

1968 Bill 78

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First Session, 16th Legislature, 1~~st~~ Elizabeth II

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THE LEGISLATIVE ASSEMBLY OF ALBERTA

**BILL 78**

**An Act to amend The Alberta Hospitals Act**

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THE MINISTER OF HEALTH

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**First Reading** .....

**Second Reading** .....

**Third Reading** .....

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# BILL 78

1968

An Act to amend The Alberta Hospitals Act

(Assented to \_\_\_\_\_, 1968)

**H**ER MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of Alberta, enacts as follows:

1. *The Alberta Hospitals Act* is hereby amended.

2. Section 3 is amended by adding the following subsection:

(6) The Minister may require that a plebiscite be held in a hospital district or proposed hospital district by which the residents of the district, 19 years of age or over, may indicate their approval or disapproval to construct new facilities, disestablish existing facilities, amalgamate hospital boards within the district or other matters pertaining to the provision of hospital facilities in the district.

3. Section 11 is amended

- (a) as to subsection (1) by striking out the words "excess cost," and by substituting the words "un-approved or excess costs or working capital requirements,"
- (b) as to subsection (3) by striking out the words "excess costs" and by substituting the words "un-approved or excess costs or working capital requirements".

4. Section 30 is amended by adding the following subsection:

(3) The board of each approved hospital shall send a copy of its audited financial statement to the council of every municipality which has made a financial contribution to the board during the fiscal year covered by the statement.

5. Section 55 is struck out and the following section is substituted:

- 55.** (1) After July 1st, 1961, an insurer shall not
- (a) make a new contract of insurance, or

## Explanatory Notes

**1.** This Bill will amend chapter 36 of the Statutes of Alberta, 1961.

**2.** Minister may require a plebiscite in a proposed hospital district.

**3.** Section 11 (1) and (3) presently read:

11. (1) Where a hospital district is served by a non-district hospital, the owners of the hospital may enter into an agreement

(a) with the district board, or

(b) with any one or all of the councils of the included municipalities, covering excess cost, which shall be limited in the case of each municipality to the basis provided under section 14 for district hospitals, and if such an agreement is entered into the owners of the non-district hospital shall establish a board of management for the hospital upon which there shall be representatives nominated by the district board or the municipalities that enter into the agreement, as the case may be, but the number of such representatives shall be less than one-half of the total membership of the board of management.

(3) Where a municipality is served by a non-district hospital, the council, upon the favourable vote of a majority of the members thereof, may by resolution undertake to pay a share of any excess costs of the hospital,

(a) on the basis of the percentage in-patient use made of the hospital by residents of the municipality, and

(b) without any requirement of representation on a board of management for the hospital unless desired by the council.

**4.** Self-explanatory.

**5.** Section 55 presently reads:

55. (1) Subject to subsection (3), an insurer shall not after the first day of July, 1961, make a new contract of insurance or add new members to a group contract under which a resident of the Province is to be provided with or is to be reimbursed or indemnified for the cost of any hospital service that is standard ward hospitalization or that is any other hospital service provided as an insured service under this Part other than authorized charges.

(2) A contract entered into contrary to subsection (1) is void.

(3) Notwithstanding subsection (1), an insurer may

(a) continue to renew all existing contracts, and

(b) make new contracts of insurance under which a resident of the Province is to be provided with or reimbursed or indemnified for

(i) the cost of any hospital service other than standard ward hospitalization or other service provided as an insured service under this Part,

(ii) the cost of authorized charges as prescribed in the regulations,

(iii) the cost of charges for professional or other services whether or not the services are rendered in hospital, or

(iv) loss of time because of disability, if the date of the commencement of the benefit is not determined by reference to the date of admission to hospital and if the rate of payment is not increased by the hospitalization of the resident.

(b) add any new member to a group contract, under which a resident of Alberta is to be provided with or is to be reimbursed or indemnified for the cost of any hospital service that is standard ward hospitalization or that is any other hospital service provided as an insured service under this Part other than authorized charges.

(2) After July 1st, 1968, an insurer shall not

(a) make a new contract of insurance, or

(b) add any new member to a group contract, under which a resident of Alberta is to be provided with or reimbursed or indemnified for loss of time because of disability,

(c) if the date of the commencement of the benefit is determined by reference to the date of admission to a hospital, or

(d) if the rate of payment is increased by the hospitalization of the resident.

(3) A contract entered into contrary to this section is void.

(4) Notwithstanding anything in this section, an insurer may continue to renew all existing contracts.

6. This Act comes into force on the day upon which it is assented to.

