

1970 Bill 89

Third Session, 16th Legislature, 19 Elizabeth II

THE LEGISLATIVE ASSEMBLY OF ~~ALBERTA~~

BILL 89

An Act to amend The Alberta Hospitals Act

THE MINISTER OF HEALTH

First Reading

Second Reading

Third Reading

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1970

An Act to amend The Alberta Hospitals 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 Hospitals Act* is hereby amended.

2. Section 46 is amended by adding the following subsection:

(3) For the purposes of this section, the registration of a person under *The Alberta Health Care Insurance Act* may be accepted as proof that he is a resident of Alberta but a person not so registered is not thereby excluded from receiving insured services under this Part.

3. The following section is added after section 46:

46a. Where insured services are provided to a person who has filed a declaration under section 16a of *The Health Insurance Premiums Act*, or to a dependant of that person, during a period in which the declaration is effective, the approved hospital shall be entitled to recover the cost of those services only from the person filing the declaration, and no part of those costs shall be shared by the Province.

4. (1) Section 50 is struck out.

(2) Where, at the commencement of this section, a municipality is in default of payment of any amount owing by it to the Province under section 50 of *The Alberta Hospitals Act*, the Provincial Treasurer may on behalf of the Province recover that amount by deducting it from any grant that may be hereafter made under *The Municipalities Assistance Act* to that municipality.

5. Section 53 is amended by striking out the words "Notwithstanding section 50, a" and by substituting the word "A".

Explanatory Notes

1. This Bill amends chapter 36 of the Statutes of Alberta, 1969.

2. Section 46 entitles residents of Alberta to insured hospital services. Registration under The Alberta Health Care Insurance Act may be used as proof of such residence.

3. See Bill 88 to amend The Health Insurance Premiums Act. The new section 16a will allow a resident and his family to remain outside the Medicare and Hospitalization Plans. The hospital must look to that person for payment of the entire cost of hospitalization provided to him or his family.

4. Section 50 presently reads:

50. (1) As its share of the operating costs of hospitals each municipality shall pay each year from its general revenue into the General Revenue Fund of the Province such amount as may be determined by the Lieutenant Governor in Council but not to exceed the amount that could be obtained from a four mill tax upon the assessment and valuation of rateable lands, within the meaning of The Municipalities Assessment and Equalization Act, in the municipality and as equalized by the Alberta Assessment Equalization Board under The Municipalities Assessment and Equalization Act.

(2) Payments under this section shall be made in three payments, namely, on the first days of July, September and December respectively.

(3) The amount referred to in subsection (1) shall be requisitioned from municipalities by the Department of Municipal Affairs on or before the first day of May of each year and in the event that any municipality fails to make payments as provided in subsections (1) and (2) the Department of Municipal Affairs may require the Provincial Treasurer to pay any grants payable to the municipality for that year into the General Revenue Fund of the Province until the amount requisitioned and unpaid by the municipality has been received.

Real property taxes will no longer be used to directly support the Hospitalization Benefits Plan. Any unpaid requisitions may be recovered by way of a deduction from a municipal grant.

5. The amendment is a consequence of the repeal of section 50.

6. Section 55 is amended by striking out subsection (3) and by substituting the following subsection:

(3) Notwithstanding subsection (1), an insurer

(a) may continue to renew all contracts in existence on July 1, 1961, and

(b) may issue a contract providing insurance in respect of the cost of insured services if

(i) the contract is issued to a person who has filed a declaration under section 16a of *The Health Insurance Premiums Act*,

(ii) the contract provides insurance coverage for that person and his dependants (as defined in the regulations under that Act), and

(iii) the insurance coverage relates to insured services provided during a period for which his declaration is effective.

7. This Act comes into force on the day upon which it is assented to and upon so coming into force sections 4 and 5 shall be deemed to have been in force at all times on and after April 1, 1970.

6. 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 continue to renew all existing contracts.

The present subsection (3) is included as clause (a) but reworded to remove the ambiguity regarding the words "existing contracts".

As to clause (b), see Bill 88 to amend The Health Insurance Premiums Act. If a person makes an election to remain outside the Health Care Insurance and Hospitalization Benefits Plan, he is not entitled to benefits or services under either plan. The new subsection (3) (a) will, however, allow an insurance company to sell hospitalization insurance to that person.