

1970 Bill 87

Third Session, 16th Legislature, 19 Elizabeth II

THE LEGISLATIVE ASSEMBLY ~~OF ALBERTA~~

BILL 87

An Act to amend The Alberta Health Care Insurance Act

THE MINISTER OF HEALTH

First Reading

Second Reading

Third Reading

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BILL 87

1970

An Act to amend The Alberta Health Care Insurance Act

(Assented to _____, 1970)

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

1. *The Alberta Health Care Insurance Act* is hereby amended.

2. Section 2 is amended

(a) by striking out clause (b) and by substituting the following:

(b) “benefits” means the amounts payable by the Commission in respect of the cost of basic health services, insured services or optional health services, as the case requires;

(b) by adding the following clause after clause (k):

(k1) “optional health services” means those services, drugs and appliances that are specified in the regulations under Part 3A as optional health services for the purpose of optional contracts under that Part;

3. Section 14 is amended by adding the following subsections after subsection (2):

(3) In each fiscal year, funds equivalent to the estimated net deficit of the Commission in the year shall be provided from moneys appropriated by the Legislature for that purpose and, if the appropriation is insufficient, from the General Revenue Fund.

(4) The Provincial Treasurer shall advance to the Commission the funds provided by appropriation and referred to in subsection (3), in instalments as soon as conveniently may be after the first days of April, July, October and

Explanatory Notes

1. This Bill amends chapter 43 of the Statutes of Alberta, 1969.

2. (a) Section 2(b) presently reads:

(b) "benefits" means the amounts payable by the Commission in respect of the cost of basic health services or insured services, as the case requires;

(b) See note to clause 9 of this Bill.

3. Section 14, subsection (2) presently reads:

(2) The Lieutenant Governor in Council may from time to time direct the Provincial Treasurer to advance to the Commission from the General Revenue Fund any amounts required for the purpose of meeting the obligations of the Commission as they become due, and any order made under this subsection may prescribe the terms and conditions upon which any amounts so advanced are to be repaid by the Commission to the Provincial Treasurer and the rate of interest payable on those amounts by the Commission.

January, each instalment to be in such amount as the Provincial Treasurer in consultation with the Commission may decide.

4. Section 21, subsection (1) is amended

- (a) as to clause (b) by striking out the words “and chiropractors” and by substituting the words “,chiropractors, podiatrists and osteopaths”,
- (b) by striking out clause (c) and by substituting the following clause:
 - (c) prescribing the benefits payable in respect of health services other than physicians’ services;

5. The following section is added after section 31:

31a. (1) Where a practitioner

- (a) provides a basic health service,
- (b) submits or intends to submit to the Commission on behalf of a resident a claim for the benefits payable for that service, and
- (c) makes a charge for that service in excess of the amount of the benefits payable by the Commission therefor,

the practitioner, or any employee issuing a bill or account or receipt on his behalf, shall clearly show on each bill or account rendered in respect of the charge, and on a receipt given for payment of all or part of that charge, the amount of the benefits payable by the Commission for that service according to the by-laws of the Commission or the regulations, as the case may be.

(2) This section applies, whether or not the practitioner submits a claim for benefits to the Commission on behalf of a resident in respect of the basic health service.

(3) In this section “practitioner” means a physician, dental surgeon, optometrist, chiropractor, podiatrist or osteopath.

6. Section 32, subsection (1) is amended by striking out the word “and” at the end of clause (c), and by adding the word “and” at the end of clause (d) and by adding the following clause:

- (e) providing for any matter relating to registration of residents under section 33a, including the duties of hospital boards in connection with the registration of unregistered residents receiving hospital services.

4. Section 21, subsection (1), clauses (b) and (c) presently read:

21. (1) The Lieutenant Governor in Council may make regulations
.....
- (b) specifying the services rendered by dental surgeons in the field of oral surgery and the services rendered by optometrists and chiropractors that are basic health services for the purpose of the Plan;
 - (c) prescribing the rates of benefits payable for basic health services other than physicians' services;

The amendment to clause (b) cures a drafting omission. Clause (c) is broadened so that it is clear that the regulations may prescribe maximum yearly limits on benefits for chiropractic and podiatric services, for example.

5. The new section 31a will require a practitioner who bills the Commission for benefits, and also bills the patient for an additional amount, to show on any bill or receipt the amount of the benefits payable by the Commission for the service provided.

6. Section 32, subsection (1) provides for regulations by the Lieutenant Governor in Council and the new clause (e) will enable the making of regulations ancillary to the new section 33a: See clause 8 of this Bill.

7. Section 33 is amended by striking out subsection (2).

8. The following section is added after section 33:

33a. (1) Where

- (a) a claim for benefits is made under this Act by or on behalf of a resident who is not registered with the Commission, or
- (b) insured services (within the meaning of Part 3 of *The Alberta Hospitals Act*) are provided to a resident who is not registered with the Commission,

the Commission may register that resident upon being furnished with evidence satisfactory to it that he is a resident of Alberta.

(2) Where the Commission registers a resident pursuant to subsection (1) it may also register

- (a) the dependants of that resident, or
- (b) if that resident is himself a dependant, the person on whom he is dependent and that person's other dependants.

9. The following Part is added after section 34:

PART 3A

OPTIONAL HEALTH SERVICES

34a. In this Part,

- (a) "optional contract" means a contract issued by the Commission to a resident pursuant to the regulations under this Part;
- (b) "subscriber" means a person who is the holder of an optional contract;
- (c) "subscription" means an amount payable to the Commission by a subscriber under an optional contract;
- (d) "subsidy" means the amount prescribed in the regulations by which a subscription is reduced.

34b. The Lieutenant Governor in Council may make regulations

- (a) authorizing the Commission to issue contracts to residents of Alberta providing insurance in respect of the cost of optional health services provided to the subscribers thereunder and their dependants;
- (b) prescribing the benefits payable for optional health services under optional contracts;

7. Section 33, subsections (1) and (2) presently read:

33. (1) Every resident, other than a dependant or a person exempted by the regulations from doing so, shall register himself and his dependants with the Commission at such place and in such manner and form and at such times as may be prescribed by the regulations.

(2) Every resident who fails to comply with subsection (1) or who wilfully withholds information necessary for the purposes of registration or who wilfully gives false information to the person registering him is guilty of an offence and liable on summary conviction to a fine not exceeding \$100.

Certain offences, including failure to register with the Commission, are abolished.

8. Automatic registration by the Commission where benefits are provided under either Plan to a patient not registered with the Commission. In these circumstances, all other members of the patient's family may also be registered.

9. The new Part 3A will authorize the Commission to provide insurance coverage for "optional health services" such as drugs, prosthetic appliances and certain services. This coverage will be available on an optional basis only through individual contracts, but not group contracts.

- (c) prescribing the services, drugs and appliances that are optional health services for the purposes of optional contracts;
- (d) governing applications for optional contracts and the requirements to be met by applicants therefor;
- (e) prescribing any terms or conditions of optional contracts;
- (f) fixing subscription rates under optional contracts;
- (g) authorizing the Commission to grant subsidies, prescribing the amounts of the basis for calculating subsidies, prescribing the conditions as to eligibility of persons;
- (h) authorizing and empowering the Commission and a carrier (as defined in section 29) to enter into an agreement providing for
 - (i) the allocation of optional contracts by the Commission to the carrier for the purposes of administration,
 - (ii) the fees to be paid to the carrier for its services,
 - (iii) the powers and duties of the carrier under the agreement in respect of the administration of the contracts, and
 - (iv) any other matters incidental to the allocation of the contracts or their administration;
- (i) generally, providing for any other matter considered necessary for the purpose of administration and operation of this Part or to meet cases that may arise and for which no provision is made by this Act.

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