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OPINION

# Bill 13 is Alberta's law—but all Canadians must pay attention

Federal ministers and MPs should clearly reaffirm that equity, diversity, and inclusion are integral to public health, research excellence, and professional regulation—not optional political preferences.

**BY BUKOLA SALAMI, NNAMDI NDUBUKA, SUME NDUMBE EYOH, MODUPE TUNDE-BYASS**

Equity-deserving communities must be confident that regulated professionals are equipped to recognize and respond to the realities shaping their lives, write Bukola Salami, Nnamdi Ndubuka, Sume Ndumbe Eyoh, and Modupe Tunde-Byass. *Unsplash photograph by Christina @ wocintechchat.com*

On International Human Rights Day, the Government of Alberta passed Bill 13, the Regulated Professions Neutrality Act. The symbolism should concern every federal policymaker. Framed as a defence of "neutrality," the legislation restricts professional regulators from requiring education or training related to cultural safety, anti-racism, unconscious bias, equity, diversity and inclusion (EDI), accessibility, gender equity, or systemic-barrier awareness—unless narrowly defined as "technical competence" or "professional ethics." This creates a regulatory gap that risks eroding public trust in professions where cultural safety is not optional, but foundational—health care, social work, psychology, and education among them.

Clockwise from top left: Dr. Bukola Salami, Dr. Nnamdi Ndubuka, Dr. Modupe Tunde-Byass, Prof. Sume Ndumbe Eyoh. *Handout photographs*

In practice, Bill 13 strips regulators of essential tools needed to ensure safe, equitable, and competent professional practice. It also limits regulators' ability to consider equity-related factors—such as race, ancestry, religion, sex, sexual orientation, and gender identity—when fulfilling their public protection mandates. This directly impacts patient care and safety.

While Bill 13 is an Alberta statute, its implications extend well beyond provincial borders. Canada has seen this pattern before. In the United States, anti-EDI measures began in individual states—such as Florida's 2022 restrictions on equity and inclusion training—before cascading into broader federal rollbacks affecting research funding, workplace equity programs, and educational standards. Once institutionalized, these policy shifts proved difficult to reverse.

Canada is not immune. Recent debates within a House of Commons committee questioning whether equity, diversity, and inclusion should factor into research funding decisions signal a growing national anti-EDI sentiment. Bill 13 should be understood as a warning shot: what begins as provincial "neutrality" can quickly harden into federal policy inertia or retreat.

The consequences of anti-EDI policies are not abstract—they are measurable and deadly. Research consistently documents persistent health inequities in Canada, particularly among Black populations. Age-adjusted analyses show that Black men face higher mortality risks than white men for causes including HIV/AIDS, prostate cancer, diabetes, and cerebrovascular disease. Black women similarly experience elevated mortality risks for multiple causes, even after adjusting for key social determinants of health like income and education.

These inequities are not biological. They reflect unequal access to health care, systemic barriers, and policy failures. For example, emerging evidence shows inequities in prescription medication adherence among Black populations. Despite immigrant Black women, on average, having higher educational attainment than white women,

they are more likely to be concentrated in lower-paid occupations and to lack prescription drug coverage—factors that directly shape health outcomes. These inequities matter for everyone. The COVID-19 pandemic made this unmistakably clear. Higher morbidity and mortality rates among Black populations demonstrated that protecting population health requires confronting, not denying, systemic inequities.

Public health fails when large segments of the population are left behind. This is why the Public Health Agency of Canada emphasizes addressing the social determinants of health. Doing so is not ideological—it is a matter of patient safety, workforce integrity, and public trust. Equity-deserving communities must be confident that regulated professionals are equipped to recognize and respond to the realities shaping their lives. A psychologist's ability to address experiences of racism disclosed by a patient is not political; it is essential to safe care. Similarly, evidence consistently shows that inclusive, respectful work environments improve teamwork and patient outcomes.

Competence in equity, diversity, and inclusion is therefore embedded in professional standards across Canada. The Canadian Psychological Association's accreditation standards require training that responds to the Truth and Reconciliation Commission's Calls to Action and promotes equity, inclusion, reflective practice, and collaboration. The Canadian Association for Social Work Education and Core Competencies for Public Health in Canada similarly requires students and practitioners to understand the intersections of anti-racism, anti-colonialism, equity, and social justice. Equity-focused professional standards are not ideological add-ons. They are core to public safety, population health, and Canada's obligations under the Charter of Rights and Freedoms.

For these reasons, we call on the Government of Alberta to amend the Regulated Professions Neutrality Act. But the Canadian government must also act. Federal ministers and Members of Parliament should clearly reaffirm that equity, diversity, and inclusion are integral to public health, research excellence, and professional regulation—not optional political preferences. This includes resisting federal-level policy drift that undermines EDI in research funding, professional standards, and public institutions, and recommitting to the collection and use of disaggregated race-based data to inform evidence-driven policy.

Bill 13 may be provincial law, but the values it challenges are national. Silence at the federal level risks allowing "neutrality" to become a cover for inequity—and Canadians cannot afford that.

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