of the House. I would say that this is perfectly relevant. This is not a point of order but a matter of debate.

The Chair: Does anybody else have any comments?

It's been made perfectly clear by Speaker Cooper as well as Speakers before him not to talk about decisions that are made by the House. You know, we're talking about the bill in question. We're talking about content of the bill in question, not about the amendments, not about any future amendments. We will never presuppose the outcome of this committee meeting. We will never presuppose the outcome of the second reading if it does get to the second reading. Right now I ask that everybody keep their comments brief. We have 11 minutes and 58 seconds here. I am going to find that there is a point of order. We are going to stop.

We are now going to go to the Official Opposition. Member Irwin, please continue on.

Member Irwin: Thank you, Mr. Chair. One of the biggest concerns here is about denial of care. You've been quoted as saying that people can use the Health Link phone line as that provides referrals and an opportunity to speak to a nurse. That's not good enough, and it's important to note that the Ontario Court of Appeal also ruled that offering folks simply a website or a phone number is insufficient. As Canadians we pride ourselves on our strong public health care system. I should be able to see a doctor, and if I experience a homophobic doctor – thank God I haven't had that experience. In fact, I have a rad Muslim female doctor who's quite supportive. But many in the queer and trans community are not as fortunate as I am, and add on to that folks who are in rural or remote parts of Alberta. I've heard from a trans person in rural Alberta; they're already experiencing huge barriers to accessing health care.

We know that this Premier has a track record of denying rights to women and to members of the LGBTQ2S-plus community. It's really hard not to wonder if there aren't other reasons for this bill.

Mr. Schow: Point of order.

The Chair: The clock has been stopped. Go ahead, please.

Mr. Schow: The point of order is under section 23(h), (i), and (j), attributing false motives. To the chair, Member Irwin specifically referenced the Premier having false motives towards women. I think this is completely out of line, and the member should be more cognizant of the words she uses in this committee and retract and apologize for those comments immediately.

The Chair: Thank you.

Member Irwin: Yeah. I disagree. I mean, it's really important that we acknowledge the fact that there's a long track record, a history of activism by this Premier and by members of this government, including the member at hand. So I think it's relevant to mention some of the historical context as well.

The Chair: Well, this may be a difference of opinion. However, you know, when we're speaking about a member who is certainly not here, whether it be him or her, to defend themselves, I actually don't think that is right or fair. I understand the point that the member was trying to make. However, I will ask that she please use extreme caution. Get to your point. I know you folks have some very important questions you want to ask.

Member Irwin: Perfect. Thank you, Mr. Chair.

We know that delayed health care is less safe care when you're talking about access to abortions or gender-affirming care in particular. When it actually comes to Alberta's gender-reaffirming program, referrals are absolutely required. So my question is: how will you ensure timely medical care for trans and queer folks in Alberta given the additional barriers that this bill clearly presents to them?

Mr. Williams: Thank you, Member Irwin, for the question. I do appreciate it. I hope I do appreciate it in its substance. This bill absolutely does not have a hidden agenda, and neither do I. There will be no change in access to services than what there currently is. This bill will continue on with the practice that the college of physicians has.

I should note in the lead-up to answering the question more substantially that I'm hoping that we can have an honest discussion about how we balance conscientious objection as an important virtue in our health care professional world and also continue access to care. If there's a substantive disagreement that fundamentally goes to the core of the differences that we might see across the aisle, where opposition members do not recognize conscientious objection as an important value to protect, then I think we're going to have a tough time further understanding where we could align on these. But if we're working in a framework where that fundamental freedom is something that the members opposite also want to preserve, also see as really important for the reasons I stated in some of my earlier questions to Member Sigurdson from the other side, then I think we can get to a spot where we can have a constructive conversation. So just that as a prelude to the more substantive answering to your question, and I hope we can get into that afterwards in your follow-up.

This bill does not deny access in any way. It continues access as it is now. For many of the different gender clinics across the country, there are no referrals necessary. That is something that could happen in Alberta. I'm not familiar with all the detailed cases here. I know other jurisdictions do have that. As I mentioned before, the request for referrals is something where the health care provider in their practice and in their decision often decides where that's necessary. I do not believe that this changes the current status quo in any way regarding this question. The current standard of practice for the College of Physicians & Surgeons finds thoughtful accommodations at a local level between employer, employee, patients, and the college to make sure access continues. I believe that the amendments further support that this is in line with the current standard of practice for the college, and my labouring with them over the past week to achieve that reflects that as well.

Member Irwin: Okay. Well, again, just in the interests of time, I'll maybe stop you there. We will have to disagree. Again, I'm not speaking just from the experiences of queer and trans folks who've reached out to me, of which there have been many, but also medical professionals who are quite concerned – I see a number of doctors in the crowd who are nodding their heads – that denial of care is already happening. If there are not going to be referrals in place, I worry very much about my friends in the queer and trans community who, evidence shows that. . .

Mr. Williams: I might add that . . .

Member Irwin: . . . if they do not have access to this sort of care, they can die. This is a huge issue for many people.

Have you spoken to anyone? Have you consulted with anyone in the LGBTQ2S-plus community?

Mr. Williams: To your statement that there's concern of death, I think I took that on very seriously in the amendments. I think it was something that I'm happy to add . . .

Member Irwin: We're not speaking to the amendments.

Mr. Nielsen: Point of order.

The Chair: Yes. Go ahead, please.

Mr. Nielsen: I probably don't need to say this, but at this time we are not considering the amendments whatsoever, and I think mentioning them is out of order.

Member Irwin: Standing Order 23(b).

Mr. Nielsen: Under 23(b).

The Chair: I think I've already made this perfectly clear. This doesn't even have to be a point of order.

Member Irwin: I would like an answer to my question.

The Chair: Yeah. We've stopped the clock.

Mr. Williams: Mr. Chair, if I could answer the question just for clarity.

The Chair: Yeah.

Mr. Williams: From my understanding of your earlier comments in reference to Member Glasgo's question and my answer about the first reading, to speak about that would be out of order, but surely it's a matter of debate for me to bring in anything I would like to articulate. Whether or not the committee decides to take that under consideration is up to your direction and their discretion.

The Chair: I would say this. You can talk, of course, about what you hope in the future, but as I've previously indicated, we will never presuppose an outcome of a decision made by this committee. We will not presuppose an outcome that may be made by second reading of the Assembly. The advice from Parliamentary Counsel is that these amendments can only be brought in during Committee

of the Whole. You can hope for what you would like to see in the future, but bear in mind that this committee here is only discussing one of two things, and that is either to put this back to the Assembly or to hear from further stakeholders, right?

Understanding that this seems to be very, you know, emotional on both sides, we'll say, in regard to this issue, I respect everybody in this room and everyone here in attendance.

That being said, the clock has been stopped. I'm going to ask to continue on. Please, Mr. Williams, you can provide an answer to Member Irwin.

Member Irwin: Do you need me to repeat the question?

Mr. Williams: No. I believe I have it. Thank you, Member.

Member Irwin: You're welcome.

Mr. Williams: I have no idea whether or not the individuals I consulted are part of that community as I don't make it a regular practice of asking them that.

Member Irwin: When it impacts their lives, you should.

Mr. Williams: So I'm happy to have conversations with any Albertan who has a concern on this. It's always been my policy to have an open door on this. I'm happy to connect with you offline to chat with you about it as well, Member Irwin, if that's a concern. That's fair.

10:55

The Chair: Thank you very much.

Let's go to Mr. Horner.

Mr. Horner: Yes. Thank you, Mr. Chair, and thank you, Mr. Williams, for your presentation. Remote/rural gets brought up a lot in regard to Bill 207. I'm a remote/rural MLA that's new to this role, so I just wanted to tell a little story in my brief experience sitting in this chair. I've only had, really, one case that I think is relevant here. In the first week that I sat in this chair, I had an issue in small-town, rural Alberta – I won't name the town because it's that small – a well-served town. It has more than one, multiple doctors. An issue arose when an elderly gentleman was done; he wanted help in dying. His family was supportive, but neither of the doctors at that time would perform the procedure.

The family worked hard to gather information, find out what was available. If memory serves, there was a town about an hour away that had a doctor that was willing to perform the procedure. They came into another roadblock when they would not give the patient an IV to travel in the ambulance. Also, a town in neighbouring Saskatchewan volunteered to provide the service, but because they didn't have it set up where AHS could refund the money, that fell apart.

What we ended up doing, me as a new MLA to the role, not knowing all the rules, with also new constit staff, is that we talked to AHS, and AHS told us: "Well, we have a MAID team that does this. That's what this is for." I said, "Well, why are they coming to me, then?" They came out, performed the procedure over a matter of days, but the whole trial, you know, the tribulations dragged out over two and a half weeks.

In the real world, from my brief experience, there are gaps in the referral process and the information, so I guess my question is: are we trying to fix the right problem, you know, for my constituents?

Mr. Williams: Yeah. I appreciate the question. I take it very seriously. The question of whether or not there are gaps, I think, is the right one to ask. The MAID team that AHS referred you to: my understanding is that the care co-ordination service runs that. It is a function within our health care service established by the former government with the former minister, now Member Hoffman, which, to my understanding, is credited across the country as a very good system that serves the ends of both access and conscientious objectors.

The problem, for sure, in the situation that I hear from you there is understanding that that exists, knowing how to access it in the first place. Maybe you could correct me if I'm wrong. If that service was accessed initially or if the physicians themselves knew about that or if someone had access to Health Link, it could have been something that would have not created the delays. I think this really is a question, independent of my legislation, for sure, about the gaps. My concern might be that it's an informational and educational one.

Let's remember that the legalization of these procedures happened about two and a half years ago. It is very new to our health care system, and it's provided a lot of difficulty and obstacles for colleges, for the providers themselves, for AHS and our province and the government to overcome. To the credit of the former government, I think that they did a good job on trying to accommodate those concerns, and the former minister, now the Member for Edmonton-Glenora, I think, did a good job on that. I'm not going to say that this bill will solve all of those, but I think that if you spoke to many of the physicians in your constituency who are concerned, they are afraid that – I mean, they don't want to participate in that. You could understand why they would not want to.

Now, the question is: do we have the right tools to make sure that procedure continues on? I believe we do. I believe it's still early days in the history of, you know, this question in our province. I think that we're steps ahead of other provinces in that way. I don't believe that my legislation, from the legal advice, from the medical professional advice that I received, would hinder that process in any way. I think that we're going to have to take a serious look at how we make sure we educate people on all the resources that they have for them. I don't think compelling physicians to participate is a solution, and I think that there are thoughtful accommodations that can be brought up to make sure that we achieve both ends. But I appreciate the question.

The Chair: Okay. Thank you.

Are you good, Mr. Horner?

Mr. Horner: Yeah, I'm good.

The Chair: Ms Sigurdson, very briefly. You've only got about a minute and a half left.

Ms Sigurdson: Okay. Thank you. The Health Professions Act governs many health professionals. I think it's 28. I don't know if that's exactly the number, but it's about 28 of them, so it's an enormous number of professionals. It's psychologists. You know, I'm a social worker, so I'm sort of aware of that specifically. I mean, even some of the words that we're using: that's not really covered in the social work code of ethics. We don't talk about conscience rights and that, but we do talk about our clients' human rights and that if those are not upheld, then we are breaking our code. I looked through the code of ethics before this meeting, and it's so fundamental to the profession. I just don't know how it can work. I'm wanting to ask you what you've done in terms of consultation with social workers, maybe psychologists also. It's such a fundamental part of upholding people's human rights. Bill 207 supersedes, it seems to be, as it's written, our actual code of ethics, which seems like a whole throwing up the profession in the air.

Mr. Williams: I think it's a fair question. You're right; there is a very large number. I believe it's 29, and I think there's a 30th applying, so it does cover a very wide swath. I believe that there are both . . .

The Chair: Sorry. Thank you very much, Mr. Williams. I apologize for the interruption.

Mr. Williams: No. That's fine.

The Chair: Certainly, that's a conversation you can have offline. In accordance with the time and the committee I'm afraid this portion of our program has concluded. I'd like to thank you very much for presenting here today, sir. Certainly, you do have the option of sitting off to the side while our next presenter comes forward.

Ms Leann Wagner, if you wouldn't mind coming forward. Thank you very much.

Ladies and gentlemen and members of the committee, next up on our agenda we will now go to the joint technical briefing by the ministries of Health and Justice and Solicitor General. Hon. members, turning to the next item of the agenda, I wish to inform the committee for the record that invitations were extended to both the Ministry of Health and the Ministry of Justice and Solicitor General to provide a joint technical briefing on Bill 207. However, the Ministry of Justice and Solicitor General declined the committee's invitation, meaning that we will be hearing from only the Ministry of Health this morning. That being said, I just would like to add to the record that over the weekend, when I did find this out, I spoke with the Minister of Justice, and he did indicate that his department has been in consultation and provided legal advice to the Ministry of Health. The Ministry of Health is, of course, providing the technical briefing here today.

At this time I would like to invite Ms Leann Wagner from the Ministry of Health to provide a five-minute presentation, and then I will open up the floor to up to 20 minutes of questions. Ms Wagner, go ahead. Thank you very much for being here.

Ms Wagner: Good morning. My name is Leann Wagner. I am an assistant deputy minister with the Ministry of Health, and I have responsibility for, in part, the Health Professions Act and the regulatory colleges. I'm here this morning to provide an overview of the Health Professions Act as it would be impacted by Bill 207 as it was introduced in the House. I cannot provide any comments regarding the Charter or liability protection provisions of the bill.

As many of you know, the Health Professions Act currently governs 28 health professions in Alberta. There is one health profession that remains under the old act, the Health Disciplines Act, acupuncturists, and there are a number of professions who are interested in becoming regulated bodies who are either in progress or have not made an application to do so. The act establishes professional colleges that regulate entrance into the profession and provides for the creation of codes of conduct and standards of practice by those colleges and also sets out the complaints investigation and discipline process for each member of the college.

11:05

Bill 207 has a direct impact on the regulation of health professions governed under the Health Professions Act in two ways. First, a regulatory body will be precluded from opposing a requirement on a health service provider to either provide a health service or to make any statements that would contravene the health service provider's conscientious beliefs. These requirements would normally be imposed through a college's code of ethics or standards of practice. Bill 207 would prevent any of the 28 regulatory bodies from implementing this kind of standard for its members.

Second, a regulatory body must dismiss a complaint against a health service provider where the complaint is based on a health care provider's decision not to provide a health care service due to conscientious beliefs. In addition, such a refusal is not considered to be unprofessional conduct. Bill 207 therefore eliminates refusal to provide a health service in these circumstances as a valid ground for complaints against a health service provider.

Alberta Health is not engaged with colleges with respect to the implications of Bill 207. The direct impact of this bill is essentially on how colleges regulate their members in certain circumstances.

I would be pleased to answer any questions the committee may have.

The Chair: Well, thank you very much, Ms Wagner.

We'll now go to the Official Opposition and Mr. Nielsen. Go ahead, sir.

Mr. Nielsen: Well, thank you, Mr. Chair. I appreciate you coming here this morning to bring us up to date on this. Obviously, you've had a chance to review the proposed legislation, so my first, initial question is: is there anything right now with the current language that we have that prevents a health care professional or a health care organization from exercising their conscience rights?

Ms Wagner: The Health Professions Act remains silent on that. Any of that information would be contained in the individual standards of practice or code of ethics. Of course, colleges, you know, obviously take a look at human rights legislation. As well, much of that is governed by a relationship between an employer, if there is one, and the employee, who may be a regulated health care professional.

Mr. Nielsen: Great. In the proposed legislation – I don't know if you have it with you – located, more specifically, on page 3 but it starts at the bottom of page 2, 2(2), I'll just highlight the one spot there so I don't need to go through it: obligations to their patients. Here's the concerning part that I have, and I'd like your opinion on it, please: "which may include informing individuals of options in respect of receiving a health care service." Now, coming from labour, I'm all about language. Language is everything, and changing one word of a sentence changes the potential outcome of that. Does that word "may" open up the possibility that someone could, I guess, not provide a level of referral, whether it be to another health care provider or to an organization that has that information? Could that open up that, where an individual is basically on their own?

Ms Wagner: That language of the inclusion of "may" is permissive language. It's also enabling. But then the college itself would need to, in its own standards of practice and its bylaws and its own regulations, determine what limits it would put on that "may." It would be then up to the colleges to determine what is the scope of "may" for each college. They undergo a fairly extensive consultation process when they put those in, so I suspect that there will be a lot of debate about, you know: how enabling is the "may"?

Mr. Nielsen: Thank you.

The Chair: Okay. Great. Thank you very much.

Government members, do you have a question? Mr. Horner, go ahead.

Mr. Horner: Just a question on the eliminating of the – pardon me; through the chair to you, thank you for your presentation – grounds for complaints. Is that just eliminating any measures against that

health care provider, or is the complaint just chucked? You know, back to my original question about gaps in a referral, I would see it as: if you followed those complaints, that might be how you could work backwards and fill those gaps. I'm just curious about how that would play out, if you follow.

Ms Wagner: If the college received a complaint about refusal of service because the provider refused to do so based on conscientious beliefs or the language included in Bill 207, the complaints director, when they would receive that complaint, generally do an initial investigation, determine the validity of the complaint, and if they confirm that the complaint is resulting from a provider refusing to provide service because of a conscientious belief, they would have to dismiss it.

Mr. Horner: And then it would go no further than that?

Ms Wagner: Correct.

Mr. Horner: I see.

Ms Wagner: The complainant would need to find other avenues, you know, if they wanted to address those concerns.

The Chair: Thank you very much.
Okay. Member Irwin, go ahead.

Member Irwin: Thank you, Chair. You know, I mentioned earlier that I've heard a lot of concerns from folks, particularly in rural communities, whether they're women accessing reproductive health services or folks from the queer and trans community trying to access timely health care. I'm curious: does the Ministry of Health record any stats around denial of care – I mean, probably not – or around referrals? Like, is there any sort of – I don't know enough about the obligation on the doctor's part – recording on the doctor? Is the doctor obligated to say: you know, this patient came to me, and I referred them on to another doctor because I conscientiously objected to providing them contraception, as an example. Do you keep any stats on that? Maybe you can give me a little bit.

Ms Wagner: No, we don't, not for any provider.

Member Irwin: Okay. I mean, I guess my concern, then, is that we really have no – from what I'm hearing anecdotally, there are already a lot of folks being denied services or facing barriers to health care. My concern, I will echo, is that we don't even have stats to support that. This bill will clearly just likely further that gap in access to services.

Ms Wagner: If I may, I mean, the complaints director has to provide a report to the minister about complaints received and what they did with those complaints, so if this bill is passed and the Health Professions Act is amended, then the minister would likely in the annual report, as part of colleges, say: how many complaints did you receive related to conscientious beliefs? The minister could then say: what did you do with those? Based on the reporting requirements colleges have to the minister, there is an opportunity for us to collect that information.

Member Irwin: Okay. Thank you.

The Chair: Thank you very much.

Mr. Schow: Thank you, Ms Wagner. I appreciate you joining us today. I'd like to address the issue of acting against one's own conscience. I know that there are physicians across this province from different backgrounds and convictions, religious or not. These are deeply held beliefs, and in many cases they're directing their personal and professional actions on a daily basis. When one comes to a crossroads as to whether to do their job or abide by their conscience, we're asking professionals to serve two masters. I'm wondering: is there any academic research showing any consequences of health care workers violating their conscience rights? Would there be anything that you would know of?

Ms Wagner: Not that I'm aware of.

Mr. Schow: Okay. If I could have a follow-up, Mr. Chair.

The Chair: Yes. Go ahead.

Mr. Schow: You know, we do know that those physicians are oftentimes emotionally involved with their patients in the sense where they, especially in small, rural communities, know the families, and these procedures that they may or may not be asked to perform or refer to could give them a sense or a level of involvement they would not want to have, which could lead to a higher sense of grief and even depression. Can you maybe talk about the long-term effects of depression on someone in the medical field and what that can do to a physician?

Ms Wagner: I guess that in terms of responding to your question, I think there's an increasing body of research coming out of the United States about physician burnout related to a number of factors. I will add that the Alberta Medical Association does provide treatment and counselling for professionals, well, physicians, of course, who may find themselves needing extra help around counselling or support, and if they're employed by Alberta Health Services, they, of course, can access their services and support if they find the pressures of their job too much. But I am not familiar with any research specific to the incidence of mental illness and conscientious beliefs. I'm not aware of it.

Mr. Schow: Okay. Thank you.

The Chair: Thank you very much.
We'll now go to the Official Opposition.

11:15

Ms Pancholi: Thank you, Ms Wagner, for being here today. I just wanted to follow up on an earlier question. Member Irwin had asked whether or not there was any tracking of when a patient was denied, and you said that it would have to be as a result of a complaint. There would be tracking of a complaint. But as we're seeing, Bill 207 is actually eliminating the possibility for an individual to make a complaint as to whether they've been refused service on the basis of conscientious objection. Does that mean, then, in your view, that if there are patients who are not receiving care, this bill actually eliminates their ability to complain to the regulatory bodies about that denial of care or service?

Ms Wagner: It does not do that. It does not prevent a patient from making any kind of complaint about the regulatory body. What it does is that it imposes a burden on the complaints director as to what they do with that complaint, so the burden is then on the complaints director.

Ms Pancholi: Certainly. But, arguably, if we're putting in a law telling people that if you make a complaint on this, it will be dismissed, that's certainly going to be a deterrent to individuals to actually make complaints, because they'll see that it's going to be dismissed. I hear what you're saying: it doesn't prevent it. I mean,

in my background as a lawyer I always tell people: anybody can sue you; they can file a lawsuit; that doesn't mean that there's any merit to it. I see what you're saying, that anybody can make a complaint, but the indication that you're giving to the public is that if you make a complaint about a service provider denying you care or service on the basis of conscientious objection, that complaint will be dismissed, which can certainly act as a deterrent.

Are you aware of any other jurisdictions that have a similar provision in place, where it actually directs medical regulatory bodies to dismiss complaints on the basis of conscientious objection?

Ms Wagner: I'm not aware of any at this point. I mean, I know that Manitoba has introduced legislation, but at this point I can't recall what obligations it puts on the colleges.

Ms Pancholi: Thank you.

The Chair: Thank you very much.

Government members, any further questions?

Seeing none, we'll go back. Member Sigurdson, go ahead, please.

Ms Sigurdson: Yeah. Thank you for your presentation. I know we've talked a lot about physicians, but it is a number of professions, 28 or so, as we talked about, that are part of the Health Professions Act. Certainly, some of this language that we're using today, the conscientious belief, is not even in the social work code of ethics or standards of practice, and as I said earlier, when I was talking to the member who introduced the bill, you know, it just kind of shakes the whole foundation, really, of what the profession of social work stands for.

I guess what I'd like to understand a little bit more is: what exactly is considered a health care service? Like, that must be . . .

Ms Wagner: It's defined.

Ms Sigurdson: I know it's sort of defined as anything in the Health Professions Act by the professions, but can you just maybe list some? What are some things that would be covered?

Ms Wagner: The Health Professions Act has a definition of what a health care service is, which is any service provided by a regulated member. Then the Government Organization Act sets out a list of activities that are restricted only to those people who are regulated. For example, only a regulated professional can, you know, do an IV. Only a regulated professional can do psychosocial support. There's a list of activities that are considered restricted, so if someone who is not regulated conducts those activities, they're considered offside the Government Organization Act and the Health Professions Act. It's in two pieces of legislation, both the Government Organization Act and the Health Professions Act.

Ms Sigurdson: Right. You know, it's probably been a whirlwind, but I'm just curious. Are you hearing from these health professionals? Are they expressing concerns to you as ministry staff? Are you hearing much from them?

Ms Wagner: Sure. Whenever a bill is introduced that amends the Health Professions Act, we get lots of calls asking us to clarify or provide any information. All we can do: because this is a private member's bill – it's not a bill introduced by our minister or by the government – we refer them back to the MLA who's supporting the bill. Of course, most of our colleges have professional legal advice, so I'm confident that many of them are reviewing it in light of that.

Ms Sigurdson: Yeah. Thank you.

The Chair: Great. Thank you very much.

We'll go back again to the government side. Member Glasgo, go ahead, please.

Ms Glasgo: Thank you, Mr. Chair, and thank you, Ms Wagner, for your presentation. I think it's great that we're getting a little bit of background here from the department as well. With this being a bill that's so far out in the public and with so much conversation, I think it's important to have an objective opinion on the bill as well, which is what I think you're providing. Thank you for that.

I have questions around the need for counselling for these medical professionals. Would it not make sense to avoid the long-term need for counselling by just allowing these medical professionals to decide not to participate?

Ms Wagner: I can't answer that question. I mean, what I can say is that the Alberta Medical Association and employers like Alberta Health Services offer counselling to their employees or to their members for a variety of reasons, and members find themselves in distress or needing help for a variety of reasons.

Ms Glasgo: Right. And many people would find themselves in need of counselling services potentially, I can see, if they were asked to violate one's own conscience, so I sympathize with that. But also I'm just wondering: is there any data or anything from the department that the department could provide, obviously, without releasing confidential information, that would support this need for counselling?

Ms Wagner: No. We do not collect that information.

The Chair: Thank you very much.

We're back to the Official Opposition. Does anybody have a follow-up question? No? Great.

Again, government members? No? Thank you very much.

Ms Wagner, thank you so much for being here today. Thank you very, very much.

Ms Wagner: You're welcome.

The Chair: I'd like to thank Ms Wagner again for her presentation here today.

We will next move on to item 7 on our agenda. That's the decisions on the reviews of bills 205, 206, and 207. Hon. members, the committee must now decide how to conduct the reviews of bills 205, 206, 207 in accordance with our agreed-upon process. The committee may decide to invite feedback from stakeholders on these bills at an upcoming meeting, or it may choose to expedite these reviews and proceed to deliberations. Before inviting discussion on this issue, I would just note that if the committee would like to receive additional feedback from stakeholders, our next meeting would likely need to be on Friday so the committee can meet its deadline. Well, to be honest with you, I've just had a conversation with the clerk. We will discuss that as a committee, whether it's Friday or not; we might do it Wednesday, Thursday. But we'll talk about it as a committee here. The information as provided by the clerk so far: it talks about Friday and, of course, enough time to prepare further remarks.

I guess: what are members' thoughts on this particular issue? Would members wish to hear from stakeholders on all of the bills, or would members wish to expedite any of the reviews? I saw Ms Glasgo's hand go up first out of the corner of my eye.

Ms Glasgo: I think it's probably easier to start on an area where we agree. I think there was very little discussion or debate around Bill

206. I think that it would make sense to expedite that bill to the Assembly, to let the Assembly talk about this and discuss it. I think that by starting at a place where we can agree, maybe we can have more fruitful discussion going forward.

Can I make a motion, Mr. Chair?

The Chair: Yes. Just one second.

Ms Glasgo: Oh, okay.

The Chair: Just to be clear, we are not deliberating on any of these bills at this time. This is, again, only to decide whether or not to expedite one or more bills or to have any or all of these bills have further consultation with stakeholders. So before you make that motion, I just want to ask if there's any comment. No.

Ms Glasgo: I hope that both the clerk and Parliamentary Counsel could help me with this, but I would like to move that the Standing Committee on Private Bills and Private Members' Public Bills recommend that Bill 206, the Workers' Compensation (Enforcement of Decisions) Amendment Act, 2019, be referred to the Assembly. Is that the right terminology?

Dr. Massolin: That the bill proceed.

The Chair: That the bill proceed. Okay.

Ms Glasgo: Proceed. Thank you.

The Chair: At this time, does anybody wish to deliberate further on Bill 206, just to be clear? Yes. Go ahead, Mr. Nielsen.

Mr. Nielsen: I will just put all fears to rest. I think I can speak for opposite colleagues: we're prepared to send this to the House.

The Chair: Back to the Assembly. Okay. Thank you very much.

Government members, we're good? Okay. I see nodding of the heads.

Let's just get something from the clerk here. We'll have to wait one moment here, please. Okay. I'll read it. Ms Glasgo to move that

> the Standing Committee on Private Bills and Private Members' Public Bills recommend that Bill 206, Workers' Compensation (Enforcement of Decisions) Amendment Act, 2019, proceed.

All in favour, say aye. Any opposed? Hearing none,

> that motion has been carried.

Thank you very much.

Okay. Next we will discuss how to proceed with bills 205 and 207. Why don't we start with 205? Yes. Go ahead, Mr. Nielsen.

11:25

Mr. Nielsen: You just picked the words right out of my brain, Mr. Chair. I'm really amazed how you're able to do that. I think that during the discussion – and, of course, I do want to thank the presenters on that bill for coming in today and talking to us – we definitely got a sense that there's a very wide interest in this in all kinds of different directions. I would certainly urge committee members that we look at bringing in stakeholders to look at this. I would like to actually throw out there, just because in my own experience I've seen such a wide variety, that maybe we should consider, rather than the three that we've normally been bringing in, that each side be allowed to bring in five stakeholders just so that we can make sure that as a committee we're getting as wide as possible a snippet, really. You know, maybe out of those stakeholders we'll get a leaning in a direction here that will help us.

The Chair: This time we're talking about Bill 205. Is that correct?

Mr. Nielsen: Correct.

The Chair: Okay. Just talking to Parliamentary Counsel, to expand from three to five would require unanimous consent of the committee.

Mr. Nielsen: Then I would certainly seek that from the committee.

The Chair: Okay. I'll ask the question. In regard to Bill 205 I am asking: does anybody oppose having the number of stakeholders increase from three to five?

Ms Glasgo: Yes.

The Chair: Okay. I'm sorry, sir. You do not have unanimous consent. I apologize. Thank you.

Okay. That being said, are there any other comments regarding Bill 205 from the government members' side?

Ms Glasgo: I certainly think that there is a wide variety of views on Bill 205, and I would concur with the member opposite that we should bring in stakeholders to talk about this.

The Chair: Okay. I'm hearing consensus, again, not about deliberating the bill itself but kind of a broad consent that we would like to hear from further stakeholders. Is that correct? I'm seeing nodding. Okay. That's very good. I know the clerk is putting up something that will probably include bills 205 and 207 here.

Again, without deliberating Bill 207 but talking about the process, we'll move on to 207. Would anybody like to hear from stakeholders in regard to 207? Ms Pancholi.

Ms Pancholi: Thank you, Mr. Chair. I think it's been quite evident today from the presentation that was made by MLA Williams that there are a lot of individuals who were not consulted. These issues were not discussed with a lot of stakeholders who are directly affected by the implications of the bill. Therefore, I think it's critical that we absolutely get the input from stakeholders. I think what we've seen today is actually that this bill is not even ready to go. The fact that MLA Williams even brought in amendments to the bill today suggests that he is not even ready to go forward. However, I appreciate . . .

The Chair: Your point is taken, but we're not going to talk – okay.

Ms Pancholi: I will say that we can also see that we've all received – I believe our offices have been flooded by e-mails, phone calls, letters, stakeholders who are present today in the committee hearing. There is a wide variety of stakeholders.

The Chair: So, Member, you want to hear from stakeholders. That's what I'm hearing.

Ms Pancholi: I absolutely do. Sorry. I'd like to also seek unanimous consent to increase the number of stakeholders that are available to provide input from three to five.

The Chair: Okay. I'll put that on the table, and hopefully I can word it a little bit better this time here. The motion has been put forward seeking unanimous consent to increase stakeholders on Bill 207 from three to five. Does anybody oppose?

Some Hon. Members: Opposed.

The Chair: Okay. Thank you.

All right. I saw Mr. Nixon. Go ahead.

Mr. Jeremy Nixon: Just in regard to going to further consultation, I'm completely in support of that. I think there's no hidden agenda here but, certainly, potential unintended consequences. We need to look at this further.

The Chair: Okay. What I'm hearing is that we have broad consensus that, yes, we want to hear from stakeholders on Bill 207. Is that correct? I see nodding. All right. I think the clerk has put together a motion. Would somebody like to be the person to move this particular motion? Okay. I saw Member Pancholi.

Just while we have a moment here, I know that one of the things I've discussed with the clerk is if both parties could have a list of stakeholders by Tuesday at noon. I hope that is certainly possible for both parties in regard to that. I will say this: I did have a couple of stakeholders reach out to me. I will provide both parties with a list of those. It was just two that have reached out to me. Certainly, as I've informed both of those stakeholders, it's completely up to the individual parties to decide whether or not they include or don't include those stakeholders as being part of the presentation.

Okay. Member Pancholi will move that

> the Standing Committee on Private Bills and Private Members' Public Bills invite a maximum of six stakeholders per bill, with three stakeholders per bill chosen by each of the government and Official Opposition caucuses, to present to the committee on Bill 205, Human Tissue and Organ Donation (Presumed Consent) Amendment Act, 2019, and Bill 207, Conscience Rights (Health Care Providers) Protection Act, at an upcoming meeting and request that the caucuses submit their list of stakeholders to the chair by noon on Tuesday, November 19, 2019.

All in favour, say aye. Any opposed? Okay. Hearing none, that motion has been passed.

Member Irwin: Mr. Chair?

The Chair: Oh, sorry. Go ahead.

Member Irwin: Yeah. Thank you. Sorry. I just need a little bit of clarity on this as well. I know you said that you've received a few requests. We've also received requests from folks who won't be able to present in person. What is the committee's stance on receiving written submissions? I would like to propose that we accept those, I mean, for all members of the committee.

The Chair: Yeah. It's a good question. If I could just consult with the clerk and Parliamentary Counsel.

Member, thank you very much for that question. Parliamentary Counsel just confirmed that the committee is able to receive written submissions.

Member Irwin: Okay. Thank you. So on the process on that, should we just bring as many copies as necessary for the committee? I'm just curious because we do have multiple, actually.

The Chair: Well, it's sent to the clerk, and then . . .

Member Irwin: And you'll provide them?

The Chair: Yes.

Member Irwin: Okay. Great. Thank you.

Ms Pancholi: Do we have a deadline?

Member Irwin: Oh, yes. Good point.

The Chair: I'm sorry. I did not hear that.

Ms Pancholi: Sorry. The question is: when should written submissions be provided, the deadline?

11:35

The Chair: Yeah. It depends on when the next meeting is. I think the clerk is going to send out a couple of options to you. I mean, I don't want to presuppose what the committee is going to say, but I think there will be some options regarding certain times on Wednesday or even Thursday or something along those lines.

I know Mr. Schow had a question.

Mr. Schow: Yeah. Just a point of clarification, Mr. Chair. Member Irwin suggested that she has multiple written submissions. I would assume that each one would count as one stakeholder.

Member Irwin: No. I don't think so. They're not presenting. It's just a written submission.

Mr. Schow: A written submission, as I understand it, is considered a stakeholder, and therefore that would be one of your stakeholders.

Member Irwin: I don't believe so.

The Chair: Hang on, Member. Parliamentary Counsel will provide clarification here.

Mr. Koenig: Yes. Thank you, Mr. Chair. I suppose I would just . . .

The Chair: I'm sorry. Could you just identify yourself for the record, please?

Mr. Koenig: Yeah. This is Trafton Koenig with the Parliamentary Counsel office. I'm just going to refer members to the report to this committee by the subcommittee on committee business, and that was dated June 11, 2019. Under section 3.2, invitation of stakeholders, the subcommittee recommended that the committee could decide to invite stakeholders as proposed by the government and the Official Opposition caucuses, and that was a maximum of three stakeholders. Then further to that, the committee may also receive written submissions respecting the bill. That's the wording in the report. How the committee wishes to sort of apply that is up to the committee.

The Chair: Okay. Right. I think what I'm hearing is that certainly both parties have an opportunity to provide three stakeholders to present, in whatever way they deem relevant, I guess, to present, but then also that both parties are allowed to provide further written submissions. Is that what I heard?

Mr. Koenig: Just in terms of what it includes, section 3.2 states, "The Subcommittee recommends . . . that [further to those in-person stakeholders] the Committee may also receive written submissions respecting the Bill."

The Chair: Just as a point of clarification, those would be received by the clerk's office and then put on the internal website for all to see, right?

Mr. Koenig: Yes.

The Chair: Okay. All right.

Mr. Schow: Just for clarification, then: three stakeholders, and those stakeholders can submit a written submission that is read in the committee, but further written submissions would just be put on the record and not read in this committee. That was the point of clarification, that if you have 100 letters, they can go to the

committee, which I don't have an issue with, but if you're looking for us to read 100 letters in this committee, I would have a problem with that.

Member Irwin: Just for you to make an informed decision.

Mr. Schow: Yeah. That I completely understand.

The Chair: Yeah. I don't think that every submission is to be read in the committee. It just goes to the clerk and then is put on the internal website there.

Okay. All right. Everybody is clear?

Member Irwin: Thank you.

The Chair: Go ahead, Mr. Nielsen.

Mr. Nielsen: Do we need to make a motion about that?

The Chair: No. I think it's already in the rules – right? – and it's agreed upon by both parties.

Okay. All right. That motion has been passed. The clerk will send out an idea as to when we are going to possibly meet over the next few days.

Are there any other issues for discussion before we wrap up? Oh, I'm sorry. My apologies. We do have one more thing. Hon. members, before we finish any further discussion here, the committee, having finished its deliberations on Bill 206, should now consider directing research services to prepare a draft report, including the committee's recommendations. Would a member wish to move a motion to direct research services to prepare the committee's draft report?

Mr. Neudorf: So moved.

The Chair: Mr. Neudorf will move that

> the Standing Committee on Private Bills and Private Members' Public Bills direct research services to prepare a draft report on the committee's review of Bill 206, Workers' Compensation (Enforcement of Decisions) Amendment Act, 2019, in accordance with the committee's recommendations and authorize the chair to approve the committee's final report to the Assembly on or before noon on Thursday, November 21, 2019.

All in favour, say aye. Any opposed?

> That motion is passed.

All right. Ladies and gentlemen, members of the committee, this meeting is adjourned. Oh, it's not. I guess I don't have the authority to adjourn this. We need a motion to adjourn. Okay. I apologize.

Mr. Nielsen: So moved.

The Chair: Moved by Mr. Nielsen. All those in favour, say aye. All right. Any opposed? Hearing none, everyone have a great rest of the day.

[The committee adjourned at 11:40 a.m.]

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