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4TH SESSION, 37TH PARLIAMENT

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Morning Sitting

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TUESDAY, NOVEMBER 25, 2003

The House met at 10:03 a.m.

Prayers.

Introductions by Members

A. Hamilton: Joining us in the House this morning are 35 grades 8 and 9 French immersion students accompanied by parents and their teacher, Ms. Josie Wallace, from Dunsmuir secondary school. Would the House please join me in giving them a warm welcome.

Orders of the Day

Hon. G. Collins: I call second reading of Bill 97.

Second Reading of Bills

MUNICIPALITIES ENABLING AND
VALIDATING (No. 3) AMENDMENT ACT, 2003

Hon. G. Abbott: I move that Bill 97 now be read for the second time. I am pleased to present the Municipalities Enabling and Validating (No. 3) Amendment Act, 2003, for second reading.

[1005]

This legislation addresses a technical error made when the district of North Vancouver entered into a partnership to build and operate an arena for their community five years ago. The error was not discovered until recently. The district of North Vancouver immediately proceeded to correct the procedural error by renegotiating the agreement with the partner company to comply with the Local Government Act. The district also worked to involve the electors in that action. Today, through the Municipalities Enabling and Validating (No. 3) Amendment Act, 2003, we can provide legal certainty for the period prior to that correction.

When reviewing requests of this kind regarding validating legislation, the ministry treats all local governments fairly through due process and the consideration of many factors, including the nature of the errors for which validation is being sought, the exceptional nature of legislation that reaches into the past and changes established legal rights and relationships, the nature of the risk to the municipality and their taxpayers if such legislation does not proceed, and the appropriate balance between that risk and the potential impact on established legal rights and relationships.

Today's amendment reflects the provincial government's commitment to working with local governments and ensuring they have appropriate tools to meet the needs of their communities and improve the day-to-day lives of their citizens for a stronger British Columbia. I ask that all members lend their support to this important piece of legislation.

R. Sultan: I would like to commend the minister for bringing forward this correction to an honest error that

was made in the municipality that I represent in this House. It has been a contentious situation through the fault of no one on the North Shore. I think the minister has stepped up to the plate and done the right thing to skate on side, if I can use that analogy of a skating arena — an awkward situation that caused great trouble for the municipality of the district of North Vancouver. I congratulate him on stepping in and using the powers available to him to correct this mistake, to let the people and the councillors of North Vancouver district get on with life. I can assure him and this House that I think the actions he's taking today have broad support in our community.

Motion approved.

Hon. G. Abbott: I move that Bill 97 be referred to a Committee of the Whole House to be considered at the next sitting of the House after today.

Bill 97, Municipalities Enabling and Validating (No. 3) Amendment Act, 2003, read a second time and referred to a Committee of the Whole House for consideration at the next sitting of the House after today.

Supplementary Estimates

Hon. G. Collins presented a message from Her Honour the Lieutenant-Governor: supplementary estimates (No. 2) for the fiscal year ending March 31, 2004.

Hon. G. Collins moved that the said message and the estimates accompanying the same be referred to Committee of Supply.

Motion approved.

Committee of Supply

The House in Committee of Supply B; H. Long in the chair.

The committee met at 10:09 a.m.

SUPPLEMENTARY ESTIMATES (No. 2)

On vote 5(S): officers of the Legislature — information and privacy commissioner, \$274,000.

[1010]

Hon. G. Collins: I can speak to this for a moment, if I can. This estimate is the result of a recommendation by a standing committee of the Legislature, the Finance Committee. One of the new roles we've given to the Finance Committee in British Columbia's Legislature is that of reviewing the budget plans and the service plans for the officers of the Legislature. Previously these budget plans and these service plans — if there were service plans — were something that was internal to the officers themselves. It was common that they

would come to the Treasury Board — either in person or just directly to the Minister of Finance — with their requests for a budget in any one year. The Minister of Finance made a determination on how much they would receive in their budget. One of the major reforms we've tried to put in place in an effort to ensure that those officers are not accountable to the government but, in fact, are accountable in every way possible to the members of the Legislature themselves is that we have now put in place a process whereby those officers present that to the Finance Committee of the Legislature.

There is also the opportunity — internal in mid-year — if there are budget pressures within a particular officer's budget, for them to request a hearing before the Finance Committee to discuss that. In this case, it's my understanding from the committee that in the legislation that was passed to bring in the private sector freedom of information, there were going to be greater duties applied to the officer — in this case, the information and privacy commissioner — and that would put budget pressure on his budget for this current fiscal year. That matter was referred to the committee, as you know. The committee had several meetings, I think, with the information officer — the commissioner — and they made a recommendation to this House in a report that was presented last week and was unanimously supported, I believe, by all members of the Legislature.

There are a couple of options that are available in order for the government to respond to that kind of report. One would be that I would appropriate those funds to the officer out of the contingencies budget. Again, I think that creates the wrong precedent and impression. The officer should not, in my opinion, be forced to come to the Minister of Finance for access to a contingencies budget but really should come back to his employer — all members of the Legislature — with that request.

I made it clear to the Chair of the committee that I would be presenting this supplemental estimate to deal with that appropriation, putting it before the House and letting the members vote accordingly whether they wanted to approve it or decline it, because it is a power that they have and not one that I think rests with me. I have presented that estimate to the House. I'm more than happy to take questions from members.

J. MacPhail: Thank you for that. I'm wondering whether... I haven't seen the legislation. Normally, the practice is that we get the legislation, and then we take a brief recess.

Interjection.

J. MacPhail: Okay. Thank you very much for that clarification. All I know is that normally you get a chance to look at something, and then questions are asked. Is that possible?

Hon. G. Collins: In fact, the process for introducing estimates and supplemental estimates in the House has

not changed. The vote is what is presented to the House. Members are more than welcome to see that. I read it, but it's essentially for \$275,000 to be voted appropriation for the information and privacy commissioner for this fiscal year.

J. MacPhail: What vote?

Hon. G. Collins: It's vote No. 5(S) — 5 supplemental. His vote is No. 5 in the estimates. This is supplemental to vote 5. One can look at that in the estimates. The normal process is that once the estimate is approved — if it's approved by the House — the committee rises and reports that out, and then there is a supplemental estimate bill that's presented to the House. The tradition in this House has been that the House would recess for a few moments to allow members to look at that, and then there is opportunity for discussion at that time.

B. Locke: I would like to make some brief comments about the supplementary estimate for the office of the information and privacy commissioner. The Select Standing Committee on Finance and Government Services, of which I am the Chair, met on October 29 with the information and privacy commissioner to consider his request for funding to cover the additional oversight duties assigned to his office under the new Personal Information Protection Act, which comes into force on January 1, 2004.

[1015]

The committee carefully and fully canvassed the commissioner's request for his funding at two subsequent meetings on November 3 and 4. All committee members in attendance were in agreement that the additional funding for a total of \$292,000 is necessary to enable the office of the information and privacy commissioner to carry out its additional statutory responsibilities under the province's new Personal Information Protection Act.

Based on our deliberations, the committee unanimously recommended to the House in its second report, tabled on November 4, that the information and privacy commissioner be granted a sum of \$292,000 for startup costs related to the implementation of the Personal Information Protection Act between January 1 and March 31, 2004. The House adopted the committee's report on this matter.

To clarify the committee's intentions, the recommended amount of \$292,000 covers both the operational expenses of \$274,000 and capital costs of \$18,000 for the remainder of the current fiscal year only. The committee expects that the information and privacy commissioner will return any unused portion of the appropriation to the Minister of Finance by March 31, 2004.

Furthermore, the committee has been meeting recently with the information and privacy commissioner to consider his request for funding for his office, including this new function for the fiscal year commencing

ing April 1, 2004, and will report to the House on the matter soon.

The Chair: The Leader of the Opposition on vote 5(S).

J. MacPhail: This is the first time I've seen the estimate. While the Minister of Finance is saying nothing has changed, I have never been in this Legislature where I have not seen the estimate until it's been opened up for debate. I just want to make that clear.

I do appreciate very much the Table giving me this information now. I'm wondering whether, Mr. Chair, I could have a five-minute recess to look at this, please.

Hon. G. Collins: I think if the member goes back and recalls when other supplemental estimates have been introduced, she'll find that the form is no different. However, I am pleased to agree to a five-minute recess if she would like that.

The Chair: The committee stands recessed for five minutes.

The committee recessed from 10:20 a.m. to 10:25 a.m.

[H. Long in the chair.]

J. MacPhail: Thank you, Mr. Chair, for the recess. I appreciate it. I want to put some things on the record just for clarification.

Through to the Minister of Finance, I note that even though it's vote 5, he's presented it as the summary of estimates No. 2. Would he mind just giving the House an explanation of that? I'm referring to the document that's entitled supplementary estimate No. 2. It appears to me, even though we are debating — and this is so people can understand this process — a change simply to vote 5, which allocates funding for the information and privacy commissioner, it is summarized in the form of estimates No. 2. Perhaps the minister could give an explanation of that.

Hon. G. Collins: I apologize. I'm not understanding the question from the member. What we are doing is adding an appropriation of \$274,000 to the information and privacy commissioner. This is supplementary estimates No. 2. There was a previous supplemental estimate in the spring session that dealt with the flow-through of the additional funding that came from the federal government for health care. It was, as it says, \$319.4 million.

That was what we received from the federal government as a result of the health accord that the Premiers and the Prime Minister agreed to. We made a commitment that the money would all be put into the health care system. We did that in supplementary estimates No. 1. This is supplementary estimates No. 2 for \$274,000.

If one looks at what the total consolidated revenue fund expenses are for this year as a result of the budget — of supplementary estimates No. 1, which dealt with health care, and supplementary estimates No. 2 — it's \$25,353,674,000. I think that answers her question, but if I'm answering the wrong question, I'm glad to provide another answer.

J. MacPhail: No. I'm aware it's supplementary estimates No. 2, but it's summarized in a form of the estimates 2. In other words, Mr. Chair.... This is just for public edification. That's all. Estimates 1 in the original estimates book deals with vote 1. Estimates 2 in the estimates book deals with, I assume.... Mr. Chair, I'll just finish my question.

Estimates 2, as it's presented here, deals with not only the information and privacy commissioners but the officers of the Legislature. I'm trying to give comfort to people there who may think there is something being affected here other than just the information and privacy commissioner. I know there isn't, because of the way the original estimates are presented as a package under estimates 2 in the original estimates. This, I assume, is just being repeated here, but the other officers of the Legislature remain unaffected from the original estimate.

[1030]

Hon. G. Collins: That's correct.

J. MacPhail: In terms of the capital expenditures listed in estimates 2 and then changed by the second supplementary estimates, there is an addition of \$18,000. Have the Finance officials...? Is the minister aware whether the Finance officials of his ministry have clarified the expenditure of that with the office of the privacy commissioner?

Hon. G. Collins: What this estimate does is reflect the unanimous recommendation and passage of the report that came from the Finance Committee. Finance officials have taken the recommendation of that committee, of which that member is a member, and provided for a supplemental estimate in order to accommodate that recommendation. I expect the officer himself is well aware of it, and Finance officials are certainly well aware of it, because they prepared the estimate.

J. MacPhail: Yes. I was just trying to.... Of course, this — the discussions we had around this matter — is all on the public record through *Hansard*, but there was some confusion about the allocation between operating and capital expenditure. The matter was supposed to be determined by the Finance officials, and I'm just asking for clarification on that.

Hon. G. Collins: She would know more about the details of the debate of the Finance Committee than I, but I do know that this is an accurate reflection of the

way the appropriation needs to be presented as a result of the recommendation from the Finance Committee.

J. MacPhail: Thanks very much. Well, I hope it all got worked out. The estimated statement of operations — the financial transactions, capital expenditures, schedule.... I'll list the schedules: schedule D(S), schedule I(S). Those have been added to the supplementary estimates No. 2. When was this information last updated?

Hon. G. Collins: My understanding is that it was updated the last time we did a supplemental estimate, which was earlier in this session in the spring.

J. MacPhail: So just to be clear, the information that's been added from the original budget that was tabled in February only includes the changes to the \$319 million — I think it was — to the Ministry of Health and now \$274,000 to vote 5. Otherwise, all of the other information is as it was tabled in the original budget of February of '03?

Hon. G. Collins: Yes, because the House hasn't passed anything else. We passed the budget. We passed one supplemental estimate, which dealt with health care. Now we are hoping to pass an additional supplemental estimate for the information and privacy commissioner. All other numbers should be the same.

J. MacPhail: My last question is: when is the minister going to table the second quarter report?

Hon. G. Collins: It is normally done — or at least, it's been done since we've been in office — towards the end of November. I expect it will be done towards the end of November, which is pretty imminent — within days.

J. MacPhail: Yes. In fact, is that mandated by legislation?

Hon. G. Collins: No, it's not mandated by legislation. There is a requirement under the act that public accounts be completed by a certain date. For the quarterlies there is none, but I have tried to set up a schedule and stick to that schedule.

J. MacPhail: I appreciate it that we will be getting that information before the end of this month. Thanks very much.

Vote 5(S) approved.

Hon. G. Collins: I move the committee rise and report resolution.

Motion approved.

The committee rose at 10:34 a.m.

The House resumed; Mr. Speaker in the chair.

Committee of Supply B reported resolution.

Mr. Speaker: When shall the report be considered?

Hon. G. Collins: Forthwith, Mr. Speaker.

[1035]

Motion approved.

Hon. G. Collins: I move that the report of resolution from the Committee of Supply on November 25, 2003, be now received, taken as read and agreed to.

Motion approved.

Hon. G. Collins: I move that there be granted from and out of the consolidated revenue fund the sum of \$274,000. This sum is in addition to that authorized to be paid under section 1 of the Supply Act, 2003-2004, and is granted to Her Majesty towards defraying the charges and expenses of the public service of the province for the fiscal year ending March 31, 2004.

Motion approved.

Hon. G. Collins: I move that there be granted from and out of the consolidated revenue fund the sum of \$18,000. This sum is in addition to that authorized to be paid under section 2 of the Supply Act, 2003-2004, and is granted to Her Majesty towards defraying the capital expenditure requirements of the province for the fiscal year ending March 31, 2004.

Motion approved.

Hon. G. Collins: I am advised that, in fact, earlier when I stated the quarterly report was not in legislation, it is. It's on or before the end of November. I'm sure the House will be done before then.

Introduction and First Reading of Bills

SUPPLY ACT, 2003-2004 (SUPPLEMENTARY ESTIMATES No. 2)

Hon. G. Collins presented a message from Her Honour the Lieutenant-Governor: a bill intituled Supply Act, 2003-2004 (Supplementary Estimates No. 2).

Hon. G. Collins: I move that the bill be introduced and read a first time now.

Motion approved.

Mr. Speaker: Hon. members, I would ask that everyone remain in their seats for just a few moments while the bill is being circulated.

[1040]

Hon. G. Collins: The use of supplementary estimates is consistent with the spirit of the Budget Transparency and Accountability Act. This supply bill is introduced to provide supply for the operation of government programs for the 2003-04 fiscal year as outlined in the supplementary estimates (No. 2) tabled earlier today.

The bill will provide the additional funds required to defray the charges and expenses of the public service of the province for the fiscal year ending March 31, 2004. In accordance with established practice, we provide an opportunity for members to look at the bill. I would move that this bill be moved through all three stages this day.

Mr. Speaker: Hon. members, in keeping with the practice of this House, the bill will be permitted to advance through all stages in one sitting.

Bill 98 introduced, read a first time and ordered to proceed to second reading forthwith.

Second Reading of Bills

SUPPLY ACT, 2003-2004
(SUPPLEMENTARY ESTIMATES No. 2)

Hon. G. Collins: I move that Bill 98 be now read a second time.

Motion approved.

Hon. G. Collins: I move now that the bill be referred to a Committee of the Whole House for consideration forthwith.

Bill 98, Supply Act, 2003-2004 (Supplementary Estimates No. 2), read a second time and referred to a Committee of the Whole House for consideration forthwith.

Committee of the Whole House

SUPPLY ACT, 2003-2004
(SUPPLEMENTARY ESTIMATES No. 2)

The House in Committee of the Whole (Section B) on Bill 98; H. Long in the chair.

The committee met at 10:41 a.m.

Sections 1 and 2 approved.

Schedules 1 and 2 approved.

Preamble approved.

Title approved.

Hon. G. Collins: I move the committee rise and report the bill complete without amendment.

Motion approved.

The committee rose at 10:42 a.m.

The House resumed; Mr. Speaker in the chair.

Report and Third Reading of Bills

Bill 98, Supply Act, 2003-2004 (Supplementary Estimates No. 2), reported complete without amendment, read a third time and passed.

Hon. G. Collins: I call Committee of the Whole for consideration of Bill 94.

Committee of the Whole House

HEALTH SECTOR PARTNERSHIPS
AGREEMENT ACT

The House in Committee of the Whole (Section B) on Bill 94; H. Long in the chair.

The committee met at 10:44 a.m.

Hon. G. Bruce: I'd just like to introduce the staff that are with me. I have Lee Doney, the Deputy Minister of Labour; Jan Rossley, the director of policy and legislation within the ministry shop; and Rudi van den Broek, the director of Partnerships B.C.

On section 1.

[1045]

J. MacPhail: This piece of legislation, as the opposition outlined in second reading, is as radical as we've seen — certainly as radical as we've seen since Bill 29 was introduced, Health and Social Services Delivery Improvement Act, chapter 2. Again, this government, particularly this minister, must take great pride in reaching extreme firsts. But this isn't a first — Bill 94. It's a continuation of the extremity of the Health and Social Services Delivery Improvement Act. We know it's an extension of that bill by the minister's own admission and by the definitions.

Here we have a situation where, depending on how you're defined in the great scheme of things, you can break a collective agreement. That's the position from which I want to explore the meaning of certain definitions. Can the minister please tell me, under section 1, what he has in mind as a designated private sector partner?

Hon. G. Bruce: The designated private sector partner is, in terms that may be best to understand.... You would have Health Co, who would be your public sector group — your health authorities — and you would have project co, which would be that grouping of private sector companies that would come together to be the actual private part of the P3, the public-private partnership. The designated private sector partner is

that individual company or grouping of companies which, as an entity, becomes the private sector partner of the public-private partnership.

J. MacPhail: Well, I wondered about this. What did the minister say — Health Co? That would be what we now know as our publicly funded system, and then private co would be the Liberal way of delivering health care.

In the definition of designated private sector partner, it says: "...means, in relation to a designated health care facility, the private sector partner referred to in section 2 (a)." So, this is the private sector partner that will provide capital and equipment. Give me some examples. Clearly, bringing in legislation like this can't just be because they're in such desperate straits about trying to find someone to bid on the MSA Hospital. What is the breadth of potential for a private sector partner? What has the minister actually contemplated?

Hon. G. Bruce: In the instance of the Abbotsford hospital, as an example, as we move ahead.... Let's be clear. I know you will keep going one direction and I'll keep coming in another direction, so we'll continue to make sure that our remarks are focused.

This is a public-private partnership, and this is the delivery of health care in a different way than what we've been used to. But as I mentioned in my comments earlier on, it is certain that if we continue in the same direction as we're going, we'll not be able to sustain the system — as the member opposite well knows in her role in the past as a Minister of Health.

[1050]

We are taking a public-private initiative here. We're taking the Abbotsford hospital and going to build it as a public-private initiative. That is an example of a facility of a hospital where we will bring together a group of partners who will build this facility. From the moment the foundation is poured and as it is created, that will become the property of the public. When it is completed, that private company — what I call the project co, the public-private partnership — which is part of that will have the licence to provide those non-clinical services. The actual facility is then in the hands of the public.

As an example of what I think you're looking for, the type of organization, there's the Healthcare Infrastructure Co. of Canada. It's composed of Borealis Infrastructure Management Inc., Carillion Canada Inc. and EllisDon Corp. That would be one entity that may come together. I'm not saying they are the entity. I'm just trying to give you an example, because I thought that's probably what you would be looking for as to what that type of structure may be.

J. MacPhail: It's partially what I'm looking for. EllisDon is a construction company. They're not going to be providing, even in the minister's own definition, non-clinical services, unless.... I don't know. Are we going to use a backhoe to do surgery now? I doubt it.

What kind of private sector partner will be in the system after the hospital is built?

The Chair: I imagine that's through the Chair, is it — directed to the minister?

J. MacPhail: Mr. Chair, excuse me. At no time did I refer it directly to the minister, but thank you for the advice.

The Chair: Thank you. Minister?

Interjections.

The Chair: The minister has the floor.

Hon. G. Bruce: Mr. Chair, if I can. What the public-private partnership entails is that you have project co, and in project co it could be a grouping of companies. As the member opposite quite rightly mentioned, one that I mentioned was a construction company. Normally, one would think that in this project co would be an equity partnership of the construction company, perhaps an equity partnership of the design company and an equity partnership of companies that would deliver non-clinical services. This is one model that we think will probably be the way that this particular project would advance. They become that whole entity. That grouping of those three sectors becomes project co, and they have equity in project co.

The point, if I can advance, would be that the rights of this, and what's conferred by this piece of legislation, only — and I'll stress this — then speaks to those that would be delivering non-clinical services — the exclusion of construction. Construction is not part of those non-clinical services just as, obviously, the clinical services — to be kind of redundant — are not part of the non-clinical services.

You have this company, project co. It's probably a composite of two or three other organizations and companies that are providing both the contractual — the construction work, the design work — and the delivery of non-clinical services. This bill only advances the rights to the non-clinical services.

J. MacPhail: We'll get to the non-clinical services aspect of this. I sure hope the minister has prepared himself for what the Minister of Health Services has said around non-clinical services. So we now have a designated private sector partner inserted into our health care system. Where does this exist elsewhere in Canada?

[1055]

Hon. G. Bruce: Chairman, if the member could just be a little more.... I want to be clear. Are you talking about as a P3 partnership in Canada, or are you talking...? Could you just rephrase that for me a little bit?

J. MacPhail: We are defining in legislation a private sector partner who will be delivering services in a

health care institution with mandated, legislated authority. Where else does that exist?

Hon. G. Bruce: These models exist in other countries; they do not exist in Canada. This is an innovative and new approach that we are proceeding with here in British Columbia, one that I would suspect, as we proceed, others will be watching as we've watched other countries. We will endeavour to take the good from what we have found in other countries and build from that a better system here for British Columbia.

J. MacPhail: What other countries?

Hon. G. Bruce: The United Kingdom, Australia and Ireland.

J. MacPhail: Part of the Canada Health Act upholds the five principles of universal medicare. One of those principles is that the health care system be publicly funded and publicly administered. Where is the legal opinion the minister has that says this act does not violate the Canada Health Act?

Hon. G. Bruce: This has been reviewed by the Attorney General's office, and section 8 of this act speaks specifically to this, in that nothing in this shall extend beyond the Canada Health Act. All of what we do will be done in and under the auspices of the Canada Health Act.

J. MacPhail: Yes, but there's every opportunity for there to be contradictions within the same piece of legislation. The minister has just admitted that a private sector partner will be delivering services in a health care institution and that they will be the boss, the director and the administrator. They'll have nothing to do with the health authority. The health authority is the public administrator.

Because this government declares it is so, it usually means it isn't so. I suppose the minister's going to rest upon the fact that these are non-clinical services. Well, Mr. Chair, the Canada Health Act doesn't distinguish on that basis. There is no other model for this in Canada, and there's a good reason why there's no other model for this in Canada.

Will the minister please table the legal opinion...? Is it a legal opinion, a written legal opinion he has from the Attorney General that this act does not violate the Canada Health Act?

Hon. G. Bruce: Let's be clear. The health authority, the people that deliver health care in this province, will still be delivering, running and managing. If we want to use the Abbotsford hospital again as an example, this new Abbotsford hospital, they will still be managing it. They will administer the non-clinical work that needs to be done. Those companies that are providing the non-clinical work will be responsible for their employees, but the actual management and operation of that hospital from the standpoint of patient care and

clinical care will be managed by the health authorities that we have today in British Columbia.

[1100]

The Attorney General has reviewed this legislation and the direction we are taking, and we are confident we are well within the mandate of the Canada Health Act.

J. MacPhail: Is the opinion of the Attorney General a written legal opinion? That was my question.

Hon. G. Bruce: No. As the case is with legislation, we've reviewed this through legal counsel, through the Attorney General's department and through the legislative review committee as all of this goes, and it meets those tests.

J. MacPhail: Such revolutionary, extreme legislation, and the minister doesn't even have a written legal opinion. I imagine that will come back to haunt him, because the fact of the matter is that hospitals, which are protected under the Canada Health Act as part of the publicly funded, publicly administered health care delivery system, are now having a black line drawn down the middle of them under this B.C. Liberal government. If you're having a health care service delivered in one-half of the hospital that doesn't require you to climb into a bed for more than 12 hours, you have it delivered by a private sector partner who does not have to answer to a publicly administered authority at all. The other half of the hospital, where if you have to spend longer than 12 hours in a bed — that's a great health care definition by this minister.... Then it is publicly administered. I expect this government's actions of draconian legislation — breakthrough, extreme legislation in Canada — will come back to haunt it, and it doesn't even have a legal opinion to back itself up.

The private sector partner in building a health care facility will own the facility for how long?

Hon. G. Bruce: A couple of points there, and I want to address them for a moment. In the instance of how long it owns it — not to be trite — it's for about as long as it takes to pour the cement, as I mentioned to you in respect of the Abbotsford hospital. As I mentioned to you, the way we've constructed the P3, which is novel.... It's from the aspect of the work of Partnerships B.C., who has looked around the world at others. Ours is a little bit different. As that construction starts — literally, as it starts — and those facilities are constructed, they become the property of the province of British Columbia. As we go through that whole construction floor by floor by floor, if you like, it literally then becomes the property of the health authority and the province. At the end of that time, project co, this partnership, then has a licence to be able to operate and maintain that facility and to provide the non-clinical services. That's that part.

On the other aspect — and I want to be very clear on this — of who's operating the hospital, the health authority is operating the hospital. The clinical needs,

the patient care, the termination and levels of care and the like are all, just as they are today, handled by the health authority.

J. MacPhail: We'll get to that under non-clinical services. Again, I would ask the minister to check with what the Minister of Health Services put on record about what a non-clinical service is. Clearly, he doesn't remember.

All right, so we have a private sector partner building a hospital, and then the health authority is the owner. How is that any different than what happens now? What's the difference this government is relying on so heavily?

[1105]

Hon. G. Bruce: Well, part of it is the transfer of risk, and that's one that ought not to be ignored. Through a very detailed contract, they have to perform to certain terms and conditions. They have time lines to perform to, and within that whole time line and cost and construction, they then assume the risk. Under the current situation, the taxpayer assumes all the risk. In this particular instance, there's transference of risk. There are examples that have been seen around the world where there indeed have been savings with that in regard to the risk factor — on time, if you like.

In regard to what they're doing, they are responsible for the maintenance and upkeep of the facility to make sure it's kept to the standards, terms and conditions that are within the contract as a facility. As I was mentioning, if they are part of that equity side of a contractor or a subcontractor that's dealing in the non-clinical delivery, then they're also responsible for the non-clinical delivery — like heating costs, replacement costs over the term of the contract, the roof. All of those things are still then the responsibility of project co, the public-private partnership.

J. MacPhail: Something to look forward to. Not only will patients barely have any services, but they'll be freezing in the dark as well. That's good news, because private companies don't go into the health care sector to donate public services. Companies don't go into business to assume such a level of risk that they're going to lose money. Now they're going to be responsible for heating costs? Patients will be freezing in the dark. Isn't that good news?

I find it just simply incredible that this minister — this is not his first term in office — somehow assumes that the public assumed all of the risk in construction projects before. That's simply not true. There were risk penalties built in all the time and enforced. When the scope of the project changed, yes, the public had to pay for the scope of change. That's absolutely right. When, for instance, at Royal Jubilee Hospital the cancer treatment centre was expanded because of demand, then the cost went up. But there were penalties built in throughout. Same with schools.

I see that great member for Nelson-Creston piping up now and saying: "What about fast ferries?" That's

true. There was no protection against risk on behalf of the taxpayer built into that, and that was a huge mistake. But every other project, yes — absolutely every other project.

How does it work? Just let me ask you this: first of all, have there been changes made to the request for proposals from the original MSA Hospital that this government put out, where there was no risk other than the ordinary risk factor built in for the private partner?

Hon. G. Bruce: I suspect there's a little bit of a philosophical discussion here as to whether or not the public sector....

J. MacPhail: No. We're talking risk factor. That's not a philosophical discussion.

Hon. G. Bruce: I think there is probably a little bit of a risk factor that needs to be discussed philosophically. The fast cats, the ferries — there was a huge risk factor. It cost the taxpayers of British Columbia...

Interjection.

The Chair: Order, please.

Hon. G. Bruce: ...\$500 million. Excuse me, we're talking risk factor. We're talking a philosophical view.

J. MacPhail: I acknowledged that in my comments.

Hon. G. Bruce: I know, and I'm....

The Chair: Order, please.

Hon. G. Bruce: I realize that. I'm only reiterating what the member opposite acknowledged.

J. MacPhail: Let's go to your own risk factors.

Hon. G. Bruce: No, there's.... Absolutely. I was the one who brought out the Pavilion tower. You mentioned the days past and how that was constructed.

The Chair: I would remind the minister to direct his answers through the Chair, please.

[1110]

Hon. G. Bruce: I'm sorry, Mr. Chairman. I'll do that.

We have, in essence, perhaps a little bit of a different philosophical view of how one goes about doing different things in delivering services for the general public in British Columbia. This is clearly a different model. This is not the same. So I'm saying that this is not the same. The member opposite asked, in regard to the risk factor.... There is a risk factor, and there is a transfer of risk in this particular instance. There are at times — regardless of whether it's done by the public sector or it's done by a P3 model — scope changes that take place, and they have to be factored in.

Likewise, in a public-private partnership, scope changes also have to be factored in. I acknowledged that in my closing remarks the other day at the same time as those elements. There's no bogeyman here. We're clearly saying as a government that we believe there are efficiencies that can be brought about through the utilization of a public-private partnership in the construction of the Abbotsford hospital and the delivery of other types of health care facilities in British Columbia. We're going down that road, and we're standing up very clearly and saying that.

There are risks in making change — absolutely. Whenever a government decides to deliver things differently than what the general public may have been comfortable with, there are risks in that. But we believe that there has been due diligence done. We've reviewed, in respect to health care facilities, other countries and how they've gone about it.

I also mentioned in my opening comments the fact that there already are public-private partnerships in the province in different sectors. So this actually isn't new in that particular instance. But as we talk about the Abbotsford hospital, this would be a first. Risk transfer is a very large amount that one would want to look at, and who's taking the risk. We believe that by the delivery of these new facilities through a public-private partnership, we can mitigate the risk factor. We can improve on the time efficiencies. We can also see operating and maintenance efficiencies in the long term, which we believe allows us to utilize the taxpayers' dollar in a more cost-effective manner to make sure that most of those dollars — where we can — are put back into the delivery of health care for patients.

J. MacPhail: My question was: have there been any changes to the original request for proposals in building the MSA Hospital in Abbotsford? Certainly, that was analyzed to suggest that there is no extraordinary risk being borne by the private partner.

Perhaps the minister could update us on the status of getting a private partner to build the MSA Hospital, and perhaps he could now make public here the risk factor that any private proponent will have to assume in building the MSA Hospital.

Hon. G. Bruce: The Abbotsford request for proposal was first issued in September of this year. There are those that are now looking at that within the request for proposals. Then in the term of how the contract is, there will be specific items that deal with the aspect of scope change so that we can mitigate that risk and know how best to plan for it, if it occurs.

[1115]

As anyone well knows, whether you've built an addition to your house or a garage or anything else, most of the time there are small changes, some of which result in changes to the bill at the end of the day. Some of them are able to be incorporated in the contract you may have established with your own general contractor.

In a much larger way with much more at stake with respect to the dollars and cents, those scope changes will still have to be properly managed. We believe that through this process and the manner in which the contract would be set up, we would be able to mitigate that risk factor.

J. MacPhail: Can the minister please read into the report the risk mitigation clause in the request for proposal on the MSA Hospital?

Hon. G. Bruce: I'll be happy to read that in — it's not a very large piece — as soon as we're able to find it in the RFP. I know it's not the piece you're looking for, and I know your reaction will be, "Well, that still leaves the barn door wide open," but, of course, it refers to the contract. The contract is not public, and as we build these things, we're not going to do that. You know, maybe we've learned our lesson on that one. I'm talking about those who like to talk about projects that are underway without having all the information.

"Allocation of risks. During the project term, risks will be allocated between project company and Health Company as set out in the project agreement." This would be the project agreement. "If a proponent believes that a different approach to the risk allocation as set out in the project agreement will provide sufficiently greater value to Health Co and the health authorities to warrant consideration by Health Co, the proponent may, as described...."

And it goes on to different sections — 11, 12, 13: "propose such an alternate contracting strategy as part of a priced option or as part of an alternate proposal where a substantially and materially different form of project agreement is proposed as described in section 11.2." I mean, the point of this is simply the fact that that will be in the contract. As you would well know, this is in the request for proposal. It's on page 45 of the Abbotsford hospital and cancer centre request for proposal.

J. MacPhail: That's standard language of any public project. There's no breakthrough there whatsoever. I guess we'll have to wait for the contract. I expect that the contract, because of this legislation and the fact that the partner is designated a private sector partner, won't be subject to FOI. Let me predict that. We'll never find out.

I just want to point out that my colleague from Vancouver-Mount Pleasant and I had responsibility for one infrastructure project, fully publicly funded, and that was the Millennium Line for the SkyTrain. I started it, and my colleague from Vancouver-Mount Pleasant finished it. The project came in under budget and in record time. It had a risk clause built into it too, which got exercised, quite frankly. It was a clause identical to that, and the taxpayers won. It was publicly funded, easily resolved, and the project was under budget in record time.

[1120]

We aren't asking these questions on any ideological basis. We're asking them from our own personal experience in exercising these kinds of risk management

clauses in a major infrastructure project. The Liberals never like to talk about the Millennium Line. No, they've fallen dead silent on that one — dead silent.

To the minister: does the request for proposal submitted or put out for tender in September of this year describe the role of a private sector partner as an employer or as a manager of non-clinical services?

Hon. G. Bruce: First of all, if I could come back to your comments, the contract will be public information once it's signed, and that will probably be next fall.

I'm happy that the members opposite had success in the endeavour they undertook, and there are public sector successes through many years of government in British Columbia. That doesn't then mean, though, that you simply stop looking at other ways of delivering facilities and services to the people of British Columbia. As the members opposite well know, particularly in the health care field, as we continue to try and find ways to sustain health care and to improve health care in an ever-demanding, insatiable appetite for dollars not only in British Columbia but across Canada, it's imperative that government look at new and different ways to try and find cost-effectiveness and efficiencies — to be able to take those dollars and make sure they're going where they were designed to go: the delivery of patient care.

The members opposite had ten years in government knowing the pressures and demands in health care, as has every other government in this country — provincial and federal. It isn't an easy reach-in grab-bag: "Here's a quick solution that will fix the health care system and make sure that it's sustainable for the future." In fact, that's why this government has taken some very difficult steps that others were shy to do. This government was not prepared to put at risk the health care system by simply doing nothing.

As we've moved ahead, we have found that others in this country are looking to British Columbia as an example of ways to try and improve the delivery of health care to patients and at the same time make sure it is manageable financially for the taxpayers of the province. What we're doing here is trying to find, through the construction of facilities, a way to improve that cost-effectiveness and make sure, for the global dollar that's there for health-care — I think it's \$10.7 billion now in British Columbia — that as much as possible those dollars can find their way to patient care.

When we talk about \$10.7 billion, it's important to note that 77 percent of the \$10.7 billion goes to salaries, wages and benefits. So the reason for government to look at the facility changes and how we would go about constructing is that there are fewer dollars for construction of facilities because so many of the dollars go to wages, salaries and benefits. It is natural that it would be the case, but then it also is the impetus of government to try and find and take the dollar that's available for capital construction and be able to maximize it in the most cost-effective way for taxpayers.

We are trying something different in this respect. We believe the homework's been done. We believe that

the examples around the world of where there's been success, although ours are somewhat different, will in fact reflect in cost-effective changes to the delivery of health care and the building of facilities.

[1125]

J. MacPhail: I'll repeat my question. Does the request for proposal issued in September of this year outline the employer relationship for the private sector partner for delivery of services inside the institution?

Hon. G. Bruce: The request for proposal is a public document. It's 110 pages. If the member opposite would like to get one, she can get one anytime she likes. She can go through it, read it and see all the detail included in it on what those who would be wanting to participate have to go through. She can read it for nightly reading or whatever. It does deal with all of the things she was asking.

J. MacPhail: I'm not quite sure why the minister doesn't want to answer my question, although I guess he did at the end. This is the forum in which the government has to hold itself to account. That is the purpose of this forum. Sometimes the government objects greatly to having to answer questions. Tough.

In September the government released a request for proposal that for the very first time establishes a precedent that a private sector partner will be the employer. Did the minister assume that legislation would pass? Was he taking parliament for granted?

Hon. G. Bruce: No, we're not breaching any rights of parliament. The RFP is out there. It allows for the proponents to go through in the aspect of looking at the Abbotsford hospital. Clearly, government in our instance here and the things we are doing.... By the introduction of this bill, Bill 94, what we're doing is taking that which was allowed for the public sector health authorities under Bill 29 and virtually incorporating that through Bill 94 for that public-private sector partnership of the P3 initiatives we're looking at bringing in. The Abbotsford hospital is only one of a number that this government would be looking to.

J. MacPhail: Perhaps the minister could draw the connection between Bill 29, which designates a private sector partner as the true employer.... Perhaps the minister could show me that, which he then says allowed him to produce an RFP that says the private sector partner will be the true employer.

Hon. G. Bruce: Not to be rising on a point of order or anything — I'm quite happy to deal with that topic — but as we move through legislation, we usually move through by section. There is, I think, in section 7 — or maybe it's 6 — "true employer." I'd be happy to move there. If we want to jump ahead and move quickly and right through to that particular section, I'd be happy to go there. The whole issue of true employer is here in the legislation.

Mr. Chair, if we want to move ahead to that one, I'm happy to. It would be easier for me — not that it necessarily matters — if we can deal with this piece of legislation on a section-by-section piece as we move through. Clearly, right now we're still on section 1, and we're dealing with definitions.

[1130]

J. MacPhail: Let me clarify the link then, if I may, under the definition of private sector employer. I am asking questions about this. The minister admits that there is no other legislation in Canada like this, which designates a private sector employer as a deliverer of health care. That was a question I asked, and he answered. I'm asking about the link between the private sector employer and the request for proposals related to the MSA Hospital in Abbotsford.

I asked the minister whether he took parliament for granted, and he himself, in listing the obligations of a private sector employer in the request for proposal, said it was permitted under Bill 29. I'm just asking for the line to be drawn where Bill 29, the Health and Social Services Delivery Improvement Act, talks about a designated private sector employer doing anything in the health care system that is now listed as part of the request for proposals in the Abbotsford MSA Hospital. It's just a point of information, Mr. Chair, arising out of the minister's own comments.

Hon. G. Bruce: This is a separate piece of legislation, this Bill 94. Bill 29 did not deal with the true employer. The true employer clause is in this piece of legislation, as I was clearly stating. What I'd mentioned to you was that I think it was section 3, and I'd be happy to move to section 3 to deal with true employer. There's been no abrogation of the rights of parliament. I wouldn't do that. This is a process of bringing through legislation, Bill 94 as it is here before you, to be dealt with in the House right now.

J. MacPhail: Well, sorry, Mr. Chair. I guess once you push the minister — "Oh, I guess it doesn't have anything to do with Bill 29," like he just said — it requires Bill 94 for him to justify legally his request for proposal for the MSA Hospital. There is no legal authority for the request for proposal except Bill 94.

When did we get Bill 94? Was it last week? Let me see. That would be the latter part of November, and yet this government two months earlier promised private sector companies certain things that can only be delivered under Bill 94. If that isn't an abrogation of parliament, I don't know what is.

J. Kwan: Let me ask the minister these questions around the definitions section of Bill 94. The "health sector partner" definition is very broad. The language which the bill has adopted is very broad. It refers to not only the first contractor but its subsidiary and its subsidiary, etc. Maybe the minister can explain to members of this House: why is that language so broad? Why is it necessary, and what prompted the minister to

bring such broad language into this definition of what is deemed to be a health sector partner?

Hon. G. Bruce: The member, Mr. Chair, is quite right. It is broad. We have designed it to be broad so that we have many options available. It is always under the health authority designation, so there is a limiting factor. I won't dispute the broadness that you're talking about, but it's not beyond that which is designated under the health authority.

J. Kwan: Could the minister please advise, Mr. Chair, when he says the language is broad so that the government can ensure options are available, what options those are?

[1135]

Hon. G. Bruce: Perhaps the best would be taking a look at some examples of what the health sector partnerships might be. As a member of the HEABC, this would include all health authorities, a large number of private for-profit and not-for-profit providers of residential care facilities. As an example, you might think of the George Derby Long Term Care Society. They operate the George Derby Centre in Burnaby — or the Finnish Canadian Rest Home Society that operates facilities in Burnaby and Vancouver.

I'm not disputing the broadness of it. What we are looking for is to be able to have the maximum ability to bring together a P3, a public-private partnership, that can maximize the most cost-effective way of delivering services to the public in British Columbia.

J. Kwan: Well, those facilities exist now. Is the minister then suggesting that the bill, Bill 94, with this clause and the rest of the sections of the bill, could then be adopted by existing facilities, even long-term care homes as the minister had identified in his response — that those long-term care homes could become private operations and the subsidiary...? That is, the subcontractor of those operations, or at least sub-subcontractor of those operations, could then exercise the rights given to them under Bill 94 — that is to break unions, to override collective agreement rights.

Hon. G. Bruce: No. All I was trying to do was give you some examples thereof. Now, if these particular deliverers wish to build new facilities or make substantive investments in operations, that would then be deemed a P3 partnership and fall under the HEABC designation. Then in that aspect, they could be a form of a P3 initiative. Actually, what I was mentioning were examples of those types of proponents currently out there that are considered health-sector partners.

J. Kwan: Well, the minister says, "No, that is not the intent," although if those facilities end up doing some capital work — and according to this act it could be capital work, modification or renovation of the facility, or even getting some equipment to support the services that are being delivered in that facility — then it would

render those facilities applicable under this act. That's how this bill, as we understand, is to be applied.

In other words, those facilities and existing facilities — including long-term care, rehab centres, extended, acute, community or assisted-living services, etc. — which are defined under health care facilities.... All of those facilities, whether run by the health board or by non-profit community groups or anybody, for that matter, could be subject to this bill if they have an investor, a private partner, that would contribute either capital investment by way of new construction of a building or modification — slap a coat of paint on it and say, "We're renovating" — or buying some new equipment to facilitate the operation of the care facility. Isn't that correct? And that is how broadly the language in this section of the bill and in this particular definition is being applied. That's how broad it is. Am I not right in that interpretation?

Hon. G. Bruce: Mr. Chair, I'm quite happy to deal with this. We now are on section 2, and....

Interjection.

Hon. G. Bruce: Yes, we are. It's section 2. It's called "Application of this Act." What you're....

Interjection.

Hon. G. Bruce: Well, I'm sorry, but I'm just trying to help us all move this through in a chronological order, which is the normal way we do it. We've sort of jumped up to section 5 and now back to section 2. I mean, quite honestly, we've moved off definitions, and now you're looking at the application of this act.

So what constitutes that which would be an investment, a capital investment — painting a door jamb, putting a windowsill in? Is that capital investment? Those are questions you want to ask. Good questions. I'm quite happy to answer them and talk about them. I just thought we might want to do them in the right section.

Interjections.

The Chair: Order, please.

[1140]

Hon. G. Bruce: There we go. You see, now we already are into section 2.

At any rate, I answered in regard to what we were talking about relative to what the partnership would look like, and as being a member of the HEABC. You now are actually asking the definition of application — of how much, in respect to dollars and cents, needs to be applied to be a capital investment.

Interjection.

Hon. G. Bruce: Well, you did, in fact. Excuse me, Mr. Chair. The member opposite was talking about whether or not a coat of paint, a door jamb or the like

would constitute a capital investment. No, it would not constitute a capital investment.

J. Kwan: I know that the government ministers hate it when questions are asked of them. Then they start to say, "Well, it's not about this section; it's that section," and they try to muddy the water so that they can evade answering questions. The fact of the matter is that under the definitions section, as is the case with many pieces of legislation, what it does is refer to other sections of the bill. So you can't talk in isolation from one section of the bill by ignoring the others as though they don't exist, especially under the definitions section. It actually refers to those particular sections that I had referred to. The bill doesn't operate in a silo. Maybe that's how the minister operates and this government operates, but the bill doesn't. It relates one to the other, and explicitly in the definitions section it actually mentions section 2.

When I talked about the broad nature of the bill and the scope under the definitions section of the health sector partner and why is it necessary for it to be so broad, the minister rose and gave some examples of facilities. I asked a question about those facilities specifically, giving a scenario where the application of Bill 94 may apply to them. If it wasn't necessary to have such broad definitions, then the scope of the application of this bill would also be narrowed. But it isn't. The definitions allow for a very broad scope on what facilities could be captured under this bill.

It would make sense, one would think, that you follow up these questions, in terms of why the government has brought forward definitions that are so broad — to cast a net that is so wide, to allow for subsidiaries of subsidiaries of subsidiaries of a facility to be captured under the health sector partner definition.

Isn't it the case that in this definition, with the subsidiary of the subsidiary of the subsidiary or a subsidiary could be included...? Isn't it the case then that the health care partner's reach and, therefore, the application of all sections of this bill would apply to its sub-sub-sub-sub-subcontractors? Is that how it works?

Hon. G. Bruce: It is a difficult piece, and we kind of canvassed sections 4 and 5 in that one, and I appreciate that. I've spent some time at this myself, and I appreciate the difficulty of going through it.

[1145]

First of all, I've said to you that it's broad. Absolutely — broad in the health care sector, only the health care sector. But I've said it's broad, so that's on the record. But I've also said — and I will add to that — that for this to be applied, there has to be substantial capital. It has to be those that are actually delivering some non-clinical services, and they have to be designated by cabinet. So again, there is the health care sector, and then these three other components have to be part of that. I'm not actually sure which section I'm answering to in what you were asking, but I was trying to get that capsulized for you relative to the question you were asking.

J. Kwan: Let me read the definition of the health sector partner for the minister. It reads: "health sector partner' means any of the following: (a) a member of the Health Employers Association of British Columbia established under section 6 of the Public Sector Employers Act; (b) a partnership of, or joint venture between, (i) members referred to in paragraph (a), (ii) subsidiaries of those members, or (iii) one or more of those members and one or more of their subsidiaries...."

Then it goes on to define: "(c) a partnership of, or joint venture between, one or more health sector partners in paragraph (a) or (b) and one or more private sector partners...." That's what the definition of this health sector partner is.

Then, because it refers to private partners, private sector partner is defined in this section of the act as "a person who is not a health sector partner." When I asked the question around its subsidiaries and the subsidiaries that could be applied here.... The minister, by his own admission, acknowledges that the scope is very broad. Then he says this is so that options are available. I asked him: what options are those? He named off a couple of facilities which already exist today.

To get a full understanding of what this definition of health sector partner means in the context of the real world, then the question.... Then I gave an example of those facilities getting some capital investments or equipment, or whatever the case may be, that would therefore qualify them to be captured under this definition of health sector partner. That's how these sections link. You can't talk about them in isolation. Otherwise, it wouldn't make any sense. The public wouldn't understand it.

Maybe that is what the minister is trying to do. The minister gets offended when you actually try to clarify and link up the sections of the bill so that it means something for people. He gets all upset about it, and he wants to use some procedural thing in the House to say, "I don't know what questions I'm answering under what section," as though somehow the definition section has nothing to do with the rest of the bill. Mr. Chair, you cannot look at legislation without linking the sections together. That's why the questions I put to the minister are linked up in the way I've put them.

The minister said, "So that options are available," and then he says: "There are limitations to the broad application of the definition of health sector partners." He gave one example of options available. Are there other examples of options available? What about future projects? Does the minister anticipate there are other projects that might be coming down the pike that would necessitate such broad definitions? Such broad definitions right now, it would appear to me, are not necessary with the existing facilities.

[1150]

Hon. G. Bruce: Okay, I'll try and come back to that. We've got the Abbotsford hospital as one example of what we're trying to do here. We are making it very clear that we think there are opportunities to go in

other ways in the future. Do I have other RFPs out there? No, government does not. We also have tried to give, with this piece of legislation, the opportunity for government to work towards the future.

These definitions that you've read back, which I read to you.... I'm not upset; I'm happy to take your questions. I've agreed that it can be very confusing in trying to follow this through — subsidiaries of subsidiaries and what is a member of the HEABC as a health authority and how all of those will fit together so that they can become a public-private partnership. We've pretty much canvassed that as to how we go through the establishment of who falls in and under HEABC and then receives a designation to be a public side of the public-private partnership.

J. Kwan: Is the minister saying this bill is necessary in the speed in which the minister wants to bring it through this House? This bill was only introduced last Wednesday, Mr. Chair. We went through second reading of this bill yesterday, and now we're into committee stage today. Not even a full week has gone by, and now the government wants to rush through this bill and bring its passage. Is this bill necessary to facilitate the Abbotsford facility?

Hon. G. Bruce: This is bringing legislation through the House. You're having the opportunity to debate it. You can debate the time or not. Whatever you want to do on that, it is clearly your role as opposition to use that particular part of an argument in debate — fair ball. We're moving ahead with the RFP out there in respect of the Abbotsford hospital. Whether or not this will have implications on that will depend on how the proposals come in. We're wanting to build and proceed with the P3 partnership in this manner, and that's why we are bringing it forward at this point.

As I explained to you, you can do P3s differently. In some other jurisdictions they have done them differently, but we're going in this direction. As we're doing it in this direction — the construct we have — we are trying to then extend what is currently available for a health authority in the public domain, the same opportunity, to a health authority under the public-private domain. That's what we're trying to do here.

I appreciate the complexity of it. We're taking the tools that a health authority has today, and we're saying that under the construct of a public-private partnership — as that health authority will be a partner, because they are the public part of that public-private partnership.... We're going to make sure that how they operate this facility — that's the public one.... They can operate the public-private one in the same manner. That's what we're doing.

J. Kwan: Save and except, though — and we'll get to section 3 in full detail when we get there — this bill allows for new employers to be defined and therefore takes the public component out of this so-called public-private partnership, the first time ever in the history of B.C.

I have a lot more questions to ask and canvass with the minister on this section of the bill, but noting the time, Mr. Chair, I move the committee rise, report progress and ask leave to sit again.

Motion approved.

The committee rose at 11:54 a.m.

The House resumed; Mr. Speaker in the chair.

Committee of the Whole (Section B), having reported progress, was granted leave to sit again.

Hon. G. Bruce moved adjournment of the House.

Motion approved.

Mr. Speaker: The House is adjourned until 2 p.m. today.

The House adjourned at 11:55 a.m.