



August 8, 2007

Mr. Harvey Cenaiko, Chair  
Standing Committee on Government Services  
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Edmonton AB T5K 1E4

Mr. Mo Elsalhy, Deputy Chair  
Standing Committee on Government Services  
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Gentlemen:

### **Introduction**

The 8,600-member Alberta Medical Association (AMA), a non-profit professional organization, appreciates the opportunity to comment on Bill 1, the Lobbyists Act.

As indicated later in this brief, the association seeks clarification as to the scope of the proposed legislation and the extent to which it may apply to the activities of the medical association, its members and staff.

The AMA also seeks reassurance the proposed act will not impair the effective functioning of non-profit organizations and associations.

In the interests of accountability and transparency, it is only reasonable that all regulations, definitions, criteria, interpretations, applications, etc. associated with the Lobbyists Act be released prior to third reading. The Alberta public and the organizations affected deserve to know precisely what is intended with and by the legislation.

### **Advocacy**

The AMA has a long history as an advocate for a well-funded public health care system that provides timely access and quality care. Today this advocacy is expressed in our signature, Patients First®.

The AMA's advocacy also reflects the responsibility and right of physicians to advocate on behalf of patients.

### *Members of the Legislative Assembly*

As part of its advocacy, the Alberta Medical Association communicates on an ongoing basis with members of the Legislative Assembly (MLAs):

- Copies of the *President's Letter* and the *Alberta Doctors' Digest* are provided to all MLAs.
- Special mailings – such as the June 20 letter from AMA President Dr. G.N. (Gerry) Kiefer detailing “10 ways the trilateral agreement benefits your constituents and all Albertans” – are provided to all MLAs.
- Members of the three major political parties have been helpful and willing to meet with AMA officials and senior staff on a variety of issues related both to the current status and to the future of Alberta's publicly-funded health care system.
  - The Minister of Health and Wellness and the president of the Alberta Medical Association historically have recognized the importance of their relationship.
  - Over the years, the AMA's Government Affairs Committee has met with MLAs on a variety of issues; and it has encouraged physicians to meet with MLAs.
- Since the mid-1980s the AMA has undertaken a number of high-profile public awareness campaigns (“grassroots communication” in the proposed legislation) on issues such as mandatory child seats and seat belt legislation, the future of the public system (“Let's keep Medicare from falling apart”), underfunding (“Tell us where it hurts”), the impact of waiting for care on patients and their families (“Waiting times are getting longer ...”) and physician compensation (“Doctors' fees are lower than you think”).
- AMA advocacy has included numerous other issues such as ambulance services, waiting times in emergency rooms, long-term care, physician resources and bicycle helmets.
- In its 70-year history, the AMA's Committee on Reproductive Care was a dynamic leader in advocating for services and programs, as well as educating physicians, in order to dramatically improve maternal and prenatal care for Alberta mothers and their babies.
- AMA representatives attend selected functions of political parties.
- With the AMA's encouragement, individual physicians contact their own MLAs.

### *Trilateral agreement with government*

For many decades the Alberta Medical Association has fostered a working relationship with the Provincial Government. The introduction of Medicare added a new dimension with physicians, through their involvement in the AMA, bringing expertise and experience not available through the civil service. Over the years Alberta physicians and AMA staff have provided – at no cost to government – tens of thousands of hours of professional time.

In 2003 the AMA's relationship with the Provincial Government and the regional health authorities (RHAs) assumed a more formal structure with the landmark eight-year trilateral agreement (April 1, 2003-March 31, 2011) among the three parties. One result has been even more contact between the AMA officials and staff with government departments, especially Alberta Health and Wellness (AHW).

The trilateral agreement has five committees:

1. Master Committee (AHW deputy minister, AMA executive director, one CEO representing the nine RHAs)
2. Physician Services Committee (three AHW representatives, three AMA representatives, three RHA representatives)
3. Physician Office System Program Committee (three AHW representatives, three AMA representatives, three RHA representatives)
4. Primary Care Initiative Committee (three AHW representatives, three AMA representatives, three RHA representatives)
5. Physician On-Call Programs Committee (three AHW representatives, three AMA representatives, three RHA representatives)

In addition, there are a number of subcommittees and working groups where the Alberta Medical Association often has more than one representative.

Plus, there is extensive daily, weekly and monthly contact – meetings, telephone calls, emails – between AMA and AHW staff. Excluding administrative contacts to arrange, cancel and reschedule meetings and to follow up on correspondence, etc:

- Eight AMA staff have daily or almost daily contact, mostly with AHW
- Six AMA staff usually have weekly contact with government departments or MLAs
- Six AMA staff usually have contact at least once a month

*Other departments, agencies*

In addition to its major relationship with Alberta Health and Wellness, the AMA interacts with a number of other departments, e.g., Finance (superintendent of insurance) Advanced Education (medical student loans, medical teaching), Transportation (drivers' medicals for seniors) and government agencies, e.g., Alberta Alcohol and Drug Abuse Commission (AADAC).

**Provisions of Bill 1**

*Is the Alberta Medical Association under the proposed act?*

- Section 3(2) states the act “does not apply in respect of a submission made in any manner as follows:
  - “(b) to a public office holder by an individual on behalf of an organization concerning
    - (i) the enforcement, interpretation or application of any Act or regulation by the public office holder with respect to the organization, or
    - (ii) the implementation or administration of any program, policy, directive or guideline by the public office holder with respect to the organization;
  - “(c) to a public office holder by an individual on behalf of an organization in response to a request initiated by a public office holder for advice or comment on any matter referred to in section 1(1)(e)(i);”
- One interpretation of 3(2) is that it would exclude many of the Alberta Medical Association’s activities from the proposed Lobbyists Act.
- In Schedule 2, clause 2 states: “The designated filer shall set out in the return the following:
  - “(j) particulars to identify any relevant legislative proposal, bill, resolution, regulation, order in council, program, policy, directive, guideline, decision, grant or financial benefit that is or will be the subject of the lobbying.”
- One interpretation of 2(j) of Schedule 2 is that it would encompass many, if not all, of the AMA’s activities, especially those required by the eight-year trilateral agreement.

*'Grassroots communication'*

The proposed provisions regarding “grassroots communication” may guarantee that no government is ever surprised by a campaign or initiative because Schedule 2 requires the designed filer to “set out in the return the following ... 2(i) particulars to identify the subject-matter concerning which any organization lobbyist named in the return ... (ii) expects to lobby during the next 6-month period.”

Bill 1 would create an early warning system for government ministers and departments. It would provide them ample time and opportunity to introduce policies and programs to blunt, or perhaps nullify, the focus of any grassroots communication, i.e., it would provide government with sufficient lead time to launch a pre-emptive strike. It could also provide strategic intelligence to other organizations.

(On the other hand, there is no counterbalance requiring government to signal its programs, policies and campaigns in advance. Alberta physicians and their professional organization, the Alberta Medical Association, have often been surprised by bills and regulations that were introduced without prior consultation or notification.)

*Filing particulars*

Depending on its final content and applications, Bill 1 could be like a factory fishing trawler with huge nets that scour the ocean bottom and indiscriminately capture both desired and undesired species. Like that trawler, Bill 1 has the potential to capture both relevant and irrelevant information.

As noted elsewhere, because of the AMA's unique role since the introduction of Medicare, Bill 1 could have significant implications for the association. Perhaps the most pertinent clause in Schedule 2 is 2(j):

“(j) particulars to identify any relevant legislative proposal, bill, resolution, regulation, order in council, program, policy, directive, guideline, decision, grant or financial benefit that is or will be the subject of the lobbying.”

Clause 2(j) would appear to cover most, if not all, interactions that the Alberta Medical Association has with Alberta Health and Wellness.

Also troubling is the phrase “expects to lobby during the next 6-month period.” Dynamic organizations are forward-looking, constantly considering possible opportunities and activities; some are pursued, others are not. The environment can change considerably in a few days, a few weeks, a few months. What criteria will be applied to “expects to lobby during the next 6-month period?”

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*Designated filer*

Section 1(1)(c) defines “designated filer” as “(i) the senior officer of an organization who occupies the highest ranking position in that organization and receives payment for the performance of his or her functions, or (ii) if there is no senior officer, the organization lobbyist, as the case may be.”

While this definition is not of direct concern to the Alberta Medical Association, an amendment to “(i)” might make this more practical, e.g., by adding “or another senior official within the organization designated by ‘the senior officer’ of the organization.”

**Conclusion**

The Alberta Medical Association looks forward to receiving a clear understanding of the Lobbyists Act before it becomes law. Officials of the association would be pleased to meet with the standing committee and to expand upon any of the points raised in this letter.

Yours truly,

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(Public Affairs)