



Province of Alberta

The 31st Legislature
First Session

Alberta Hansard

Wednesday afternoon, February 26, 2025

Day 80

The Honourable Nathan M. Cooper, Speaker

Legislative Assembly of Alberta The 31st Legislature

First Session

Cooper, Hon. Nathan M., Olds-Didsbury-Three Hills (UC), Speaker
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van Dijken, Glenn, Athabasca-Barrhead-Westlock (UC), Deputy Chair of Committees

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Boitchenko, Andrew, Drayton Valley-Devon (UC)
Boparai, Parmeet Singh, Calgary-Falconridge (NDP)
Bouchard, Eric, Calgary-Lougheed (UC)
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Calahoo Stonehouse, Jodi, Edmonton-Rutherford (NDP)
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Chapman, Amanda, Calgary-Beddington (NDP),
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United Conservative: 49

New Democrat: 37

Vacant: 1

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Legislative Assembly of Alberta

1:30 p.m.

Wednesday, February 26, 2025

[The Speaker in the chair]

Prayers

The Speaker: Lord, the God of righteousness and truth, grant to our King, to his government, to Members of the Legislative Assembly, and to all in positions of responsibility the guidance of Your spirit. May they never lead the province wrongly through love of power, desire to please, or unworthy ideas but, laying aside all private interest and prejudice, keep in mind their responsibility to seek to improve the condition of all. Amen.

Please be seated.

Introduction of Visitors

The Speaker: Order. Hon. members, it's my absolute pleasure to introduce a number of visitors joining us in the Speaker's gallery this afternoon: Her Excellency Margriet Vonno, ambassador of the Kingdom of the Netherlands, who was appointed in August 2024. Her Excellency is proud to work in Canada, a country that has special links to the Netherlands. Canadians liberated her birth town of Kampen and large parts of the Netherlands after the Second World War. Prior to her appointment Her Excellency was an inspector for the Ministry of Foreign Affairs of the Netherlands. She is joined in the gallery by the consul general of the Kingdom of the Netherlands in Vancouver.

I want to just provide a very special welcome to two important honorary consuls general of the Netherlands, both for Edmonton, a gentleman who's well known around these parts, Mr. Jerry Bouma, and the honorary consul general for the Kingdom of the Netherlands in Calgary, a very well-known and respected Albertan, the two-time Olympic gold medallist Ms Catriona Le May Doan. Please rise and receive the warm welcome of the Assembly. [Standing ovation]

Introduction of Guests

The Speaker: The hon. Member for Sherwood Park has a school group.

Mr. Kasawski: Thank you, Mr. Speaker. To you and to the members of the Assembly through you I would like to introduce students from l'école Campbelltown in Sherwood Park. I had the opportunity to visit them a couple of weeks back. They are a wonderful and bright, brilliant group of Canadians. Please rise along with their teacher, Mme Marie-Claire, and the visitors that are coming with them and receive the warm welcome of the Assembly.

The Speaker: The hon. Member for Athabasca Barrhead-Westlock.

Mr. van Dijken: Thank you, Mr. Speaker. Today I rise to introduce an incredible group of grade 5/6 students from l'école Mallaig school in my constituency. They are here to tour the Legislature, learn about our democratic process, and see first-hand how our Assembly operates. I ask them to rise in the gallery and receive the warm welcome of this Assembly.

The Speaker: The hon. Member for Edmonton-Glenora.

Ms Hoffman: Thank you, Mr. Speaker. I rise to introduce Samantha, B.J., Kendall, and Derek. If they could please rise, they

are representatives of the Alberta and Northwest Territories Heart and Stroke Foundation. February is Heart Month, and this year they're raising awareness about congenital heart disease. We thank them for their advocacy, for their presence here today. Please, colleagues, join me in welcoming them.

The Speaker: The hon. Minister of Affordability and Utilities.

Mr. Neudorf: Thank you, Mr. Speaker. I'm pleased to introduce to you and through you the guests from AtkinsRéalis: Ruby Littlechild, Stephanie Vaillancourt, Ian Edwards, and Sabrina Martineau. Would you please rise and receive the traditional warm welcome of the Assembly.

The Speaker: The hon. Member for Calgary-East.

Mr. Singh: Thank you, Mr. Speaker. I'm pleased to introduce to you and through you Mr. Manav Chopra, CEO of Mahdu Enterprises, a manufacturing company in Jalandhar, India. Mr. Chopra has strong ties to Alberta with his children studying at Alberta universities and his brother residing here. Mr. Chopra, please rise and receive the traditional warm welcome of the Assembly.

The Speaker: The hon. Deputy Government House Leader.

Mr. Williams: Well, thank you, Mr. Speaker. I rise today to introduce through you and to you a friend of mine from the town of Peace River, the deputy mayor of the town of Peace River. We all know very much what it is to be busy with multiple committee assignments. At one point Marc Boychuk sat on 23 boards and committees at one time for his passion for protecting and supporting youth and those in mental health and addiction. Marc, please rise and receive the very warm welcome of this Chamber.

The Speaker: The hon. Member for Edmonton-South West.

Mr. Ip: Thank you, Mr. Speaker. It's my pleasure to introduce to you and through you Amy Bissoon, a member of CUPE 3550, a resident of Edmonton-South West, and someone who works tirelessly to support kids and who deserves fair pay along with her colleagues. Please rise and receive the warm welcome of the Assembly.

The Speaker: The hon. Member for Calgary-Beddington, did you have an introduction?

Ms Chapman: Thank you, Mr. Speaker. I rise to introduce to you and through you a number of education support workers who have joined us today. I know they'd rather be in the classroom, but given that you're here with us, please rise and receive the warm welcome of the Assembly.

Members' Statements

The Speaker: The hon. Member for Leduc-Beaumont has a statement to make.

Canada-U.S. Border Security

Mr. Lundy: Thank you, Mr. Speaker. We all know that the border we share with our neighbours to the south is a great source of economic activity and prosperity for our province. It is a starting point for many people entering our beautiful province for the very first time and an entry for Albertans travelling to Montana and the rest of the United States. But as much as it benefits both sides, when

it comes to things like tourism, economic development, and trade, it does present some issues that require our close attention.

We know that Alberta's border with the United States is vast, a full 298 kilometres. This is why in December 2024 our government announced a \$29 million investment for the creation of an interdiction patrol team, which is made up of 51 uniformed positions under the command of the Alberta sheriffs. This investment will create vehicle inspection points where commercial vehicles will be stopped and searched by sheriffs who are well trained and equipped with state-of-the-art technology to take on this new function.

All of them have specialized interdiction training, which helps them identify the specific indicators of illegal activities like drug smuggling and human trafficking and provides them with the tools to identify criminals who carry out these dangerous and unwelcome activities. We know any gaps in coverage are exploited by opportunistic drug traffickers, illicit arms dealers, and other criminals, all to the detriment of public safety in our province. We have also added K-9 units and 10 surveillance drones that are capable of flying in cold and windy weather. By collaborating effectively and acting with urgency, we can safeguard Albertans and address these pressing threats at their source.

Thank you.

The Speaker: The hon. Member for St. Albert is next.

Support for Persons with Disabilities

Ms Renaud: Merci, M. le Président. That was quite a performance yesterday. Albertans are demanding answers about the astounding UCP corruption and serious allegations of wrongdoing related to the \$600 million corrupt care scandal. What we got yesterday was an insult to Albertans' intelligence. Albertans are demanding an independent public inquiry, and the UCP says: yeah, take yes for an answer; there will be an independent inquiry, just not public.

The only thing that surprised me yesterday was that the Premier wasn't wearing a red hat, yelling: witch hunt. They don't act like actual conservatives. Mr. Speaker, I have respect for actual, true conservatives. This government acts like entitled political ideologues more interested in covering their donkeys.

In January this government severed contracts 15 months early with a bunch of little organizations that support people with intellectual disabilities across Alberta to save \$444,000. Now, here's some perspective. UCP friend Sam Mraiche profited to the tune of \$300,000 on the land he owned for just three months, sold it back to the UCP government. Wait-lists for children with disabilities are so huge that the UCP stopped reporting on it four years ago. Families cannot procure a contract from this government for their disabled children while this government is using procurement to enrich their friends and insiders to the tune of hundreds of millions of dollars.

The UCP is planning to cut AISH by detouring people to a new AISH employment program they call ADAP. The minister says: "This is great. Severely disabled people currently on AISH or those applying for AISH can work." Never mind the Alberta job market is not accessible to disabled Albertans, and we're the last province to even have accessibility legislation.

This government is stunningly incompetent and corrupt. The harm this government is inflicting on Albertans while they continue to enrich and protect their friends is a stench that will stick to them for a long time, Mr. Speaker. [interjections]

1:40

The Speaker: Order. Order.

Calgary LRT Green Line

Mr. McDougall: Mr. Speaker, Alberta's government is committed to building public transit that delivers the best value for taxpayers and the most benefit to transit users. In July 2024 Calgary city council released a revised green line plan, increasing costs from the original \$4.5 billion to \$6.2 billion while reducing the project's length from 47 kilometres with 29 stations to just under 10 kilometres with seven stations.

It is important to clarify that this decision to eliminate the northern extension beyond the Bow River was made solely by Calgary city council. Alberta's government was not involved in this decision, despite misleading claims from the opposition to the contrary. This reduced-scope plan raised serious concerns about ridership, financial sustainability, and increased risk due to underground tunnelling, which posed significant technical challenges and a higher risk of cost overruns.

Given these challenges, Alberta's government engaged AECOM to develop a better solution. The result is a cost-effective plan that extends the green line south to Shepard, increasing the route by 76 per cent to 7.2 kilometres, adding five more stations, and boosting projected ridership by 60 per cent to approximately 55,000 daily users. This elevated design seamlessly integrates with Calgary's Red and Blue Lines, provides a lower risk, cost-effective solution that provides greater accessibility for more communities while keeping the province's \$1.53 billion investment intact.

City council has now approved this provincial proposal and has submitted a stronger business case to support federal approval of its \$1.53 billion commitment. Additionally, this improved plan better connects key transit hubs, increases better accessibility, and ensures a more sustainable financial future for Calgary's transit system.

Mr. Speaker, this improved plan is the best path forward. The time for delays is over. We are looking forward to seeing shovels in the ground.

Thank you, Mr. Speaker.

Health Services Procurement Process

Mr. Eggen: Do I want to be left holding the bag when the music stops? Do I want to be part of this government when the RCMP shows up and starts arresting people, or do I want to stand on the side of what's right? Every UCP MLA and every UCP cabinet minister today should be asking themselves those questions because, at the end of the day, it only ends one of two ways for them and for this Premier. The first option is straightforward: the correct one. A judge-led public inquiry may clear her, but you can only be cleared by that inquiry. That would be fair if that's what the process finds, but that would only happen in an atmosphere where the people who are being investigated are not running the investigation. But the other option ends with the end of her political career in the worst possible way, under a cloud of suspicion.

So the Premier and this government have a choice, and the members across the way have to make those choices, too. If they want to be freed from the worst scandal in Alberta's history, the choice is very clear: call a public inquiry. They can ask themselves, just as their colleague the former Infrastructure minister did, if they can stomach sitting there while more and more of these stories are unveiled, and they can call for the firing of the Health minister, undoubtedly the worst Health minister in Alberta's history.

They can also call for the gag orders to be lifted so that the people they fired can tell us what really happens, and if they and the Premier don't want that, they should know the consequences of their choice. Corrupt care will hang over the rest of their political career.

Northern Alberta Workforce Development

Mr. Yao: Mr. Speaker, commuting takes a toll. With over 10,000 Canadians flying from across Canada to work in the oil sands here in Alberta, the thousands of workers risk the mental health and well-being of not only themselves but their families.

Imagine returning home after weeks away of long day and night shifts, physically and emotionally drained, desperate to hold on to your loved ones. As the weeks pass by, you realize your children have grown up without you. You've missed milestones and experiences in their lives as you fly up yet again across the country to work. Working long shifts in challenging environments away from family; you see that stress on marriages is prominent in these commuters' families. Depression and anxiety can set in. Substance abuse can become crutches in their lives. Mental health suffers. Meanwhile, communities in northern Alberta have the capacity to address these issues. With affordable homes in proximity to top-notch grade and postsecondary schools, with incredible access to health care and other services and extracurricular activities galore for the kids, northern Alberta communities present a solution to the growing threat of mental health with these workers.

The very same communities in the vicinity of these industrial operations offer a chance at a balanced life. It's things like these that are the cure for mental health challenges. Fort McMurray is one of those communities that showcases the promise of northern Alberta. With beautiful parks, recreational facilities, and a rich cultural scene, Fort McMurray is the ideal place to balance work and life. The town has modern amenities, a strong sense of community, and abundant opportunities for personal and professional growth. It provides everything a family needs to thrive while being closely connected to the oil sands industry. It's a place where people create lasting memories, build careers, and enjoy the great outdoors.

Mr. Speaker, we want workers to know that they are valued, and by building stronger northern communities, we'll ensure more people can trade their time for a stable, fulfilling life in Alberta's north rather than wasting it on airplanes.

Thank you, Mr. Speaker.

Health Care in Indigenous Communities

Member Arcand-Paul: Mr. Speaker, the average lifespan of Indigenous peoples in this province has plummeted below provincial average in the two terms the UCP have been in government. My people are expected to survive 20 fewer years than non-Indigenous Albertans. This is beyond acceptable.

We know that this gap grew since the UCP were elected. The root cause of this is the drug poisoning epidemic. And while my people die, the UCP are embroiled in corruption of their own making, allegedly.

The Minister of Mental Health and Addiction says that the UCP are approaching the drug poisoning epidemic with deep compassion, allegedly. This is the same epidemic that the Premier promised Donald Trump that Alberta would crack down on, despite drugs originating in Canada into the U.S. accounting for less than .2 per cent of drugs trafficked into the U.S. More drugs are being trafficked into Canada, despite the commentary from the Mar-a-Lago gangsters.

Mr. Speaker, Albertans deserve better. In a province as rich as ours, where half a billion dollars has been allegedly given to the UCP's close buddies for private health care, this is deplorable. All in exchange for what? Kickbacks from their wealthy buddies.

This government should be ashamed of itself for allowing my people to continue to die because of something so preventable and manageable while doing nothing to help everyday Albertans in this

crisis. This includes only approving two projects under the Indigenous primary health care innovation fund for grants to projects of up to \$5 million. How many communities could have benefited from half a billion dollars that instead went into corrupt care? One hundred and twenty, Mr. Speaker.

Instead of empathy on this crisis, the UCP hits back with defensiveness. When I bring up in this House that I personally lost family member after family member, including just yesterday, the minister responsible for this crisis asked me to rise to my feet to speak to the deaths of my kin. Well, I am, and we have had enough. [interjections]

The Speaker: Order.

Statement by the Speaker

Members' Statements

The Speaker: Hon. members, I would like to take a brief moment and draw to the attention of the Assembly the ruling that the Speaker made yesterday with respect to the use of Members' Statements here inside the Chamber, which became the subject of a point of order yesterday. While I take no position on any of the statements made today, I might just draw to the attention of members of the Assembly that many personal-type attacks were made today in statements that were made by members, yet yesterday some of those same members raised a point of order when that was done against them.

My point remains the same, that civility is always in order and members will ultimately decide how we continue to use Members' Statements. But as they were today uninterrupted, if that is the case, I would encourage us to be much more civil in our actions or it's likely to continue to lead to a lack of order.

1:50

Oral Question Period

The Speaker: The Leader of His Majesty's Loyal Opposition has question 1.

Health Services Procurement Process

Ms Gray: Mr. Speaker, Albertans deserve an ethical, competent government, but yesterday the Premier avoided questions about what she knew when, which only makes this government look worse and increases the rampant skepticism that Albertans have right now. So trying again: Alberta Health Services' former CEO states that last November she hired a law firm to start a forensic audit of AHS to look into allegations of corruption in the bloated contracts at the heart of this corrupt care scandal. When did the Premier first learn of this forensic audit at AHS?

The Speaker: The hon. the Premier.

Ms Smith: Thank you, Mr. Speaker. I learned from my Health minister that there was a look-see into the cost of different surgeries at different clinics. One of the things that she raised with me is: why was there such a difference? I can tell you that I didn't get these numbers until the *Globe and Mail* started doing stories on it because, as you know, politicians aren't involved in these contract negotiations. But in October of 2022 ASG got signed up to a deal for a hip for \$8,303, and then just three months later Clearpoint got signed up for a deal at \$3,622. Why was there such a difference? That's what we need to get to the bottom of.

Ms Gray: Mr. Speaker, the AHS CEO launched the forensic audit when she learned of bloated contracts that looked like potential

corruption. For protecting Albertans' interests, she should have been given kudos not a pink slip. AHS notified the Auditor General about the forensic audit. AHS notified the Minister of Health about it. But the former CEO says that the minister told her to "wind it up." Does the Premier find it acceptable, given she wants to find answers, that the Minister of Health told AHS to wind up a forensic audit that was supposed to root out the problems and potential illegal activity?

Ms Smith: One more time, Mr. Speaker, I'll just put some time stamps on things. October of 2022 was in the transition period between myself coming in and the old Premier going out, and it was when we had a different Health minister in place. January of 2023 we had a different Health minister in place as well. The question that we have for AHS, the individuals who are signing the contracts, is why within the space of three months did they sign one contract with ASG for a knee surgery for \$8,510, with one organization, and \$3,276 at another? We have to get to the bottom of this.

Ms Gray: The question I and all Albertans have is: why would the Premier and the Minister of Health cancel a forensic audit designed to get to the answer of this? The former CEO of AHS hired a law firm for the right reasons. The UCP fired everyone who knew about the audit. It looks like burying evidence. They fired the CEO and their hand-picked board. We've just learned they're firing even more people at AHS right now. Mr. Speaker, it said that the Health minister was "dismissive of the need to continue the internal investigation." And it looks like they're still dismissive now. Will the Premier stop the firings and call a judicial inquiry? [interjections]

The Speaker: Order.
The hon. Premier.

Ms Smith: Thank you, Mr. Speaker. Once again let me just put more information on the record. October of 2022, when there was a different Health minister in place, shoulder surgeries were signed off with one organization for \$11,243 and another three months later for \$3,847. Politicians do not have any role in the issuance of RFPs, the awarding of a contract, or the signing of these documents. So the question we have ...

Ms Hoffman: Why are you covering it up?

Ms Smith: ... is what was going on at Alberta Health Services? We'll get to the bottom of it.

Mr. Schow: Point of order.

The Speaker: Order. A point of order is noted at 1:54.

The hon. the Leader of the Opposition for a second set of questions.

Ms Gray: On the one hand the Premier says that politicians do not have a role, and on the other the Premier's former chief of staff is at the heart of the corrupt care scandal. He went on a witch hunt chasing whistle-blowers in AHS, including threatening, quote, consequences if certain public servants weren't fired. The former CEO alerted the Premier's deputy minister on October 4 about her concerns about this guy. Given that the Premier's most important official knew about these concerns, on what day did the Premier learn about what her chief of staff had been saying to the AHS CEO? The accusations are about political interference, Premier.

The Speaker: The hon. the Premier.

Ms Smith: Thank you, Mr. Speaker. What is at issue is what is happening in the contracting at Alberta Health Services. Alberta Health Services has been in control of the procurement process through all of this. It predates me; it predates this Health minister. When it became evident that there were different fees charged for different services to different facilities, the Health minister raised it with me and said: we're looking into it. There has been no evidence of any wrongdoing. We are bringing the documents forward so that the Auditor General and an independent third party can investigate it, and we'll get to the bottom of any wrongdoing if it occurs. If there are problems with the procurement process at AHS, we're going to make sure we don't replicate them at Alberta Health.

Ms Gray: The Premier is wrong. What is at issue is political interference, corruption, and kickbacks. The Premier's chief of staff told the AHS CEO that he would, quote: be taken care of for life. End quote. Now, if that chief of staff or any other staff in the Premier's office were accepting payments, bribes, kickbacks, or any other undisclosed benefits, it could be criminal. That former chief of staff to this Premier said that he's willing to co-operate with any investigation; he can answer any questions he wants. To the Premier: when was the last time you talked to that chief of staff?

Ms Smith: Mr. Speaker, there's sure lot of slander and defamation going on on people who are not in this Chamber. I know she has privilege in here, but I would just caution the member opposite to wait until ... [interjections]

The Speaker: Order. Order. Order. One thing I do know is that the Premier had no problem hearing the question because she sat there and listened to it. I think it's reasonable that she can give an answer that people can also hear.

Ms Smith: We are interested in getting to the bottom of the allegations, which is why we have set up a SharePoint and shared all the documents with the Auditor General and why we will be having an independent third party investigate the matter and report back on how we can change the procurement processes. If there are any individuals within Alberta Health Services procurement who are guilty of wrongdoing, we'll get to the bottom of it, Mr. Speaker.

The Speaker: The hon. the Leader of the Official Opposition for her third set of questions.

Ms Gray: Mr. Speaker, this is serious. The Premier has already lost a cabinet minister. The issue of potential corruption rises to her office. The Premier's chief of staff reports to just one person, the Premier. If she didn't know what he was doing or wasn't briefed on what was happening in her office, that is on her, and people have been fired for a lot less than what we already know about now. Will the Premier finally call a public inquiry, ensure that Albertans get the answers to the questions they're asking, including answers from that former chief of staff?

Ms Smith: Mr. Speaker, here's what Albertans want us to get to the bottom of. We gave AHS \$3.5 billion more between 2019 and 2024, and they actually ended up doing fewer surgeries with more money. Where did the money go? The only place that we have been getting any additional surgeries ... [interjections]

The Speaker: Order. Order.

Ms Smith: ... is the chartered surgical facilities, and it appears to us like there's a concerted effort among Alberta Health Services management to try to derail that program. That's a policy decision of government, and we're not going to let them derail it.

Ms Gray: To be clear, what Albertans want is ethical, competent government and to get to the bottom of the corrupt care scandal. The Premier does not seem to know what conflict of interest means when she attacks our health care system for delivering surgeries in hospitals for Albertans. The Premier's hand-picked board chair, Lyle Oberg, has personal experience setting up private hospitals; that is not someone opposed to the Premier's agenda. But as soon as the AHS board, including Lyle Oberg, was part of suggesting to call in the RCMP, they fired him along with everyone else. Will the Premier release Lyle Oberg and all the other fired AHS board members from the gag order that this government put on them?

2:00

Ms Smith: Mr. Speaker, here's what we are trying to get to the bottom of. In 2019 acute-care facilities operated by Alberta Health Services did 252,000 surgeries. Six years later, with 3.5 billion additional dollars, they're at 251,050 surgeries. Meanwhile chartered surgical facilities over the same time were doing 43,000 surgeries. To date they are doing 58,950.

Mr. Schmidt: How much did they pay you?

Ms Smith: The members opposite would shut those facilities down . . .

Mr. Schmidt: How much did they pay you?

Mr. Schow: Point of order.

Ms Smith: . . . cancel 60,000 different procedures, and put all of our patients who need those services at risk.

The Speaker: Hon. members, a point of order is noted at 2 o'clock.

Ms Gray: Mr. Speaker, in order to get to the bottom of what Albertans want, not what the Premier wants, the gag order needs to be lifted. The Premier's story does not make sense. The Deputy Minister of Health fired the AHS CEO on January 8. Then the Minister of Health fired the board on January 31, replaced them with her deputy minister. Then on February 12 he used his powers as a one-man board to name himself the new CEO. He made that retroactive to January 8. There's more, but I can't fit it into 35 seconds. This is ridiculous. Will the Premier release all of these former AHS officials from their gag order so we can get answers? [interjections]

The Speaker: Order.

Ms Smith: Mr. Speaker, the Auditor General and our independent counsel are going to be able to talk to whoever they need to to get to the bottom of the matter.

Here is the truth, Mr. Speaker. We have sent a direction to Alberta Health Services to become a service provider so that they can increase the number of surgeries they perform so that they can focus on hospitals. They resisted us at every turn. We gave the direction in November of 2023 that we were going to be moving the function of contracting out of Alberta Health Services and into Alberta Health. That's what we're going to do.

Ms Gray: The UCP hand-picked the CEO and then fired them. The UCP hand-picked the board at AHS and then fired them. They've done this multiple previous times to CEOs and boards. When they talk about who's been restricting them, they're talking about their own people. They've had control of AHS. Yesterday the former Infrastructure minister said, quote: we can't continue the cycle of dismissing person after person, and they're trying to gaslight us into

thinking that somehow everybody who goes into AHS becomes corrupted by the system. End quote. The best disinfectant is sunshine. When will the Premier call a judicial-led public inquiry?

Ms Smith: Mr. Speaker, we have already engaged the Auditor General. We are very close to engaging outside counsel, who is going to look into the bottom of these allegations. The bottom line that we want to get to is: why does Alberta Health Services, despite getting billions and billions of additional dollars every single year, why do they fail to deliver on a higher number of surgeries? The only reason we're seeing an increase in the number of surgeries is because of chartered surgical facilities. They get paid on the basis . . .

Mr. Schmidt: And you do, too.

Ms Smith: . . . of the surgeries they provide. That's the reason this government has made a policy decision to go in that direction, and it's working, Mr. Speaker.

Mr. Schow: Point of order.

The Speaker: A point of order is noted at 2:03.

Ms Pancholi: The Health minister is at the centre of the worst corruption scandal in Alberta's history. She's trying to bob and weave around questions she doesn't want to address, but her shaky nonanswers are not fooling Albertans. Here's the former Infrastructure minister, quote: they're in charge of the information forthcoming to the Auditor General; they are the filter; they'll determine what information gets turned over; there is a conflict of interest if you're investigating yourself. I could not agree more. The minister doesn't have the trust of her colleagues or Albertans, so why doesn't she just step down?

The Speaker: The hon. the Minister of Health.

Member LaGrange: Thank you, Mr. Speaker. I've spent my life as a servant leader making sure that I do the right thing. My goal has always been, since I became the Minister of Health, to improve significantly the health of Albertans in this province. AHS has been a big black box that we have not been able to look into for a very long time, and that has to end. I as well as the Premier want to make sure that the Auditor General has everything that they need as well as an independent review that will get truly to the bottom of this issue. [interjections]

The Speaker: Order.

Ms Pancholi: It's like the minister doesn't realize she's been part of the UCP government for six years. I know the minister likes to silence people who ask uncomfortable questions about what's happening under her watch, but she can't silence the opposition, and she can't silence Albertans. It appears that the former Infrastructure minister was right. Just yesterday the chief information officer of AHS and other high-ranking information officials were fired, you know, the ones responsible for providing information to the AG and any third-party investigator. So what story will the Health minister nervously spin up today to explain this part of the cover-up?

Member LaGrange: Mr. Speaker, again the member opposite has misinformation. I am aware that 425 AHS staff were notified that their positions would be transferring to the new acute care agency. We have said it all along. With the refocusing, people have to move to the new pillars. Of those positions there are five positions that

were identified for elimination that would not be required by the acute care agency. [interjection] They're not front-line staff. They're not involved with procurement, and that is part of the process. We've already moved people to Primary Care as well as to Recovery Alberta.

The Speaker: A point of order is noted at 2:05.

Ms Pancholi: The chief information officer was fired, and every time the Health minister hides behind a prepared statement, Albertans are reminded why she is unfit to remain as Health minister. If she won't answer questions, she should step down, unless hiding is the point, which clearly it is. As her UCP colleague said yesterday, quote: we can't continue the cycle of dismissing person after person; they're trying to gaslight us into thinking that somehow everybody who goes in there becomes corrupted by the system; at some point we have to take a look at those making decisions, doing the dismissals. I couldn't have said it better myself. Minister, the call is coming from inside the House. Will you answer it?

The Speaker: The hon. Government House Leader. [interjection]

Mr. Schow: I'm glad, Mr. Speaker, that the opposition finds this funny, but I certainly don't. I applaud the Premier, and I applaud the Minister of Health for undertaking what is an incredibly difficult task of refocusing our health care system. Albertans pay their taxes, and they deserve quality health care that they are not getting access to. [interjection] We're going to get to the bottom of all the problems.

An Hon. Member: Point of order.

Mr. Schow: While the opposition chooses to cast aspersions on the government side, I have full faith in the Minister of Health and the Premier of Alberta.

The Speaker: Order. Order. Order.

A point of order is noted at 2:07.

Ms Hoffman: After two weeks of parties on the eastern seaboard in an attempt to dodge the public, the media, and the Official Opposition, the Premier and the minister finally showed their faces and tried to change the channel with UCP disinformation. Public surgeries are less expensive than U.S.-style private ones. The Premier's hand-picked Infrastructure minister, the first MLA to support her publicly two years ago, quit and cried corruption across multiple ministries. He wasn't willing to take the fall for the Premier. Clearly, the UCP government policy is to double down on their cover-up. So who over there is going to take the fall for the Premier today?

The Speaker: The hon. the Minister of Health.

Member LaGrange: Thank you, Mr. Speaker. I just want to remind the House and the members opposite that the use of chartered surgical facilities is a policy decision that's been in place since 1990 under not only the UCP but also the PCs and the NDP. The member opposite also had chartered surgical facilities at the time that she was in my role. They completed roughly 15 per cent of surgeries through chartered surgical facilities. How hypocritical are they now?

Ms Hoffman: Given that you don't have to be a brain surgeon to know that brain surgery takes more time . . .

An Hon. Member: Well, we know you're not.

Ms Hoffman: . . . and costs more money than a knee replacement, nor do you have to be the head of accounting to understand that CIHI gets their numbers from AHS and the government of Alberta . . .

Ms Pancholi: Point of order.

Ms Hoffman: . . . and given that the numbers that the Premier used for AHS hips and knees were patently untrue, how can the Health minister expect Albertans to trust her with our public health care when she stands beside the Premier and the Premier peddles disinformation about bloated private contracts?

Mr. Schow: Point of order.

The Speaker: A point of order is noted by the hon. Member of Edmonton-Whitemud at 2:09, and then followed by the Government House Leader at 2:09 and 30 seconds.

The hon. Minister of Health.

2:10

Member LaGrange: Thank you, Mr. Speaker. The member opposite is casting aspersions on the Canadian Institute for Health Information, CIHI. It's an independent not-for-profit organization funded primarily by the federal government. It is considered the most credible source on comparable health care data for governments right across this country. The member opposite would have been using CIHI for their numbers when they were in office. We have to trust the system, and we're going to trust the process that we're going to get down to the bottom of what's going on at AHS.

Ms Hoffman: Given it would be great if we actually had a government we could trust and given that the Premier blamed cancer patients for getting cancer, then she pulled surgeons and nurses and anaesthetists out of public hospitals, pushing them into private surgical centres and then blamed the public hospitals for not doing more surgeries – we know public surgeries are less expensive. It's in black and white. The minister gives that data to CIHI, and then the minister stands beside the Premier while the Premier spreads disinformation.

Mr. Schow: Point of order.

Ms Hoffman: Will the Health minister do the right thing and pause all private surgical contracts until a judge-led public inquiry? Will you call a judge-led public inquiry so we can all get to the bottom of this?

The Speaker: Order. Order. Order.

A point of order is noted at 2:12.

Member LaGrange: Mr. Speaker, I find it rich from the member opposite. Let's not forget that when the member opposite oversaw this file, a well-respected CEO not only quit but also gave up her severance because she was worried about escalating political interference, stating that political ideology was trumping evidence-based decision-making. The NDP can fearmonger all they want, but their record was one that they should not be proud of. In fact, wait times went up four years straight, and interfering in contract negotiations was something that was also mentioned at that time. Not only that, but while we have committed to accountability in third-party investigators, the NDP's approach was to go to voice mail.

Health Care Services in Lethbridge

Member Miyashiro: Mr. Speaker, while the UCP is wrapped up in the corrupt care scandal, there are over 40,000 people in Lethbridge

without a family doctor, without access to primary health care. I hear stories every day about the need for higher levels of access to public health care in Lethbridge. Why is the Minister of Health and her government committed to spending hundreds of millions of dollars on private surgical facilities to benefit their friends while people in Lethbridge can't get basic health care?

The Speaker: The hon. Minister of Health.

Member LaGrange: Thank you, Mr. Speaker. I'd like to notify the member opposite that we are in fact doing very well in terms of recruiting more physicians right across the whole province. When I first started in June of 2023, we had roughly 10,600 physicians in the province. We now are over 12,200 physicians, of which we've seen an increase of family physicians of about 300. That number continues to increase because of the streamlining of the process that we are doing in conjunction with the College of Physicians & Surgeons.

Member Miyashiro: Mr. Speaker, given that women in Lethbridge cannot find a family doctor – many more can't find an ob-gyn – and given that far too many ob-gyns have left the city, combined with a shortage of anaesthesiologists and labour and delivery units, forcing patients to travel hours away from Lethbridge for care or face surgery delays, to the minister: why is she choosing to remain in her position, dragging out the scandal by preventing a public inquiry instead of getting out of the way and allowing someone to fix problems this minister has created?

The Speaker: The Government House Leader.

Mr. Schow: Thank you, Mr. Speaker. I appreciate the opportunity to rise and answer the question on behalf of the Minister of Health, who doesn't need to gratify that ridiculous question with an answer about stepping down. On this side of the House we have full confidence in the Minister of Health and full confidence in the Premier to refocus health care to make sure that Albertans get the services and the surgery wait times that they deserve.

Member Miyashiro: Mr. Speaker, given that the minister and her party promised Lethbridge a cardiac catheter lab at Chinook regional hospital not once but twice, both in 2019 and 2023, without any serious developments to date and given that the minister seems to have money to hand out to her friends and donors, like over \$600 million that will pay for facilities that we do not own and have no limits on how much profits these clinics can rake in, to the minister: will this minister step aside so this government can invest into public health care facilities like the cardiac catheter facility at Lethbridge Chinook regional hospital?

The Speaker: Order.

The hon. the Minister of Health.

Member LaGrange: Thank you, Mr. Speaker. I want to let the member opposite know that we are going to be investing in Lethbridge. We have already seen the functional needs assessment that was done that indicates that we do need a cardiac catheterization lab in Lethbridge. It's also the reason why Red Deer needed a cardiac catheterization lab. The members opposite when they were in office did not do anything to support that. In fact, they took Red Deer off the capital infrastructure plan because they felt Red Deer wasn't worthy enough to get a new hospital. We're going to make sure there's cardiac catheterization in Red Deer and Lethbridge.

The Speaker: Hon. members, with absolute apology to the House, the Speaker takes absolute sole and full responsibility for getting us out of order. The question will be the hon. Member for Cypress-Medicine Hat, followed by the hon. Member for Edmonton-South.

The hon. Member for Cypress-Medicine Hat.

Anticrime Initiatives

Mr. Wright: Thank you, Mr. Speaker. Alberta's government is fostering partnerships with the U.S., the CBSA, and RCMP to improve joint operations aimed at intercepting illicit drugs such as fentanyl before they reach our communities. Our commitment is to ensure the safety and well-being of all Albertans by proactively addressing the challenges posed by cross-border crime. Can the Minister of Public Safety and Emergency Services please explain what is being done to fight the deadly fentanyl that is crossing our borders?

The Speaker: The hon. minister of public safety, the Deputy Premier, has risen.

Mr. Ellis: Thank you very much, Mr. Speaker, and I thank the member for the question. Certainly, we are taking very much a Team Canada approach. We're working very closely with the CBSA, we're working with the national RCMP, and, of course, we have deployed 51 sheriffs at the border in southern Alberta. I can tell you that it's already yielded some very positive results, from intervening when it comes to human trafficking to arrests to drugs that have been seized to a multiple range of dealing with the opioid crisis and the drugs that have been flowing from the United States into Canada and Canada to the United States. We're continuing to work on this Team Canada approach and support the people of Alberta to keep them safe.

The Speaker: The hon. Member for Cypress-Medicine Hat.

Mr. Wright: Thank you, Mr. Speaker and to the minister for that answer. Given that we were told that more boots on the ground will be used to fight the crime within Alberta municipalities and given that we acknowledge that all the crime and social disorder caused by drugs, including fentanyl, trafficked across the U.S.-Canada border and interprovincial borders are immense and given that this puts strain on policing, public safety, family and community support services across Alberta, can the same minister please explain what is being done to secure Alberta's southern border, including in my riding?

The Speaker: The hon. minister of public safety, the Deputy Premier.

Mr. Ellis: Thank you very much, Mr. Speaker. I mean, this is a multipronged approach. Obviously, we're dealing with the southern border; we're dealing with the organized crime as well as the other gangs that have infiltrated Canada through the soft-on-crime policies of the Liberal-NDP, but we're also making sure that we're dealing with this social and civil disorder. I was very proud to stand with the Minister of Municipal Affairs and Mayor Sohi as well as other mayors in the province of Alberta to make sure that we are taking a co-ordinated effort with our peace officers and our police officers to tackle the social and civil disorder and go after organized crime and make sure that we're taking care of drug dealers and putting them in jail.

The Speaker: The hon. Member for Cypress-Medicine Hat.

Mr. Wright: Thank you, Mr. Speaker and to the minister. Given that we are implementing specialized training programs for law enforcement personnel to better equip them to handle drug-related incidents and understand the complexity of substance abuse and given that Alberta's government continues to make serious commitments on cracking down on crime where we know it's happening, as recently seen in my riding with the SCAN bust in Medicine Hat, and further given that Alberta's government is making significant investments to bolster law enforcement and combat drug-related issues, can the same minister tell this House what this government is doing to support law enforcement across this province?

The Speaker: The hon. minister.

Mr. Ellis: Well, thanks, Mr. Speaker, and thank you to the member for the question and all the great work that he's doing in the Medicine Hat area. I can tell you that, you know, we're investing \$55.7 million in the Alberta law enforcement response teams to support 434 positions that are going to be spread right across the specialized teams right throughout this province. But I can tell you that organized crime is a problem not just in Alberta but also in Canada. The RCMP have identified over 4,000 organized crime groups in this country, and that, quite frankly, has to do with the soft-on-crime policies of the Liberal-NDP. We're going to fight that. [interjections]

The Speaker: Order. Order. Order.

2:20 South Edmonton Hospital Construction Project

Member Hoyle: Mr. Speaker, the UCP is investing over \$600 million into private health care surgeries instead of investing in our public health care. That's taxpayers' dollars paying for infrastructure we don't own and benefits the UCP friends and insiders. We need hospitals in Edmonton, particularly the south Edmonton hospital, to serve one of the fastest growing communities in Alberta. Will the Minister of Health tell my constituents why this government is enriching the UCP's friends instead of building this badly needed hospital?

The Speaker: The hon. Minister of Health.

Member LaGrange: Thank you, Mr. Speaker. The member opposite knows full well that when the members opposite were in government, they actually announced the south Edmonton hospital with no plan whatsoever, no plan, no business plan, nothing. There's been a lot of work that's gone into it. It's come back at a \$4.9 billion investment, which has to be looked at. There are opportunities to do something different that would actually provide services to Edmontonians in a much quicker fashion, and we'll do that.

Member Hoyle: Well, given that the UCP knows that the Edmonton region is on track to be about 1,500 hospital beds short of what's needed by 2026 and given that even if the south Edmonton hospital was built by then, the deficit will still be 1,000 beds and given that Albertans deserve a competent, ethical government and not a government-wide scandal, how can constituents of Edmonton-South convince the Health minister to get the south Edmonton hospital built, and does this government expect a kickback?

Member LaGrange: Mr. Speaker, those are ludicrous questions. Of course we want to make sure that Edmontonians, particularly in

south Edmonton, have access to good-quality health care. We also want to make sure that they get it in a timely fashion, that whatever we're able to build, it'll be able to be built quickly and will meet the needs not just for now but into the future. There'll be more to come. I don't want to pre-empt the minister's budget coming up. More to come in days to come.

Member Hoyle: Well, given that the Minister of Health has said in this Chamber many times that the south Edmonton hospital was not needed, I find it a bit rich that she's saying that there'll be other ways, and given that the Premier said to my constituents that they could drive to the Red Deer hospital, showing that she's clearly out of touch and has the wrong priorities, and given that anyone named in this Alberta health care scandal must step aside for a public inquiry, will the Health minister finally do the right thing, step aside, and allow for a public inquiry into this corrupt care scandal?

The Speaker: The hon. the Government House Leader. [interjections]

Mr. Schow: The opposition is so happy to see me.

I mean, the short answer is: no, the Minister of Health will not step aside, Mr. Speaker. Again, I reiterate what I've said earlier today. I applaud the Minister of Health and I applaud the Premier for taking these very difficult initiatives of refocusing health care. While our leader is here every day leading this province to what I think is a brighter future, the members opposite don't have a leader, a rudderless ship. Their leader won't even show up in the building. The question is: where is Naheed Nenshi? [interjections]

The Speaker: Order. Order. Order.

The hon. Member for Lac Ste. Anne-Parkland has a question to ask.

Fentanyl Use Prevention

Mr. Getson: Thank you, Mr. Speaker. By now we've become too familiar with fentanyl. It's a cheap synthetic opioid which contributes to devastating communities across Canada and the U.S. Fentanyl is easy to produce, highly addictive, and outright deadly. Just 2 milligrams of the drug can kill an adult, yet the NDP leader claims that 44 pounds of fentanyl ain't no big deal. That's enough to kill about 2 million people. This government will never downplay the fentanyl crisis. Every milligram that we take away from the streets means lives saved. To the Minister of Mental Health and Addiction: can you tell this Assembly about our government's progress on the opioid crisis, please?

The Speaker: The hon. the Minister of Mental Health and Addiction.

Mr. Williams: Well, thank you, Mr. Speaker. The truth is that it is a lot. Contrary to what Mr. Nenshi says publicly, 44 pounds is a lot of fentanyl. It's 10 million lethal doses. This government is taking clear action. It cannot be downplayed in saying: Mexico is worse than Canada. I'm not Mexican. I'm Canadian, and I care about reducing all deaths from fentanyl here at home and abroad. That's why we've introduced the Alberta recovery model. We've massively reduced overdose deaths from opioids, down 38 per cent year over year for the first 10 months of 2024. No other province across the country is anywhere near that. That's a 300 per cent greater decrease than British Columbia, our nearest partner, with a completely different model.

Mr. Getson: Thank you to the minister for the answer. Given that 79 per cent of all opioid overdose deaths recorded in Canada between January and June of 2024 involve fentanyl – that's a 39 per

cent increase since 2016 – and given that U.S. Customs and Border Protection data shows that roughly 44 pounds of fentanyl were seized in Canada on the U.S. border between October 2023 and '24 and given that three pounds of fentanyl were stopped at our own borders between Montana and Alberta – that's about 130,000 deaths, if you're keeping track – can the Minister of Public Safety and Emergency Services explain the actions our government is taking to stop the flow of that deadly fentanyl across our borders?

The Speaker: The hon. the Deputy Premier.

Mr. Ellis: Well, thank you very much, Mr. Speaker. Of course, we take this very seriously. We all know that we're less safe in this province, in this country because of the Liberal-NDP policies. We all know that, and that's why we as a province have worked with the CBSA and the national RCMP to redeploy resources down to the border. We have done a \$29 million investment towards interdiction patrol teams. There have been 51 uniformed officers, 10 surveillance drones, K-9 units. This is what a collaborative approach in dealing with a crisis is. We're an example not just here in Alberta but, quite frankly, for the rest of Canada.

Mr. Getson: Thank you to the minister for the answer. Given that Alberta has faced a surge in clandestine fentanyl production, given that ALERT teams have dismantled a highly sophisticated fentanyl super lab capable of producing lethal doses on an industrial scale out near Valleyview last November and further given that this development highlights the real crisis of not only fentanyl flowing from our borders but for domestic production, can the same minister explain what steps this government is taking to prevent the expansion of those deadly super labs?

The Speaker: The hon. Deputy Premier.

Mr. Ellis: Well, thank you very much, Mr. Speaker. Of course, it's the enormous investment that we have in our Alberta law enforcement response teams and all of our law enforcement throughout the province of Alberta. I can tell you and the member, quite frankly, that Alberta's largest ever fentanyl super lab near Valleyview was seized: more than \$300 million, including 7 kilograms of processed fentanyl, 4,200 litres of precursor chemicals, and equipment. Organized crime is a problem not just here in Alberta but right throughout Canada. This is because of the direct policies of the Liberal-NDP. We're fighting back, Albertans are fighting back, and Canadians are fighting back against Liberals and NDP.

The Speaker: The hon. Member for Leduc-Beaumont has a question to ask.

Economic Development

Mr. Lundy: Thank you, Mr. Speaker. Alberta has a diverse, resilient economy built on a foundation of several strong industries which drive growth. Protecting Alberta's economic interests will always be a top priority for our government. To the Minister of Jobs, Economy and Trade: how can we strengthen our economy by leveraging trade relationships with other provinces and international markets and protect our economic interests?

Mrs. Sawhney: Thank you to the hon. member for that question. Mr. Speaker, with intensifying international trade challenges, removing domestic trade barriers is critical to ensuring Alberta's long-term prosperity. That's why Alberta has already removed over 80 per cent of our national trade exceptions since 2019, leading all

of Canada. Beyond our borders Alberta is strategically growing experts in attracting investment across key sectors, targeting markets in the Americas, Europe, and the Indo-Pacific. By working closely with our national and international partners, we're ensuring Alberta businesses have access to new markets, driving economic growth and long-term prosperity for Albertans.

The Speaker: The hon. Member for Leduc-Beaumont.

Mr. Lundy: Thank you, Mr. Speaker and to the minister for that answer. Given that Alberta has a world-class energy economy, including a rising clean energy sector built on technological innovation, can the same minister please explain to this House what our government is doing to attract investment in renewable energy and technology to ensure long-term economic growth?

Mrs. Sawhney: Thank you for that question. Mr. Speaker, Alberta's \$15 million investment and growth fund has already secured over \$765 million in private investment, creating thousands of jobs for Albertans. Companies like Applexus Technologies and Fortinet are choosing Alberta, and with tools like Alberta's site selector we're making investments easier than ever before. We are also leading in next generation energy technologies, from hydrogen and small modular nuclear reactors to geothermal and carbon capture. Alberta's future is strong, ambitious, and built to last, because when Alberta leads, Canada wins.

The Speaker: The hon. Member for Leduc-Beaumont.

2:30

Mr. Lundy: Thank you, Mr. Speaker and to the minister for that answer. Given that the strength of our economy is driven by a commitment to developing and sustaining a skilled workforce and enhancing competitiveness, can the same minister please explain what steps our government can take to improve workforce skills and meet the demands of evolving industries to secure our economic future?

Mrs. Sawhney: Mr. Speaker, Alberta's government is investing in workforce training to equip workers with in-demand expertise. As industries evolve, our government's training opportunities ensure Albertans are prepared for the jobs of the future. Last year alone almost 31,000 Albertans received training and employment supports through our government's targeted programs. More than 20,000 workers benefited from direct advancement opportunities, upskilling their capabilities and reinforcing our strong workforce for the future. Our goal is to provide secure, high-paying, high-quality employment for all Albertans.

Thank you, Mr. Speaker.

Sherwood Park Health Facilities

Mr. Kasawski: My question is to the Minister of Health. Sherwood Park does not have a full-functioning hospital, and it is becoming clear, sadly, why that is. Over \$600 million of taxpayer money has been given to a private health company, a company that wildly overcharges for surgeries and doesn't come close to fulfilling contracts for medicine, though I do hear they are a great hookup for luxury box seats. To the minister: was it all worth it? Was the scandal worth leaving the people of Sherwood Park without proper health care?

The Speaker: The hon. the Minister of Health.

Member LaGrange: Thank you, Mr. Speaker. That is a ridiculous statement. I am concerned about every Albertan, making sure that

they have excellent health care in this province. Everyone in this House should be concerned that Alberta Health Services gets roughly about \$19 billion with next to no accountability. That has to change. We have got an internal investigation that's going to go on, and it's going to be external to government as well as the Auditor General. We have to trust the process and make sure it gets done properly.

Mr. Kasawski: Given that Sherwood Park has a small community hospital that offers emergency care and other daytime services but the good people of Sherwood Park deserve a full functioning hospital in our community and given that Sherwood Park also has a very good hockey team – they're set up to make a deep playoff run this season. It's tremendous hockey. It's a lot of fun to watch. Will the Minister of Health tell this House if the constituents of Sherwood Park pay for the Premier to attend a Sherwood Park Crusaders playoff game, will the minister make sure that Sherwood Park gets the fully operational hospital it needs?

Member LaGrange: Mr. Speaker, Sherwood Park and every location in Alberta deserves excellent health care. As soon as we can understand where the money is going – as the Premier has stated, over \$3 billion more in just a few years. Where is that money going? We all need to know. There is a reason why I had to put in 18 directives to Alberta Health Services to get information and co-operation on the refocusing. We need excellent health care for every Albertan.

Mr. Kasawski: Given that the only black box that we cannot see into is the UCP cabinet, given that the UCP wants to blame AHS leadership for the corrupt care scandal, which is rather confusing considering they hand selected those same leaders, and given that the only contracts that should have been ripped up are those of these bloated surgical centres rather than the contract of the AHS CEO, who's trying to get to the bottom of all of this, to the minister: is this the worst corruption scandal in Alberta history, or is it the worst incompetence scandal in Alberta history, or is it both?

Member LaGrange: I believe the members opposite were fired for incompetence, Mr. Speaker, just a few years ago. The government will be filing our statement of defence very shortly, and we will be vigorously defending against this claim that has been put forward. I am committed to ensuring that we have in fact a robust, transparent process in place for procurement and making sure that all Albertans can see into what is happening within our health care system. There has to be transparency, and we're committed to it. I'm going to work really hard to get that done.

Health Services Procurement Process (continued)

Ms Wright: Mr. Speaker, thousands of educational support workers are on strike, and health care workers are in the middle of bargaining, but instead of doing its job, this government is mired in the worst corruption scandal in Alberta's history. It is alleged that \$600 million was wasted on bloated contracts under, quote, special terms to a private company. Those millions could have gone to fair bargaining for workers or more surgeries for public hospitals or a myriad of other priorities. To the minister: why is this government prioritizing handouts to friends instead of hiring more workers and paying them all the wages they deserve?

Mr. Nicolaides: Mr. Speaker, we're working to ensure that our school divisions have the resources and supports that they need to continue to deliver a world-class education. We're working

aggressively to ensure that we prioritize literacy and numeracy screening for our earliest learners to ensure that they are set up with the right foundations for success.

As well, we acknowledge and understand the significant enrolment pressures that many of our school boards are facing. That's why we're committed to building 90 new schools over the course of the next few years. And we're also making additional investments into operations as well . . . [interjections]

The Speaker: Order.

The hon. Member for Edmonton-Beverly-Clareview.

Ms Wright: Given that a Health minister distracted by scandal means the crisis of health care worker recruitment and retention continues, given that additional legal distractions mean EMS shifts remain unfilled and nurses and other health care professionals continue to work short, and given that corrupt care has shaken the already precarious foundations of trust these workers have in their government, given that lack of trust by front-line workers and resulting instability, what would this minister say to front-line workers who today are calling for her to step aside?

The Speaker: The hon. the Minister of Health.

Member LaGrange: Thank you, Mr. Speaker. I want to address our front-line workers. They are amazing individuals who work really, really hard each and every day. We appreciate the excellent work that they do. We value their work, and we have actually been looking to increase the numbers across all of the health care sectors. In fact, I know that we have added more nurses, more health care aides. We're also making improvements within our postsecondaries to add more spaces, et cetera, because we are committed to making sure that they have a really great work environment, and part of having a great work environment is making sure that we are looking at AHS issues. [interjections]

The Speaker: Order.

Ms Wright: Given that health care workers tell me they feel threatened and fearful of retaliation if they speak out, given the Premier told UCP members last August that fear might just be the thing to motivate health care providers and workers, given that the firing of the most recent AHS CEO and board could be seen as an attempt to intimidate others into silence, given that truly setting the record straight requires shining a light on serious allegations of intimidation and government interference, and given that anything less is a betrayal of Albertans' trust, to the minister: why not welcome a judicial inquiry?

Member LaGrange: Mr. Speaker, the members opposite need to take "yes" for an answer. We are going to have an independent third party review that will have a legal background that will have access to looking into everything that is going on, and we will be able to shine a light on what's been happening, which has been in the dark for way too long within Alberta Health Services, because, again, these are Alberta Health Services contracts and procurement processes that are being looked at. [interjections]

The Speaker: Order. Order. Order.

Postsecondary Education Funding

Mr. Eggen: My question is to the Minister of Health. Chaos is spreading in so many other areas of this government while the UCP gets dragged down by this health scandal. For example, five programs at Red Deer Polytechnic have been suspended with a loss

of 100 jobs, but instead of fixing problems like this, the Health minister is trying to sweep under the rug the worst allegations of corruption in Alberta's history and taking with it hundreds of millions of dollars. So to the Minister of Health: why is the minister wasting so much money on bloated contracts that could be spent on so many other priorities such as education in the city of Red Deer?

The Speaker: The hon. Minister of Advanced Education.

Mrs. Sawhney: Thank you, Mr. Speaker. The reality is that the landscape is changing. The international student file: those policies were changed by the federal government, and that has impacted the revenue situation of a number of postsecondary institutions. That is the underlying reason that RDP is making the decisions that they are. They're making business decisions related to their postsecondary institution.

2:40

Mr. Eggen: Well, Mr. Speaker, given that the ex Infrastructure minister said that he has been trying for months to express concerns with procurement practices of the UCP government and given that he called for a cabinet committee to look into procurements, including in health care, how can this Health minister square by standing by this government with hundreds of millions of dollars wasted on corrupt care contracts, money that could be spent on programs to save jobs at Red Deer Polytechnic in her hometown?

Mrs. Sawhney: Once again, Mr. Speaker, I will reiterate that the postsecondary sector has been impacted by the international student file. That's directly related to policies undertaken by the federal Liberal government, and it has impacted the revenue situation of the postsecondaries. That's why we have put together an expert panel to work with the postsecondary sector to understand their funding model and to understand what that impact will be. Red Deer Polytechnic, obviously, has to make some hard decisions because they relied on that revenue. This is the reality of the situation right now.

Mr. Eggen: Well, Mr. Speaker, given that Red Deer Polytechnic and universities and colleges and polytechnics all across this province have to make hard decisions because this UCP government has been wasting so much money on these contracts, will the minister step down today so that someone else in cabinet can clear the air, allow this investigation into corrupt care, and get on with the business of actually helping Albertans during these difficult and trying times?

Mrs. Sawhney: Mr. Speaker, let me say that I'm very proud of our postsecondary sector and the work that they're doing. Of course, I said that the landscape has changed. The international student file has changed. We are looking at tariffs from across the border. So hard decisions are being made by businesses, by the postsecondary institutions. But I will tell you that the expert panel that we have put together is going to do a deep dive into the post-secondary sector and come back with some recommendations.

Thank you.

The Speaker: Hon. members, this concludes the time allotted for Oral Question Period. In 30 seconds or less we will continue with the remainder of the daily Routine.

Notices of Motions

The Speaker: The hon. Member for Edmonton-Glenora.

Ms Hoffman: Thank you very much, Mr. Speaker. I rise to give notice that at the appropriate time under Standing Order 42 I intend to move the following motion.

Be it resolved that the Legislative Assembly (a) recognize the serious questions that have been raised with respect to the Minister of Health and Premier and their alleged political interference and that of senior government staff in the management of the health care system in Alberta, (b) recognize the serious questions that have been raised with respect to the Minister of Infrastructure and an alleged land transition in which the property was purchased by the government in a manner that may not have been at arm's length or in the best interests of the public, and (c) urge the government to take all necessary steps to immediately commence an independent, transparent, and judicially led investigation into political interference and corruption in accordance with the Public Inquiries Act.

Introduction of Bills

The Speaker: The hon. the Minister of Service Alberta and Red Tape Reduction.

Bill 38

Red Tape Reduction Statutes Amendment Act, 2025

Mr. Nally: Thank you, Mr. Speaker. I request leave to introduce Bill 38, the Red Tape Reduction Statutes Amendment Act, 2025.

Bill 38 is our ninth red tape reduction bill and perhaps one of the best. It will be proposing amendments that will strengthen the housing, trades, and charity sectors.

With that, Mr. Speaker, I hereby move first reading of Bill 38, Red Tape Reduction Statutes Amendment Act, 2025.

[Motion carried; Bill 38 read a first time]

Tabling Returns and Reports

Mr. Wright: Mr. Speaker, I rise to table three articles. One is a *New York Times* article explaining the impact of the Vancouver model of money laundering.

The next is a *National Post* article calling out Canada as a low-risk, high-profit hot spot for fentanyl super labs. It also continues on to say that one kilogram of fentanyl equals 500,000 lethal doses.

The third one is a CTV article referencing the Valleyview super lab that was mentioned by myself and the Deputy Premier yesterday.

The Speaker: Are there other tablings? The hon. Member for Calgary-Beddington, followed by Edmonton-Highlands-Norwood.

Ms Chapman: Thank you, Mr. Speaker. I rise to table a letter from Alissa, an Alberta parent. She asks the government to lift wage caps on education assistants and properly fund our schools. Thanks, Alissa.

The Speaker: The hon. Member for Edmonton-Highlands-Norwood.

Member Irwin: Thank you. I'd like to table an article written in the *Edmonton Journal* by a number of community leaders entitled Let's Do Better for Our Neighbours Most in Need. This comes at a time this week when we've learned that there are over 5,000 people who are unhoused in our city, which is a record we should not be proud of.

Ms Renaud: Mr. Speaker, this is an article from the *St. Albert Gazette*, February 20, written by Tristan Oram: Hundreds of Albertans Still Waiting for Life Lease Repayments.

The Speaker: The hon. Member for Chestermere-Strathmore has a tabling.

Ms de Jonge: Thank you, Mr. Speaker. I rise to table five copies of a screenshot of her own social media confirming that the Member for Calgary-Currie was proudly handing out drug pipes.

The Speaker: Hon. members, that brings us to points of order, which may in fact take longer than question period. [interjections] I don't share the humour of the Assembly in this case.

The hon. Government House Leader, I believe, rose at 2 o'clock.

Mr. Schow: Do I need to extend the daily Routine, Mr. Speaker?

The Speaker: Feel free.

Mr. Schow: Sure. I'll start with that. I wish to advise the Assembly that pursuant to Standing Order 7(8) the daily Routine may continue past 3 p.m.

Point of Order Allegations against a Member

Mr. Schow: With that, we move on to the first point of order, Mr. Speaker. It's a good thing that I never skip leg day because I'm going to be up and down quite a bit this afternoon.

My first point of order is called under Standing Order 23(h), (i), and (j). At the time noted, at 1:55 p.m., the Member for Edmonton-Glenora was clearly heard saying while not her turn to speak, "Why are you covering it up?" to the Premier, with regard to the Premier's answer. Of course, the Premier isn't covering anything up, Mr. Speaker. She's here defending our province and working towards getting better health care delivery for Albertans, something that they deserve and pay for. I believe this is a point of order. I suspect that you have the Blues in your hand, but I do not. I leave it with you.

The Speaker: The hon. Member for Edmonton-Glenora.

Ms Hoffman: Thank you very much, Mr. Speaker. My intention, which of course was not what actually happened, was to say "you" in the plural, referring to the government, but I understand what the member is saying. Therefore, for the ability to easily infer that I could have been directing it towards the Premier, which was not my intention, I apologize and withdraw.

The Speaker: I consider this matter dealt with and concluded. Correction: that point of order was from 1:54.

That brings us to point of order number 2 at 2 o'clock. The Deputy Government House Leader has risen, or the Government House Leader. You choose.

Point of Order Language Creating Disorder

Mr. Schow: Mr. Speaker, I'll rise because I called two points of order on the same issue and the same member, one at 2 p.m. and one at 2:03. These are both called against the Member for Edmonton-Gold Bar, who was heard multiple times – and I suspect that this is the root of many points of order from some of my colleagues as well this afternoon – saying, "How much did they pay you?" when the Premier was referring to the success of chartered surgical facilities in the province, seeing the increased number of surgeries completed every year is on the up whereas the number of surgeries completed by AHS is on the decline.

To suggest that the Premier herself is getting paid something or is benefiting financially from these contracts is clearly out of line. It is imputing false motives. It is certainly using language that would create disorder in this place and is making allegations against another member. This is out of order.

This member continues to do this; this was mentioned yesterday as well, though it was not ruled a point of order then. I would encourage you, Mr. Speaker, to give this serious consideration because this kind of language cannot proceed in this Chamber.

The Speaker: The hon. Member for Edmonton-Gold Bar.

Mr. Schmidt: Well, thank you, Mr. Speaker. I'd like to just explain to the Government House Leader that I wasn't singling out the Premier. When I said, "How much are they paying you?" I meant the entire UCP cabinet, so for that, I'm sorry. And I am sorry that we don't know how much the UCP cabinet has made off of these chartered surgical deals.

2:50

The Speaker: I'm sorry; do you apologize for the remarks that you made, then?

Mr. Schmidt: Yes, Mr. Speaker.

The Speaker: I consider the matter dealt with and concluded as we've received an apology for the matter before the Assembly. [interjections] Order. Order. Order.

I have a point of order at 2:05, I believe is the next point of order, if the Deputy Government House Leader would like to rise and speak to that.

Point of Order Language Creating Disorder

Mr. Williams: Well, Mr. Speaker, again at your convenience if we can combine 2:05 and 2:07. Both of these were called against the Member for Edmonton-Gold Bar. At 2:05 the Minister of Health was speaking around chartered surgical facilities, and the Member for Edmonton-Gold Bar was clearly and audibly heard saying, quote: and you get rich. Unquote. And then at 2:07, while the Government House Leader was speaking in response to the same topic, the Member for Edmonton-Gold Bar said, quote: what are you making off in the deal with? Unquote.

Now, you may or may not have heard these yourself, and they may or may not show up on the Blues, but I will tell you, Mr. Speaker, that this will continue to cause disorder in the House from our side of the aisle. We very much hope that the member will continue to apologize. Far be it for me to impose on you, your will on the member, but I ask that it's a sincere and full apology or we will continue on this side to rise on these matters.

The Speaker: The hon. Member for Edmonton-Gold Bar.

Mr. Schmidt: Thank you, Mr. Speaker, and thank you to the Deputy Government House Leader for raising this issue. Of course, I again just want to make clear that I wasn't singling out any particular member, but I was pointing to the UCP cabinet and questioning how much the UCP cabinet was making off of chartered surgical facilities. So I apologize for not making that clear. I will endeavour to be more clear in the future.

The Speaker: I consider this matter dealt with and concluded.

That brings us to point of order 6. The Leader of the Official Opposition rose and raised a point of order at 2:09.

Point of Order Insulting Language

Ms Gray: Thank you very much, Mr. Speaker. Very much along the same vein, while the Member for Edmonton-Glenora was talking and referencing brain surgeons, the minister of community and social services heckled very loudly, quote, “Well, we know you’re not,” intending to insult the intelligence of a member. Direct insults are not part of this Chamber. As my members have admirably done, I would hope that that member would rise, apologize, and withdraw.

Mr. Schow: Mr. Speaker, I think we’re wading into dangerous territory when we’re going to insinuate what one member may or may not mean when they’re speaking across the aisle. Unless I’m mistaken, having seen the bios of members on both sides of the Chamber, the Member for Edmonton-Glenora is not in fact a brain surgeon. That is not making a comment on her intellectual intelligence. That is not making a comment about her capabilities. Maybe in a different life the member could have been a brain surgeon or will be one after her time in politics, but today I do not believe this is a point of order, and I think it is not appropriate to make insinuations about what the hon. minister of community and social services and Sundre’s favourite son really meant.

The Speaker: Are there others?

I do have the benefit of the Blues, and I am prepared to rule. In this case, as you know, without an accurate record of what was said and who said it, it’s difficult for the Speaker to attribute blame. Unfortunately, or fortunately, I don’t have an accurate record of what was said, and I didn’t hear exactly what the minister said.

I think we have a clear example of what happens in the Assembly when members make comments about their colleagues on either side of the Assembly. I would be reluctant to attribute intention, as members have apologized for their intention. Many of these comments feel deliberate to the Speaker and like we have a free get-out-of-jail card by apologies here inside the Assembly. I don’t want to attribute anything to the minister; if he did say it, it probably is a point of order, but for now I’ll consider the matter dealt with and concluded.

That brings us to points of order numbers 7 and 8. The hon. Government House Leader rose at 2:09.

Point of Order Allegations against a Member

Mr. Schow: Yes, Mr. Speaker. At the point noted, at 2:09 as well as at 2:12, I rose on points of order against the same member on the same topic, so I wish to combine those if it pleases the Speaker. At the time noted I rose on 23(h), (i), and (j), where the Member for Edmonton-Glenora was heard saying that the Premier is peddling disinformation. This is on the record. This is on *Hansard*. I don’t have the Blues; that’s not something that I’m privy to, but certainly my illegible chicken scratch does tell me that in the time noted.

This is not without precedent, Mr. Speaker. If I’m looking at my sheet here, in past rulings you have ruled on this specific issue against this specific member one, two, three, four, five, six, seven, eight times. Eight times. Now, I know repetition is the mother of learning, so maybe this is another lesson learned for the Member for Edmonton-Glenora, but to suggest the Premier is deliberately misleading the public with misinformation or that she is lying or using any form of that, doing indirectly what you cannot do directly, that is by my understanding a point of order. It shouldn’t be accepted in this Chamber, and I’d ask the member to apologize and withdraw.

Ms Hoffman: Happy Pink Shirt Day, Mr. Speaker. I think most kids across Alberta know that today is the day for us to stand up against bullying and intimidation in all forms.

I will say that I didn’t say the word deliberately. That doesn’t mean that what I said was within the rules of the House. Saying that the Premier spread disinformation is what I said and what I wrote down, and in the moment I wrote it down, I was going based off fact and not on the rules of the House. So for speaking truth to truth and not following the rules, I certainly do apologize and withdraw. [interjections]

The Speaker: Listen, hon. members have benefited from the rules of the Assembly on numerous occasions. The Deputy Government House Leader can disagree. He can sit there, he can shake his hand, he can make head gestures at me. It doesn’t change the fact that members of the government have benefited from the rule.

Now, will that rule remain in place in perpetuity if members of the Assembly elect to disregard the rules intentionally, which I believe happened here today, and then apologize? Of course the Assembly sets the rules for itself, and the Speaker is merely the imposer of the rules and traditions and precedent that I know the Deputy Government House Leader is very familiar with. While he may disagree with the application of those rules in the past and while he may disagree with the application of those rules today – I certainly can accept that – it’s going to take more than one day for this Speaker to change the traditions of this Assembly without any form of agreement from the House leadership. This is not the role of the Speaker. It is merely to base the rules and decisions on the precedents of the Assembly, which is exactly what has happened here this afternoon.

I will accept that apology. I consider this matter dealt with and concluded.

3:00 Motions under Standing Order 42

The Speaker: The hon. Member for Edmonton-Glenora on Standing Order 42.

Investigation of Government Procurement

Ms Hoffman:

Be it resolved that the Legislative Assembly (a) recognize the serious questions that have been raised with respect to the Minister of Health and Premier and their alleged political interference and that of senior government staff in the management of the health care system in Alberta, (b) recognize the serious questions that have been raised with respect to the Minister of Infrastructure and an alleged land transition in which the property was purchased by the government in a manner that may not have been at arm’s length or in the best interests of the public, and (c) urge the government to take all necessary steps to immediately commence an independent, transparent, and judicially led investigation into political interference and corruption in accordance with the Public Inquiries Act.

Ms Hoffman: Mr. Speaker, I have the requisite number of copies. I assume you want them distributed before I begin.

Thank you very much, Mr. Speaker. I’ll take my five minutes, as the Standing Orders guide, to speak specifically to the urgency as the primary thing, as outlined in 42(1.2)(a).

I want to specifically speak to the fact that later this week we will be receiving the provincial budget. I believe that it’s incredibly important for us to make sure that we get to the bottom of the corrupt care scandal prior to consideration of what the government intends to implement moving forward, Mr. Speaker. At least shine a light and call a judicial inquiry. The reason why we keep saying

“judicial” and “public inquiry” is because it is indeed outlined, as I reference in point (c) of my motion here today: “transparent, and judicially led investigation into political interference and corruption in accordance with the Public Inquiries Act.”

There are very clear guidelines about what a public inquiry is and is not, and the government keeps trying to allude to the fact that there is going to be one when they have not indeed called a public inquiry. They’ve called on somebody to write a report to give to the Premier to eventually, possibly come back to this House. That is not the same thing as an actual public inquiry that is led by a judge. There is a reason why this House has passed legislation in the past to ensure that it does indeed exist. I believe it’s important for us to take those steps and to consider this debate today and act on the urgency, especially as it relates to the fact that the budget is coming tomorrow, Mr. Speaker.

A budget that is based on things that need not necessarily be factual should be considered with great suspect, Mr. Speaker: the fact that we have a sitting member of the government caucus, who just earlier this week, two days ago, was actually a minister at the cabinet table, saying that there is deep financial – what was the gentle word I was planning on trying to use? – inconsistency in how public funds are being distributed in a variety of ministries, saying that it is far deeper than the one ministry that has been drawn to light, possibly two, until this point.

Again, the reason why this is urgent is because this is coming to the House tomorrow, the budget upon which we will pass the benefit of public funds that we all receive, whether it be taxpayer dollars, whether it be through royalties, whether it be through corporate taxation, or other means, these public funds and transfers that we get from the federal government, for example, Mr. Speaker. The fact that we will be making decisions in this House in the month following the presentation of the budget tomorrow: I believe it is incredibly urgent that we get to the bottom of this debate, that we actually shine some light and give some authenticity and have us be on a path to having government that we can trust, government that’s credible and reputable, government that’s not embroiled in corruption.

That is why today this is such an urgent matter, Mr. Speaker. Tomorrow, we will be asked to consider the government’s values put to black and white, the government’s priorities put to black and white, whether or not they indeed should be trusted to bring forward a budget to this place with everything that’s happening already.

I’m giving the House an opportunity today for us to consider these three points. The first one, as I mentioned, was around the alleged political interference as it relates to the Minister of Health, the Premier, and high-level staff within those offices.

The second point which I haven’t yet delved into, Mr. Speaker, is around the recognition of the serious questions that have been raised with regard to the then Minister of Infrastructure, an alleged land transfer, and the property that was purchased by the government in a matter that may not have been kept at arm’s length. This is also very serious and has direct financial implications on the budget, which we will be considering tomorrow, and on every component within the province’s financial purview.

Of course, the budgets that are tied to the budget presentation tomorrow should be – Albertans ought to have the ability to have full confidence in the authenticity of those documents, the arm’s length of them, and the fact that they were done in appropriate matters with due consideration, Mr. Speaker.

The rule of law is under threat if we do not act in accordance, and we have an opportunity today to do so with urgency. I would call on all members to see this for what it is: an opportunity for us to shine light on something that must be brought forward before we lose the opportunity to have greater confidence in the budget.

Thank you very much, Mr. Speaker.

The Speaker: Hon. members, Standing Order 42 allows for a member of Executive Council to respond for up to five minutes should they choose to do so.

I see no one to do that. As such, members will know that Standing Order 42 is a request for unanimous consent to set aside the daily business and proceed immediately to Motions Other than Government Motions. I will ask only one question. Is there anyone opposed to providing unanimous consent? If there is, please indicate now.

[Unanimous consent denied]

Orders of the Day

Government Motions

Committee Membership Changes

56. Mr. Schow moved:

Be it resolved that the membership of the Assembly’s committees be replaced as follows:

- (a) on the Standing Committee on the Alberta Heritage Savings Trust Fund that Mr. Stephan replace Mr. Dyck;
- (b) on the Standing Committee on Legislative Offices that Mrs. Petrovic replace Mr. Lundy and that MLA Miyashiro replace Ms Renaud;
- (c) on the Standing Committee on Private Bills that Ms Lovely replace Mr. Stephan as Deputy Chair and that Ms Lovely replace Mr. Stephan;
- (d) on the Standing Committee on Privileges and Elections, Standing Orders and Printing that Hon. Ms Armstrong-Homeniuk replace Mr. Yao as Chair, that Mr. Long replace Mr. Yao, that Mr. Long replace Hon. Ms Armstrong-Homeniuk as Deputy Chair, and that Mr. Bouchard replace Mrs. Johnson;
- (e) on the Standing Committee on Public Accounts that Mrs. Johnson replace Mr. Cyr;
- (f) on the Special Standing Committee on Members’ Services that Hon. Mr. Hunter replace Mr. Rowswell;
- (g) on the Standing Committee on Alberta’s Economic Future that Mr. Sinclair replace Mr. Cyr and that Ms Lovely replace Mr. Yao;
- (h) on the Standing Committee on Families and Communities that Mr. van Dijken replace Ms Lovely as Chair, that Mr. van Dijken replace Ms Lovely, that Mr. Cyr replace Mr. Long, and that Mr. McDougall replace Mr. Boitchenko;
- (i) on the Standing Committee on Resource Stewardship that Mr. Yao replace Mr. McDougall and that Mr. Boitchenko replace Mr. Sinclair.

The Speaker: Hon. members, this is a debatable motion. Are there others wishing to join in the debate? The hon. Member for Lac Ste. Anne-Parkland.

Mr. Getson: Yeah. Thank you, Mr. Speaker. I do have a friendly amendment, if I may, to the motion. Is this the time?

The Speaker: Yes. There’s no such thing as a friendly amendment, but we are happy to move an amendment for you. I assume that you have all of the necessary copies. As soon as I get a copy, we’ll have you proceed.

Hon. members, this amendment will be referred to as amendment A1.

The hon. Member for Lac Ste. Anne-Parkland.

Mr. Getson: Yes. Thank you, Mr. Speaker. I'm moving the amendment to the motion – friendly or unfriendly, I'll let the House decide – (a) in clause (a) by adding “, and that Mr. Wright replace Mr. Bouchard” immediately after “that Mr. Stephan replace Mr. Dyck,” (b) in clause (c) by striking out “Ms Lovely” wherever it occurs and substituting “Mr. Cyr,” (c) in clause (g) by striking out “Ms Lovely” and substituting “Mr. van Dijken,” (d) in clause (h) by striking out “that Mr. van Dijken replace Ms Lovely as Chair, that Mr. van Dijken replace Ms Lovely, that Mr. Cyr replace Mr. Long, and.”

The Speaker: Hon. members, this is a debatable amendment. Is there anyone wishing to join in the debate and provide additional questions or comments?

Seeing none, I am prepared to call the question.

[Motion on amendment A1 carried]

[Government Motion 56 as amended carried]

3:10 Government Bills and Orders Second Reading

The Speaker: The hon. the Minister of Mental Health and Addiction.

Bill 37

Mental Health Services Protection Amendment Act, 2025

Mr. Williams: Well thank you, Mr. Speaker. I rise today to move second reading of Bill 37, Mental Health Services Protection Amendment Act, 2025.

This bill proposes several amendments to the Mental Health Services Protection Act, which, if passed, will, one, enhance bed-based addiction treatment services; two, provide the authority to grant exemptions in rare and complex situations; and three, refine regulatory requirements through administrative updates. The amendments would ensure safe, quality standards of care for Albertans and increase regulatory oversight. The overall goal is to improve the mental health and addiction system as we continue to build the Alberta recovery model. It is my hope that members on both sides of the aisle share this goal and that Bill 37 will therefore receive support of all members of the Assembly.

Before I get into the details of the bill, I would like to give some background on the Mental Health Services Protection Act itself. It was originally passed in 2018 to regulate bed-based addiction treatment services. Our government has since expanded the act, regulation, and standards to a robust, foundational piece of legislation within my ministry and the health space in the province of Alberta. In fact, we built the act and its framework to be one of the most comprehensive licensing regimes in the entire country.

Over the years the regulation has been amended to enable licensing of drug consumption services, narcotic transition services, and psychedelic drug treatment services. Alberta was the first province in our country to establish regulatory standards for drug consumption services.

In British Columbia we frequently see new drug consumption sites opening up with very little regulation and oversight from government. Just last week I read an article about an activist doctor in British Columbia calling for drug consumption sites to be set up in every provincial hospital. Mr. Speaker, we have similar calls here in the province of Alberta.

Thanks to Alberta regulation there is keen oversight on how and where drug consumption site services are set up. As we saw here in Edmonton, there was a site set to open in Strathcona neighbourhood. Now, before a new site can open in Alberta, there must be community

consultation because of regulations under the Mental Health Services Protection Act. In the end the city of Edmonton would not grant the development permit, but we still saw engagement done to hear the concerns of Alberta. This is a case that is now happening retroactively within provinces like Ontario surrounding these exact questions.

Alberta was also the first province to put in place proper safeguards for psychedelic assisted therapy, protecting Albertans from potential harms with this emerging and new form of therapy.

Each type of service – bed-based addiction treatment, drug consumption services, narcotic transition, and psychedelic drug treatment – has their own licensing standards. Overall, there are now about 130 facilities owned and operated by about 65 service providers licensed under this act. The majority of these are for bed-based addiction treatment services.

[The Deputy Speaker in the chair]

Through the Alberta recovery model we're working on building a comprehensive system of mental health and addiction care. This has included adding more than 10,000 new publicly funded mental health and addiction treatment spaces for a total of more than 29,000 publicly funded spaces through the province. We've also focused on continual expansion of treatment services through initiatives like recovery communities across the province.

Through all this, we've kept sight of the fact that it's not just enough to add services. We need to make sure that they are providing high-quality, safe, and consistent care to Albertans. We also need to make sure that emerging practices are safe and not putting Albertans at risk of harm as these new practices are developed and researched. We have already seen too much experimentation with programs like unsafe supply, and we refuse to go down that path.

Albertans who are seeking mental health and addiction treatment services need to know that when they seek support from the province, they'll be taken care of with services that fit their needs and meet the absolute highest standards.

The Mental Health Services Protection Act provides the authority for establishing licensing programs for service providers and sets out compliance and enforcement tools within that regime. Again, the overall goal is to provide the best possible recovery-oriented care to Albertans, resulting in the best possible outcomes for individuals and families.

Currently there is no distinction between the different types of services provided by bed-based addiction treatment providers. This means that all bed-based addiction treatment providers are subject to the same licensing requirements regardless of the type of services they provide. Today's proposal will amend and create three service types for bed-based addiction treatment services, each subject to their own licensing standards. The services will be, one, withdrawal management services, all at a medical level and scrutiny and responsibility to provide; two, intensive treatment services; and, three, nonintensive recovery services. These standards and different services will provide clarity on what sort of treatment and recovery supports are available through each service provider when the public is searching. This clarity will improve Alberta's ability to find services and get the right support and know what to expect when accessing care. The proposed approach is supported by evidence-based best practices, aligning with the American Society of Addiction Medicine criteria and the Canadian-based national core services framework.

I am also proposing an exemption mechanism to be added to the legislation. This would allow for the Mental Health and Addiction minister to exempt certain individuals and/or services on a unique case-by-case basis from the legislative requirements. This is only for rare and unique circumstances. Reasons for an exemption would

include for medical or scientific reasons or if there's a public benefit. Examples here could be for a service provider in a remote community that can't meet minimum service hour requirements for bed-based standards or the enforcement of this legislation on First Nations. We are absolutely committed to making sure checks and balances and exemptions are there and for making sure the highest standards continue. But, Madam Speaker, with the level of scrutiny we have, we need to make sure we're also flexible while providing that high quality in care to make sure all Albertans have access to the care.

Bill 37 also proposes several administrative amendments to align the act with the Alberta recovery model, address regulatory inconsistencies, and position the act as a framework legislation for mental health and addiction care going forward. One notable administrative amendment would be to move bed-based addiction treatment services content from the act to the regulation or standards. This is consistent with how other service licences are provided within MHSPA and how they are treated. Content that applies to all licensed providers such as critical incident reporting and compliance measurements will remain in the act, of course.

Another notable administrative amendment would be changing references from residential addiction treatment services to bed-based addiction treatment services and supervised consumption sites to drug consumption sites. When it comes to certain renaming of these services, particularly drug consumption services, this terminology will align with several other jurisdictions internationally, including the U.K., Switzerland, Germany, and the Netherlands, and remove any politicization from the topic.

Now, the difference here in Canada is that proponents of drug consumption sites have worked hard to make it sound appealing to the broader population through euphemistic language. We have seen this with several other initiatives from activists such as the prescription of high-powered opioids being initially called safe supply and safer supply and now the incredibly bureaucratic and euphemistic prescribed alternatives. At some point it was accepted to have sites called safe consumption sites prior to supervised consumption sites. Madam Speaker, I'm suggesting that supervised consumption sites, safe consumption sites, et cetera, need to be removed so that we can have clarity in the description language of what these sites are, which is drug consumption sites.

Overall, the amendments presented in this bill better align the Alberta recovery model along with the terminology and the services taking place. If passed, amendments will come into force in the fall of 2025.

With that, Madam Speaker, I again move Bill 37, the Mental Health Services Protection Amendment Act, 2025, and ask for this Chamber's support.

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

Member Eremenko: Thank you very much, Madam Speaker. Nice to be back in the Chamber. Happy to begin this spring session to talk about Bill 37 right off the hop here, the Mental Health Services Protection Amendment Act, 2025. Let's start with what the Mental Health Services Protection Act does already. It's a wordy title, and I'll try to get through it every time, but in case I defer to MHSPA, that is what I'm referring to, MHSPA being the acronym for the act.

3:20

This piece of legislation and its associated standards and regulations guide the operation of residential addiction treatment services. In the bill briefing yesterday the ministry confirmed that there are 130 facilities with 65 registered service providers across the province. Let me tell you, Madam Speaker, that in my capacity as shadow minister of Mental Health and Addiction it has been really

important for me to visit as many of these facilities as I can, and sometimes calling them facilities is a bit of a misnomer. Honestly, sometimes they're converted homes. Some of them are quite modest duplexes; others are brand new, state of the art. Of the 11 recovery communities that the UCP have promised to Albertans, unfortunately, only three of them have actually been built. I've had an opportunity to see a few of them, and they really are quite spectacular: home theatre systems and workout gyms with all the equipment you can possibly imagine.

And they have come at a pretty penny indeed. Certainly, over the last couple of days we have identified all kinds of ways in which Mental Health and Addiction needs to be included in some of the conversations around procurement decisions and to what extent, you know, we need to be sure that we can clear this entire government of any wrongdoing in that area. Given the 11-recovery-community commitment, given the three that are currently operational, given the announcement around compassionate intervention centres that came out on Monday, I think it really does highlight just how incredibly important it is that we have a judicial public inquiry across this government when it comes to the acquisition of a lot of those assets for this ministry that has grown so much over the last three or four years.

But, as I said, the great recovery communities, right down to the small ones, that might accommodate a handful, you know, a dozen residents at any given time, are subject to the Mental Health Services Protection Act. MHSPA also establishes the framework to build standards for supervised consumption sites, narcotic transition services, and psychedelic drug treatment services. Lastly, they set the community protection and opioid stewardship standards.

I list all of these here because, of course, Bill 37 will not be amending any of these standards. That happens outside the Legislature, and that process is not subject to debate by members in this House. The process of setting the standards and regulations that are incredibly important when it comes to actually guiding the requirements and minimum standards around the provision of these services in these facilities happens in the standards and the regulations, and that is not subject to debate and, frankly, can often happen without a great deal of public scrutiny at all. The devil is in the details, as they say, something that couldn't ring more true given the debate that we've had thus far in these Chambers in regard to just how much there is to unearth around Mental Health and Addiction and around Health contracts and the services that those ministries provide.

The Mental Health Services Protection Amendment Act is largely technical, Madam Speaker. There is not a great deal actually printed on paper that tells us what the objective of these amendments are. But, thankfully, in the brief summary that the minister just provided and in the bill briefing, I think that there are some things that Albertans really need to be aware of and that we have to be incredibly diligent about when it comes to watching for what is in fact going to be contained in those standards.

The Minister of Mental Health and Addiction, unfortunately, and the deputy minister of the ministry have been named in recent allegations. Similarly, the Premier's former chief of staff has also been named on numerous occasions in the allegations. The level of scrutiny that this government requires is greater now than it was six months ago. It is greater now than it was 18 months ago. Unfortunately, Bill 37 only requires even further scrutiny because what it does is takes a great deal of content from within the bill and repeals it, takes it right out. What we're being told by government in that process is: trust us. The subsequent standards and regulations that are going to be produced as a result of this legislation: we got this.

I don't think that there is a whole lot of confidence in Alberta right now that that process will unfold with transparency and with

accountability. To be told: “We’re going to take this out of the act. We’re just going to scratch the whole thing” and “oh, it’s okay; we’ve placed in a requirement for us to post it online when we’re done” – not good enough. Not good enough. If this is a government that wants to rebuild trust with Albertans, that is not going to cut it.

Now, the bill will come into effect in the fall of 2025, and sometime after that new requirements regarding residential addiction treatment service providers and services will be posted online, likely, as I said, without great fanfare and certainly without any real public scrutiny or transparent debate. So I’d like to ask the minister here what those standards will contain. We’ve had a little bit of a glimpse, three different categories of bed-based treatment, detox, high-risk treatment, and low-risk recovery beds. But I have some other very important details that I’d like to confirm both for the service operators, the people who work there, the residents who will require those services, and their loved ones.

To the minister: will there be a written policy and procedure respecting consent to services and service contracts? Will there be definitions related to critical incidents, and will there be a requirement to report critical incidents for a period of time after a service ceases? Will there be a policy and procedure that requires a criminal record check for employees? What will be the policy and procedure for record creation, maintenance, and retention? That is the content that was in the Mental Health Services Protection Act before today, and it has now been entirely removed. We need to have some assurances that those kinds of checks and balances will in fact be contained in the subsequent standards and regulations that will eventually be rolled out and posted somewhere.

Certainly, moving standards from the act to the regulation is a consolidation of power and control by this government. It tracks, Madam Speaker. We’ve seen it over and over and over again. We have heard most members opposite laud themselves on the innovative, world-class Alberta recovery model, encouraging jurisdictions across Canada and around the world that Alberta is the place to look to for its innovative, groundbreaking approach to mental health and addiction services, yet they have made it even harder to actually understand and, for some places, maybe even replicate what’s happening here. For a government that lauds itself so much on this world-class program and service, they sure make a lot of decisions behind closed doors, not here in the Chamber where the conversation belongs given the crisis we know this province has been under for such a very, very long time.

Bill 37, the Mental Health Services Protection Amendment Act, 2025, further consolidates power and control in the hands of the minister by establishing the framework for the future creation of ministerial standards and ministerial exemptions. Generally that’s pretty concerning, but specifically there’s one point in particular that requires confirmation from the minister in these Chambers, and I trust he will provide a response here to the benefit of all of us in the House. Madam Speaker, here we go. In part 3 of the bill, General Provisions, section 24.1(1), this is where we see the amendment of the addition of ministerial exemption. I think this should be immensely concerning to anybody with a loved one who requires these services but also what this even means for other health care services. I’m going to read it out loud for the benefit of everybody here.

The Minister may, in relation to an individual who is being provided a service by a service provider or any other person, exempt the service provider or other person from the application of this Act, the regulations or a provision of this Act or the regulations, if the Minister determines that the exemption is necessary in consideration of any of the following:

- (a) the medical condition or treatment of the individual;
- (b) scientific or research purposes;
- (c) the public interest.

To the minister. I need your clarification. Albertans deserve a clarification. Does this mean that a service provider following the standards and regulations that they’re subject to per the act can waive those minimum standards and requirements for a specific individual receiving those services in that facility?

3:30

I hope I’m wrong, Madam Speaker. I hope I’m wrong, that, you know, I’m not misinterpreting this bill. I hope I’m wrong when I read and seek out the clarification from the minister that what this allows the minister to do is say: resident John Doe at ABC recovery – again, these are just hypothetical people, hypothetical places – I grant an exemption to the service provider to follow the minimum standards and requirements in the provision of care to that particular individual. What is the point of standards and regulations at all if the minister, with a swipe of his pen, can decide that an individual receiving that care does not require minimum commitments of quality of standard and regulation?

I was told in the bill briefing that these amendments were meant to create consistency for Albertans, to create consistency across those 130 facilities operating in this province, but now I’m reading that the minister may grant exemption for the medical condition or treatment of the individual for scientific or research purposes or for the public interest. Those are awfully broad categories, Madam Speaker. How can those exemptions assure Albertans of greater consistency across the system?

The only thing that the minister has to do to grant that exemption is that the order has to be made in writing, and it may be subject to any terms and conditions that the minister considers necessary. This does not put safety, accountability, minimum expectations around what people in those services deserve when it comes to minimum standards of care.

The minister just used an example of where an exemption can be applied: if a service provider can’t meet minimum standards of hours, well, then they can get an exemption to not meet them. In what world can you just say, “Sorry; I don’t think I can actually meet those licensing requirements and standards” so the minister can just say, “It’s okay; you don’t need them,” but that creates greater consistency for the people who are accessing those services?

Madam Speaker, I look forward to the response that the minister can provide to all of us in these Chambers in regard to that very problematic and troubling component of the exemptions, whether or not a specific individual in a facility cannot expect the minimum standards and requirements that would apply to everybody else in that space. I’d also like to know from the minister: if an exemption does in fact apply to that individual, then what standards and regulations will take that place? Does that individual not get any guarantees around the quality and minimum level of care that they’re going to receive?

I don’t need to remind anyone in these Chambers about just how incredibly dire and deadly substance use disorder can be, the vulnerability that takes place once a person is discharged from treatment, and the incredible, sometimes fatal, risks of going into detox without appropriate medical supports. A person can die from alcohol withdrawal without appropriate medical supports, Madam Speaker, and now we’re saying in this legislation, in this bill, in these amendments that it’s possible that that person will not be promised a minimum level of care when they go in under such incredibly vulnerable circumstances. So if not these standards and regulations, then which ones if an individual has been subject to the exemptions?

The Alberta recovery model has been celebrated by the UCP, Madam Speaker, since before I stood in these Chambers for the first time, yet they have now laid the foundation for exemptions to the

facilities that are the north star of the Alberta recovery model. They have granted themselves a consolidated capacity to maximize differences, not create greater consistency, in the requirements of service delivery. If a place can't meet minimum service hours, they can be granted an exception. Like I said, I'm not clear on what the point of the whole process is in that case, when they have such incredible flexibility in granting those exemptions to different places.

I'll be honest. You know, those really are the biggest concerns that I have with Bill 37, the Mental Health Services Protection Amendment Act. It's those pieces around the requirements of service providers being removed completely from the legislation, with government just saying: "Trust us. Yes, of course, these were requirements that were important enough to require legislative debate when the bill first was passed, but at this point it's okay. We've got it." Not good enough, Madam Speaker.

And then, certainly, the addition that establishes the possibility of exemption and the possibility of ministerial standards is also of great concern, and as I mentioned, I trust that those responses will be coming to these Chambers so that we can make sure that we are on the same page about what people can expect when they sign up a loved one or when they have to sign up themselves to access support for their substance use disorder.

You know, the changes in the name, the changes in the regulation that applies to those I think are not particularly noteworthy.

But I do note in this legislation that there's actually nothing that talks about employment standards for the people who go to work in these facilities every single day. Multiple times in these Chambers I have raised my deep concern that there is no regulation for counselling therapists. Many months ago the minister made a commitment that counselling therapists would now be regulated by the College of Alberta Psychologists; I have heard neither hide nor hair about whether that has made any progress at all, though I can certainly assure Albertans that counselling therapists remain completely unregulated. Not even on the radar is conversation about addiction counsellors and child and youth care counsellors in this province.

The people who are going to work every day, many of whom are not regulated, many of whom are not well paid, to provide care for people requiring addiction and mental health supports are, increasingly, trained, certified, and employed by a single service provider here in Alberta. Those are recovery coaches with minimal – minimal – training, minimal oversight. The clients are folks who potentially have decades of trauma, mental illness, increasingly, Madam Speaker, brain injury as a result of multiple overdoses, and we're going to ask somebody with five days of training as a recovery coach to provide that kind of day-in, day-out service for up to a year in a recovery community? There's nothing in here. If we're going to be the world-class service provider that we claim to be, if the UCP can truly speak with confidence about the quality and the calibre of our Alberta recovery model, then why on earth would this legislation not include greater transparency around the regulatory environment for professionals in this space? We have the Centre of Recovery Excellence that itself is doing work around standards and requirements for different aspects of the Alberta recovery model. Nothing in here. Again, that also happens completely out of the oversight of what we talk about and what we debate on behalf of Albertans in here every single day. So I struggle; I struggle immensely to understand the... [Member Eremenko's speaking time expired]

Thank you.

The Deputy Speaker: Are there others wishing to join the debate? The hon. Member for Cypress-Medicine Hat.

Mr. Wright: Thank you, Madam Speaker, and I really want to thank the Minister of Mental Health and Addiction for giving this opportunity for us to have a conversation around such an important topic like mental health and addiction.

3:40

I wanted to take a few minutes before I get into my speech to talk a bit about the journey of one of my friends. Earlier this month my friend actually celebrated 18 months of sobriety because somebody believed that recovery was an option for him. Now, this individual hit a very low place with a very strong intervention that happened. You see, he was struggling with alcoholism so badly that he would go to Costco and he would buy two Costco-sized bottles and finish them; he would do that almost daily. But before he could get to that point of breaking that cycle, there were people that came around him, that loved him so much, to stop him from being where he was stuck. Earlier this month, like I said earlier, he celebrated 18 months of sobriety.

Recovery is an option for everyone. It's saying that we unconditionally love people and we love them so much that we will help them out of the trauma they're in. This is a critical topic for so many Albertans, Madam Speaker. Mental health and addiction is something that I have been a very large advocate for, to be able to get new changes and ideas and thought processes and ways that we can help individuals.

Within my community of Cypress-Medicine Hat we held four community mental health summits. The first one started off very small; we had seven organizations, with 15 individuals, in my office, and we were talking about gaps in mental health services within our community. From that we actually had two programs that came from local organizations helping local folks around mental health and addiction. This government through Recovery Alberta has been able to fund those programs to fill gaps.

For the second one we had almost 50 people from about 35 organizations, and we had a specific recovery focus. From that meeting, I was very thankful that the Premier and the minister attended that summit, that they could hear first-hand the needs, the challenges of our front-line folks helping in this space.

We continued on growing these mental health summits to our most recent one that had over 100 people showing up, tearing down the walls, the silos to be able to see what resources were in the community, share best practices, and help folks. That's the crux of all of this, helping individuals. I'd like to thank the Minister of Mental Health and Addiction and all of those involved in the ongoing efforts to address this crisis.

This was even a topic of conversation when we were down in the Oregon State Capitol with the Pacific Northwest Economic Region. We met with a number of state representatives and Senators down there, and the Alberta recovery model became a topic of conversation that almost took over the few days we were down there. See, Oregon is experiencing an absolute crisis when it comes to addiction, especially in the Portland area. Folks that were representing their constituents were so enthralled with what was going on here in Alberta; they were blown away by our year-over-year opioid deaths. Well, they have year-over-year-over-year-over-year increases. Albertans experiencing mental health and addiction challenges deserve the best care possible, and we're going to provide that through this act. Our folks south of the border want to hear it.

The amendments to the Mental Health Services Protection Act would provide a flexible response to complex needs. It's going to establish three types of bed-based addiction treatment services subject to separate licensing standards. It's going to be authorizing the Minister of Mental Health and Addiction to allow certain

persons and services to be exempt from the act on a unique, case-by-case basis, and that's important. It cannot be a one-size-fits-all solution because everybody's recovery journey is different.

Making administrative amendments such as languaging updates: in July 2024 Alberta's government signalled its intent to update the standards for bed-based addiction treatment services in spring 2025 to significantly improve the quality and safety of care for Albertans in detox or treatment services. Our government wants to ensure our response closes the loop for Albertans going through crisis, with the Alberta recovery model focusing on prevention, intervention, treatment, and recovery.

But this is an ask even found outside of these Chambers. In fact, just in the *Edmonton Journal* there was a letter written to the *Journal* by an Edmonton resident, and he points out the positives that this act is going to bring forward and even goes on to say: addiction leads to a cascade of issues, including increases in crime behaviour and soaring costs to health care systems; helping those who either cannot or will not help themselves is an approach that is clearly worth attempting. I'll table that tomorrow, Madam Speaker.

The Mental Health Services Protection Act was originally passed in 2018. The legislative framework currently consists of the act, the mental health services protection regulation, and four sets of standards created under the regulation. Four services are currently licensed under the act: narcotics transition services; drug consumption services, currently licensed as supervised consumption services; bed-based addiction treatment services, currently licensed as residential addiction treatment services; and psychedelic drug treatment services.

Addictions continue to negatively impact so many Albertans both societally and economically: \$7 billion related to health care costs, productivity, and justice costs within our province alone. It's estimated that 20 per cent of Albertans will have accessed addictions and mental health services in their life. The Centre for Addiction and Mental Health, based in Toronto, actually shows that 1 in 2 Canadians will experience mental health or addiction-related challenges before the age of 50. This is an important issue that we need to continue to push forward on, opening up access to recovery-based services to help people live their best lives.

When we take a look at some of the stats that are out there on the return on investment: for every dollar spent, there is a potential return of \$4 to \$7, which can be even increased to \$12 when you factor in health care costs.

Now, I want to share a little bit about a story that my family experienced this summer, just on the health care side of things. It was the middle of August, and there was such a run on addiction overdoses in Medicine Hat, where my wife had to take my daughter because, bless her heart, five-year-olds do some really silly things sometimes. She ended up shoving a whole bunch of candies up her nose, and my wife took her to the hospital. Their wait in the hospital: the number of overdoses and individuals suffering from some of the other symptoms related to homelessness had the ER full, and my wife and daughter were there for eight and a half hours.

3:50

Evidence and best practices emphasize the importance of differentiating service types based upon clients' needs and severity, and that could have been experienced, again, in that situation with my wife there at the hospital. Had we had additional avenues to be able to support these folks, then we wouldn't see the run on our hospital rooms, on our ERs.

The American Society of Addiction Medicine criteria matches service intensity for bed-based services to clients' needs. It also highlights and is endorsed by U.S. states, including Connecticut,

Virginia, California, Pennsylvania, to provide bed-based treatment for individuals experiencing addiction.

Compassionate intervention is, you know, something that we are going to continue to hear both sides of the issues, where there are concerns that it's necessary and concerns that it could potentially lead to other additional challenges. But, again, it's about supporting and finding the best path forward for individuals who may not be able to help themselves. It's supporting those who may cause harm to themselves or to others.

This act focuses on higher standards of care for Albertans who are accessing a broader range of addiction treatment supports. Folks need help, and it's our responsibility to ensure that we help them get that help. Our approach must be clear from start to finish. It's about prevention of addiction and creating a better experience with recovery. It's about closing the loop, setting up the strategy for long-term success, about keeping Albertans alive and reducing the burden of addiction for them.

Mitigation alone isn't enough. We aim for full and thriving lives for Albertans. Recovery is key. Asking tough questions is important to ensure that we are providing realistic answers and ensuring Albertans feel supported along their way down the path of recovery.

Thank you, Madam Speaker.

The Deputy Speaker: The hon. Member for Edmonton-City Centre.

Mr. Shepherd: Thank you, Madam Speaker. I appreciate the opportunity to rise and speak to Bill 37, the Mental Health Services Protection Amendment Act, 2025. This is a government that loves to make announcements and take credit, but when it comes to the actual work of governing, actually getting things done, following through, their record is one of abysmal failure.

This isn't a government that's worked to build a thoughtful, evidence-based, systemic program to treat substance use, to support people who are struggling with their mental health and actually address and resolve the issues that drive that. This is a government that, frankly, in my view, has largely spent the last six years lurching from crisis to crisis, driven by ideology, an interest in grandstanding over actual action, an interest, it seems, in increasing private control over what should be public health services, a government that largely turned a blind eye to skyrocketing drug poisoning deaths in the midst of the pandemic and the years following, many of them here on the streets of my constituency.

It's a government that's made next to no difference, and that's not just me saying that. That's the folks I talk to, working on the front lines in my communities. Next to no difference in six years in actually helping those most in need. As I said, I've seen the evidence. I've heard it from the people who have been working on those front lines for decades here on the streets of our downtown here in Edmonton, in the communities that surround it.

After six years under the UCP people here in my constituency who live here, people who come to work here, people who come to visit here, feel less safe. This government loves to take credit. They love to make announcements, but they don't actually do the work, and Bill 37 is yet another example. What we've seen is that they're more interested in posturing and pushing ideology, seizing control, than actually taking action on concrete measures that would make a difference in our communities today. Instead, what we get is a suite of more promises about things that are going to be built and in place by 2029. Madam Speaker, we've been waiting six years for this government to do something that would make a difference today, and they haven't.

Just one example: you know, the minister rose and he spoke about the continual expansion of recovery communities across Alberta. What does that look like in reality, Madam Speaker? The

government: I've lost track of how many press conferences, press releases, announcements they made about their promise to build 11 recovery communities in the province of Alberta. Over the course of six years they've built three. Three out of 11: that is not the mark of a government that actually takes this crisis seriously, that is actually invested in stepping up to what it claims it wants to do.

The minister said that Albertans who are seeking mental health, addiction services need to know they can access the services they need when they need them at the highest level, but, as I said, what I hear from the people who are working on the front lines on the ground in this system, some for more than 20 years, is that after more than six years of the UCP government being in power, people who voluntarily want to seek help, want to go in for treatment, still face waits of up to six months to get in. After six years, Madam Speaker: again, that is not the mark of a government that actually takes this issue, this crisis seriously.

Talking with that same contact who's been doing this street-level work with people who use substances for over 20 years, they told me about the challenges people living without housing face getting into treatment, the same people that this government is talking about introducing their forced treatment legislation for. They talk about the challenges they face beyond the challenge of simply coming and asking for help and being told, "come back in six months," when they have no home, no address, no phone number.

He told me about the discrimination those folks can face when they actually arrive at treatment without having the chance to have a shower or get clean clothes. They told me unequivocally – I asked them directly: has there been, have you seen any material change in your ability to get these people help when they need it, when they ask for it after six years of this government? And they told me: no, the dial hasn't moved an inch.

Let me share the story of one of my constituents. X came to my office, and he shared that he called an ambulance for his partner, J, on Family Day of last year, Monday, February 19, because he was extremely sick. His partner, J, suffered from alcoholism. He tried to get off alcohol without medical supervision. He ended up having seizures. He couldn't walk or stand. His hands were shaking. It took three days for J to be admitted at emergencies, because this government also fails to take the crisis in health care seriously. They like to make announcements, they like to take credit, but we have longer wait times in our emergency rooms now than when they came into power.

After J was admitted, he came back home a week later. No plan was made for him on discharge. The social worker at the hospital wasn't able to suggest anything or make any connections. His partner, X, didn't get a chance to speak to any doctor at the hospital to ask for advice on how to deal with the situation. J had two seizures that night.

He had to wait a week to get an appointment with his family doctor, because, again, this government likes to make announcements and take credit, but they are not making any material difference in actually getting Albertans access to a family doctor after six years in power. Instead, they've made it materially worse.

Two months later – two months – J was able to get into treatment. He was supposed to be there for three weeks. His stay was cut short by four days, and what J told us is that it was because it was during the Oilers playoffs, and he was asked to leave early to make room for individuals with addictions who were being taken off the streets to be placed temporarily where there was room, so he was asked to leave detox early.

We got an update later that year that J was not doing well and had in fact relapsed and the doctor was trying to get him a shorter long-term detox bed, but there were none available. Instead, they were

looking at sending him to B.C. Let's be clear, Madam Speaker. This is a gentleman dealing with alcoholism.

4:00

We have hundreds of thousands of people who are struggling with fentanyl and other opioids, substance use, again, who, when they want to get treatment, cannot get it. And this government is talking about laying down a framework now to force people into treatment when after six years they still cannot supply it to people at the standard that the minister himself just stated is his goal, that when people need it and they ask for it, it's available. That's the reality. What we have the minister introducing today now is amending standards and regulations for a system that's still woefully underresourced, nowhere close to meeting the level of need after six years of this government being in power.

[Mr. van Dijken in the chair]

Now, to be fair, the UCP have been spending money on this. We know they've spent millions of dollars on contracts with private treatment facilities and programs on which we have no line of sight. The Minister of Health stood, the Premier stood here today and said they have to get to the bottom of what's going on with AHS. After six years of them taking control of it, they don't know where the money is going and where the services are. They don't seem to have that concern with all of these private contractors they've signed up to provide treatment services that are not available when people need them. Those contracts are not visible to the public. There is no line of sight. There is no transparency. There is no accountability.

That is why, Mr. Speaker, we are calling for that public inquiry, because we need to know how deep the rot goes with this government. Are there the same kind of shady, bloated contracts being alleged to have taken place under this Health minister, alleged under the political interference as high as the chief of staff in the Premier's office? Is that happening in Mental Health and Addiction, too?

Ultimately, the minister says these are changes he has to make to be able to build a system that will ensure Albertans who are seeking mental health and addiction services can access them when they need them, at the highest standards. One of my questions, Mr. Speaker, then, is: why has it taken this government six years to get there? Again, this does not indicate a government that has been thoughtfully and carefully building a system to take care of the issue. This shows that this is a government that has been lurching from one issue to the other, one piece here, one piece there, backfilling, and now suddenly coming forward with these regulations for a piece of legislation that, frankly, is the nuclear option when it comes to helping people who are struggling with substance use. Providing voluntary treatment is the first step. This government cannot credibly do that on demand, and they are working and laying the groundwork today to progress towards forcing people into treatment that they can't access willingly.

Now, my colleague from Calgary-Currie raised several valid concerns about the kinds of powers this government is awarding itself and the minister. Again, Mr. Speaker, this is a pattern we have seen with this government going all the way back to Bill 10 during the pandemic, where they awarded themselves through legislation the ability to create new legislation, new regulation without setting foot in the Legislature. Extraordinary, unprecedented, and something they had to then form an entire committee with their members to rescind and take away because of the blowback they got from their own members only to come back here and do it again when they introduced their sovereignty act, and they had to walk that back and do an amendment to remove that, too. This is a government that continues to think it deserves extraordinary power

but continues to show that they cannot be trusted with it due to their incompetence and due to, now, if these allegations of what we are hearing around the corrupt care scandal is – because they are in fact involved in deep political interference.

Again, we have a record that this is a Premier that does get involved in political interference, because she was found guilty of attempting to interfere in a criminal case. This is the government that wants to give themselves extraordinary new power to provide exemptions and all sorts of other things on facilities where this government intends to send people against their will, all while, Mr. Speaker, this government has repeatedly refused to actually address the lowest hanging fruit.

Mr. Speaker, I've put out two years running a list of six, seven simple things this government could do today that would make a material difference in my community for the folks that are struggling with substance use. The fact is if you send someone in for treatment, you need to have something for them afterwards. Where are the treatments and supports for J, my constituent I was speaking of? He has not been able to access support, counselling, therapy, things that help him deal with his mental health challenges that drive him to drink.

Again, this is a government that loves making the big announcements. They love taking credit for things that actually often don't have anything to do with them, but they don't want to make these simple investments in housing, in actual mental health supports, in wraparound supports, in permanent supportive housing, fixing the issues in the shelter system. This is a government that doesn't even want to report on the numbers because they know that they show how bad the job is they're doing. Over 5,000 people now in Edmonton living without housing, many of them struggling with substance use. This government's response is to award themselves more power.

I think we're going to have much more to say about this bill. This is new to us. We're going to have to dig a little deeper, understand it a little better, and I know we're going to have a lot of conversation in the months to come. What I will say, Mr. Speaker, is this is not a government that has earned the trust of Albertans to be taking these steps.

Thank you.

The Acting Speaker: Thank you.

The Member for Red Deer-South has risen to speak.

Mr. Stephan: Thank you, Mr. Speaker. Well, I've heard a lot of negative talk there, a lot of NDP frowny faces, but recovery is something that is joyous and positive, and I appreciate my colleague from Cypress-Medicine Hat sharing a funny yet serious story about the needs of our neighbours who are suffering under addictions. We need to help love and support them to move towards recovery.

Bill 37 amends the Mental Health Services Protection Act, and the overarching purpose of the amendments is to strengthen and expand recovery for those suffering under mental health and addictions, including through having different standards for different addiction recovery needs. Now, this is enabling legislation, and the detail will be in the regulations, which can evolve and improve with learnings over time. But as this bill supports and enables greater recovery, I support this bill. The reason why, Mr. Speaker, is I love recovery. Recovery is a wonderful and a beautiful thing.

I'll share with you something that I've been able to experience over the last two Christmases. Mr. Speaker, we have two recovery communities in Red Deer, one of which the government constructed just a couple of years ago north of Red Deer, and I love going at Christmas and meeting the individuals who are taking

courageous, hard steps in seeking recovery. I would invite anyone, any member in this House, if they have the opportunity, to visit a recovery community and to offer their support and love to these men and women, who are undertaking really positive steps that not only will bless themselves but also their families and our communities. It's such a wonderful thing.

4:10

I had the opportunity to visit these recoveries, and it's an annual tradition that I love doing. They don't ask; I just want to do it. It's something that I love doing. I love celebrating the Christmas spirit and bringing doughnuts to these great individuals. But, also, it's just staying: staying and visiting and learning about their unique recovery journeys. Some of these men and women do come from very difficult and challenging backgrounds. You know, some are very hard. But something that I am inspired by, if you've ever had the experience to go to one of these recovery communities – and I again encourage everyone to do that – is that there's a great, wonderful culture there. They love and support each other notwithstanding the very different backgrounds that many of them come from. They love and support each other in their unique journeys towards recovery, and it is just such a wonderful thing to do.

I will say this. In the recovery communities there is a very special feeling there. I've thought about what that feeling is. You know what that feeling is, Mr. Speaker? It's hope. It's hope for these men and women who may not have felt much hope in their lives. They feel hope. They see a transformation, something happening inside of them. They feel it, and they're excited about it, and there is hope. These are very special places, where miracles are occurring.

Now, in Red Deer we also have a Dream Centre, and it was modelled and inspired by the Calgary Dream Centre. The Dream Centre in Red Deer wasn't built by government; it was built by families and individuals with a desire to love and serve those choosing recovery. Now, the Dream Centre is a little bit different than the government-constructed recovery community. While the Dream Centre accepts all, believers or nonbelievers, their underpinning faith and culture is that complete recovery is through Jesus Christ. Again, there are miracles that occur not only at the Dream Centre recovery but also the one that the government has constructed.

One of the best miracles that we see is when individuals have positive change in their life. It is a miracle. Isn't it a wonderful miracle to see that? It's one of the most positive experiences I've seen as an MLA, seeing these men and women make these courageous and positive changes in their lives and choosing recovery. In both of the recovery communities there is a change of heart, and it's a wonderful miracle whenever we make meaningful, positive changes in our lives. It is one of the best things to witness and to experience. What a wonderful service, what a labour of love undertaken by many of these great men and women who serve and work in these recovery communities.

Now, I want to contrast the hope with drug consumption sites. There is no hope with drug sites. Drug sites undermine and work in opposition to recovery. It sets up a House that is divided against itself. If your neighbour was drowning in filthy waters, would you row a boat out and do nothing, watching your neighbour flail beside you in filthy waters, and just before he was about to go under, grab his hair as they were about to be drowned? Then, Mr. Speaker, gasping for air, would you let him go so that he resumes flailing in the filthy waters? What if you kept doing that bizarre thing? What would those on shore think? They would think that is very dumb.

What is the smart thing to do? Get them out of filthy waters. That is the smart thing to do. We do not need men and women drowning

in the filthy waters of addiction; we need recovery. We do not need drug sites to keep them in filthy waters. Mr. Speaker, you are a parent. As a parent if your child was suffering under addiction, would you take them to a drug site? No; you would love and support them to recovery.

The drug site has been in Red Deer for years, and its impacts are evident for all to see. Let's speak honestly and plainly. The truth is that drug sites facilitate growing lawlessness, including embedding and emboldening criminal elements, which either abuse the drug site or prey on those living in addictions, some of whom support addiction lifestyles through stealing or robbing businesses and families and communities.

In Red Deer there is an exodus of businesses from our downtown. I have seen it. There is too much stealing, too much vandalizing, too much uncertainty for our local businesses, their employees, and customers. Mr. Speaker, I have personally visited nearby businesses in the proximity of the Red Deer NDP drug site. They talk about being trapped in leases, in purchased buildings, or in buildings that they purchased in good faith only to have the NDP force their drug site into Red Deer. Some of those businesses have gone out of business. Some have left. Many moved to Red Deer county, and you know what Red Deer county does with their addicted? They send them to the Red Deer drug site, and it's not just Red Deer county. That's the truth, Mr. Speaker. The impact of drug sites on Red Deer has been horrible. It has resulted in a hollowing out.

Drug sites cause great collateral damage to businesses and individuals in our community seeking to live their lives, working and raising their families. Mr. Speaker, there should be no drug sites in Alberta. Alberta should seek to support those seeking recovery from addiction through recovery. Alberta should not enable those choosing to live in addiction. That is the right way.

Mr. Speaker, Alberta leads in many good ways. Wouldn't it be wonderful to have no stupid, law-breaking drug sites in Alberta? Yes. Red Deer city council, listening to the vast majority of its citizens and businesses, passed a motion to get rid of the NDP drug site. Good for them. This government has listened to Red Deer city council and said they will remove the drug site. That is their job, to listen to Albertans.

Yet some are seeking to use the Charter as a sword to protect law-breaking. The Charter was supposed to be a shield against government abusing their power. Ironically, some activist judges have abused their own powers and sought to substitute their own biases and woke views on drug sites, and they are not staying in their lane.

Judges are not elected. They are not accountable to Alberta taxpayers. I would invite these judges to consider the rights of those business owners who have businesses seeking to support their families while they sit in comfort and in their legal ivory towers. I would invite them to consider the collateral consequences of their decisions. What about the rights of business owners, the rights of communities? What about the loss of life savings of those business owners in the proximity of these drug sites? If judges persist in poor judgment, they will lose the respect of the public. Our foundational laws will invite contempt. Mr. Speaker, I do not want to see that. I want to see our institutions trusted and respected. If activist judges fail in their stewardships to serve the public interest and fail to stay in their lane, this government should use the notwithstanding clause to resist the abuse of activist judges.

4:20

Now, Mr. Speaker, sometimes addictions can become so powerful that individuals are robbed of their own agency and they become slaves to addictions and are not free. While government can intervene and force abstinence, recovery cannot be forced. Recovery is a choice. It is not achieved by merely the changing of environment; it occurs only from the inside out. Prevention is better than cure. It begins in families. It is home centred and government

supported. Families are the foundation of our society. We want governments to support parents to teach emotional resilience for themselves and their children so that when life brings about adversity, they seek to cope with these challenges in healthy, positive ways. Yet sometimes prevention does not occur, and the only cure is recovery at that point.

Thank you, Mr. Speaker.

The Acting Speaker: I recognize the Member for Edmonton-Rutherford.

Member Calahoo Stonehouse: Thank you, Mr. Speaker. It's an honour to stand up and speak to Bill 37, Mental Health Services Protection Amendment Act, 2025. I find it ironic that the Premier's chief of staff, Marshall Smith, who's often called the architect of Alberta's recovery model, is in fact the architect of Alberta's recovery model. A White man who overcame his cocaine addiction is now going to have the answers for all Albertans who battle addictions.

This is not a trauma-informed, research- and evidence-based decision-making choice. This is about a particular person's journey through recovery. There is so much peer-reviewed evidence about using culturally based relevant centres when we talk about trauma-informed, evidence-based decision-making, harm reduction, culturally relevant supportive services.

I find it insulting that the member across the hall talks about their visit to the treatment centres, that it is beautiful and joyous and positive to see recovery, that this is a wonderful thing. Recovery is painful. It is excruciating. It breaks families, and it devastates communities. How dare you talk about recovery as a place to visit with doughnuts.

Mr. Schow: Point of order.

The Acting Speaker: Point of order. Please be seated. Thank you.

It is important to recognize decorum in the Chamber is managed through speaking through the chair as opposed to identifying other individuals within the room, so I would encourage the member to continue to speak but speak through the chair without identifying others within the room particularly.

Member Calahoo Stonehouse: Thank you, Mr. Speaker. My apologies for identifying the member.

This is exceptionally dangerous. When we talk about when you take things out of legislation, it means it's not going to be law anymore, and this is going to be detrimental to individuals who are in recovery. Having standards and levels that are law is going to ensure that people are protected when they are in recovery.

I have heard also that we want to see Albertans live their best lives. I've also heard in this House that we want – you talked about visiting hospitals and that there was homelessness that was occupying the space rather than seeing children who might be in crisis. Then let's help Albertans live their best lives and build houses, not recovery centres that are going to hold people against their will.

What also is very concerning is that former UCP minister Peter Guthrie resigned because of his concerns about procurement.

Mr. Schow: Point of order.

The Acting Speaker: A point of order has been called.

Point of Order

Referring to Members by Name

Mr. Schow: Not the member's first day on this job, Mr. Speaker. You can't use a sitting member of this Chamber's name in the Chamber.

The Acting Speaker: Go ahead.

Member Calahoo Stonehouse: My apologies, Mr. Speaker.

Debate Continued

Member Calahoo Stonehouse: A former UCP minister resigned because of his concern about procurement contracts. How is it possible that some of these procurement practices that are being done with Alberta Health Services are now part of Mental Health and Addiction and we are not calling for a public inquiry? This must be done.

We want Alberta to be safe for everyone. We also do not want to see overdoses on the streets. We also want to ensure that kids and businesses are safe and that extracurricular activities are healthy and Albertans are thriving, which is why we want to ensure that recovery has standards and regulations that ensure the safety and the quality of services provided to consumers of these services are regulated, that they are safe, and that they are following the legislation. This legislation proposes to remove that, putting people in jeopardy.

Best practices means we should be looking at models around the world. There are other models – let's look at the Portuguese model – where we look at housing individuals and having wraparound support services. This is what we need to do.

These three levels of base treatment, the withdrawal management, medically supervised service, substance withdrawal, intensive treatment, secured residential care for addiction, for high-risk, nonintensive recovery, less intensive treatment: none of these have had Indigenous consultation. None of these are Indigenous led. When we look at the stats and the data of recovery, we know that Indigenous peoples predominantly make up our houseless population. They are also at higher rates of incarceration and, sadly, are overdosing and dying because of the opioid crisis. We are continuously burying people from our communities, from our nations, from our families without having any impact or voice in this legislation around how recovery will look for our relatives and for our people.

What is of serious concern is that the former chief of staff to the Premier built this framework and that he himself had not done the work of consultation, that this individual had not done the work of looking at the connection between trauma and recovery. We know that residential addiction services will become bed-based addiction services, and supervised consumption sites will become drug consumption sites.

Alberta has experienced record-breaking drug-related deaths year after year. This is very concerning to us as well. The Alberta Legislature passed Bill 3, which strengthened the opioid cost recovery lawsuit for manufacturers and distributors, consultants, that allowed the province to join a B.C. government lawsuit, a move that the Alberta New Democrats supported because we know what is necessary in the supporting of folks in the recovery journey.

Jason Kenney, the former Premier, promised a recovery centre down south. We have still yet to see those beds open for people to go on their recovery journey.

Again, are we going to see more empty promises from this government? How can Albertans trust this government to provide appropriate addictions care when they're embroiled in the worst health care scandal in our province's history?

4:30

You know, when I think about recovery, I think about my own family members and how important and integral it's been for our family, for our culture to be a part of their recovery. It is

excruciating when we think about the work that is in recovery, the patience, the love, the care that it takes to support someone who is going on Suboxone, the vomiting, the diarrhea, the restlessness, the sleepless nights, the impatience, the frustration. It's where folks need to be able to go pray with someone who prays in their language, to go smudge with the medicines that they need. They need to be able to be with people who understand and who resonate with their pain and what they are struggling with.

We know based on peer-reviewed evidence that people use opioids and such because they are sedating and medicating their trauma, so it is their trauma that we must be managing and dealing with. It's really important that we find the ways in which to house folks but not lock them up so that we ensure culturally relevant, supportive harm reduction strategies are implemented by Indigenous people for Indigenous people.

We've seen an increase of carfentanyl and fentanyl and methamphetamine since 2019 in our communities. It has represented 95 per cent of the related deaths, over 96 per cent of those deaths since 2022. Our people, my relatives make up 22 per cent of all the opioid deaths in Alberta since January to June of 2020. Amongst First Nations we have seen a 44 per cent from 2016 to 80 per cent increase of fentanyl poisonings up until 2022, and I'm sure it's even higher now. As a matter of fact, yesterday morning my cousin himself passed away from this. So I know very intimately and closely the impacts opioid addictions have on a family. I also am very clear what recovery is needed, and we haven't done that.

Let's be clear. This province has not invested in recovery centres. This province has invested in calls for service. We have invested in police calls, paramedic calls, hospital amputations. I think we had over 800 amputations. We have over 5,000 people living homeless, and now we're going to create a centre that moves people either into jails or into new treatment centres where you also cannot leave.

It's a choice for individuals struggling with their trauma, trying to invest in recovery to choose either jail or medical recovery that is also somewhat of a jail. This is very concerning, Mr. Speaker. Albertans cannot trust this new colossal framework. They cannot trust where this government is going. They cannot trust that they are looking at the best interests of folks who are struggling with addictions, and it is deeply concerning.

Will the minister table all the contracts for recovery, the therapeutic living units for the two compassionate intervention facilities? I think this is critical when we're talking about the greatest health care scandal in Alberta's history because we want to make sure Albertans can trust the UCP recovery model. So let's be up front and clear with the procurement process. Who is building the facilities? Who is going to be on each of the nations building these? Will there be any First Nations organizations building these facilities?

Will there be any First Nations nurses, doctors part of this process in the recovery? Will there be any First Nations janitors, cleaners in these facilities that will be housing First Nations peoples, treating First Nations in their addictions recovery? Will there be any First Nations therapists hired to do the work? These are all very important questions for this minister to answer.

This is a very delicate issue for all of us to deal with as we see the increase and the rise of addiction and we see the rise of violence. We know that domestic violence has increased over three times since COVID. We know that women and children are most vulnerable. Alberta has the highest rate of missing and murdered Indigenous women in the country, which means we have to ensure that these facilities of recovery are ensuring that Indigenous voices and Indigenous leadership are just as integral. Consultation is the law, and it must be upheld and integrated in this legislation.

Hay-hay. Nanaskamon. Thank you for your time, Mr. Speaker.

The Acting Speaker: Are there any others wishing to speak at this time? I will recognize the Government House Leader.

Mr. Schow: Thank you, Mr. Speaker. You know what? This is an incredibly important piece of legislation, and I want to take a very brief moment to recognize the minister for bringing it forward. I want to acknowledge his tireless work as the Minister of Mental Health and Addiction and his time spent in the community working with stakeholders to make sure he gets this right because there are lives at stake. There are only two ways out of the cycle of addiction. It's death and recovery, and we believe in recovery.

To hear the member opposite scream across the aisle and say that recovery is tearing apart families and recovery is a terrible thing – the member is wrong. The member is flat-out, patently wrong. Recovery is the way to healing. Addiction can tear families apart. It can destroy relationships. That is what is hurting the fabric of society.

We need strong families, Mr. Speaker. We need strong families to rally behind our people who are stuck in the cycle of addiction. Families have many different compositions. Sometimes that family extends beyond the walls of your own home and it means your community. So if there are members of the community who see one of their own stuck suffering, ailing from addiction, whatever that

may be, it is incumbent upon all of us to step in and be part of the solution.

Now, Mr. Speaker, I don't think there's a member in this Chamber who hasn't been personally affected or one of their loved ones been affected or a relative or someone they know by the throes of addiction. So we are well positioned as legislators to stand up in this Chamber, debate this legislation, and make sure we are doing our part.

Mr. Speaker, I applaud the Minister of Mental Health and Addiction. I applaud members on the government side for recognizing how important this is, and I appreciate some of the comments from the members opposite, but I condemn anyone who has the gall to rise in this Chamber and suggest that recovery is not the best path forward.

With that, Mr. Speaker, I move to adjourn debate.

[Motion to adjourn debate carried]

The Acting Speaker: The Government House Leader.

Mr. Schow: Thank you, Mr. Speaker. I believe we've had some robust and productive debate today, but at this moment I would like to move that the Assembly be adjourned until 1:30 p.m. tomorrow.

[Motion carried; the Assembly adjourned at 4:39 p.m.]

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