

1979 BILL 50

First Session, 19th Legislature, 28 Elizabeth II

THE LEGISLATIVE ASSEMBLY OF ALBERTA

BILL 50

**THE ALBERTA HEALTH CARE
INSURANCE AMENDMENT ACT, 1979**

MR. COOK

First Reading

Second Reading

Committee of the Whole

Third Reading

Royal Assent

Bill 50
Mr. Cook

BILL 50

1979

THE ALBERTA HEALTH CARE INSURANCE AMENDMENT ACT, 1979

(Assented to , 1979)

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

1 The Alberta Health Care Insurance Act is amended by this Act.

*2 In the following provisions, “rendered” is struck out wherever it
occurs and “provided” is substituted:*

section 2(a) (ii), (e), (f), (i), (l),
(o), (p), (q) and (r);
section 19(1) and (3);
section 21(1) (c1), (e) and (f);
section 25(5);
section 29(4) (a).

3 Section 2 is amended

(a) by repealing clause (b) and substituting the following:

(b) “benefits” means the amounts payable by the Min-
ister in respect of the cost of health services provided to
residents who are registered under Part 3;

*(b) in clause (f)(i) by adding “and lawfully entitled to prac-
tise in Alberta” after “Association”,*

(c) by adding the following before clause (i):

(h.1) “dental mechanic” means,

(i) with reference to goods and services provided
in Alberta, a person who holds a certificate of
proficiency issued under *The Dental Mechanics Act*,
and

Explanatory Notes

1 This Bill will amend chapter 166 of the Revised Statutes of Alberta 1970.

2 “Provided” is substituted for “rendered” since the enumerated provisions deal with “goods and services”. Both “goods and services” can be “provided” but only “services” can be “rendered”.

3 Section 2 presently reads in part:

2 In this Act,

(b) “benefits” means the amounts payable by the Minister in respect of the cost of

(i) basic health services, or

(ii) optional health services;

(j) “dependants” means dependants as defined in the regulations;

(n) “optional health services” means

(i) with reference to an optional contract issued under Part 4, those services, drugs and appliances that are specified in the regulations under that Part as optional health services, or

(ii) with reference to goods and services provided in a place outside Alberta, a person lawfully entitled to practise denture construction in that place;

(d) in clause (i) by striking out “services” wherever it occurs and substituting “goods and services”,

(e) by repealing clause (j) and substituting the following:

(j) “dependant” means a dependant as defined in the regulations;

(f) by adding the following after clause (j):

(j.1) “extended health services” means those goods and services or classes of goods and services that are specified in the regulations and provided to a registrant or his dependants under section 18(1.1);

(g) by adding the following after clause (k1):

(k.2) “health services” means basic health services, optional health services and extended health services;

(h) by adding the following after clause (m):

(m.1) “ophthalmic dispenser” means,

(i) with reference to goods and services provided in Alberta, a person who is a member of The Alberta Guild of Ophthalmic Dispensers and holds a certificate of competency under *The Ophthalmic Dispensers Act*, and

(ii) with reference to goods and services provided in a place outside Alberta, a person lawfully entitled to practise ophthalmic dispensing in that place;

(i) by repealing clause (n) and substituting the following:

(n) “optional health services” means those goods and services or classes of goods and services that are specified in the regulations as optional health services;

(j) in clause (p) by striking out “services” wherever it occurs and substituting “goods and services”,

(k) in clause (t)

(i) by striking out “services rendered or appliances provided” wherever it occurs and substituting “services or appliances provided”, and

(ii) with reference to the Blue Cross agreement or any matter related thereto, those services, drugs and appliances that are specified in the agreement as being optional health services for the purposes of the agreement and The Blue Cross Plan with respect to residents enrolled in the Plan by the Commission;

(t1) "practitioner" means a chiropractor, dental surgeon, optometrist, podiatrist, physician or osteopath;

(ii) in subclause (i) by adding “and lawfully entitled to practise in Alberta” after “Association”,

and

(l) by repealing clause (t1) and substituting the following:

(t.1) “practitioner” means a chiropractor, dental mechanic, dental surgeon, ophthalmic dispenser, optometrist, osteopath, physician or podiatrist;

(t.2) “registrant” means a resident who is registered under Part 3 but does not include a resident who is registered as a dependant under that Part;

4 The title to PART 2 is repealed and the following is substituted:

HEALTH CARE INSURANCE

5 Section 18 is amended by adding the following after subsection (1):

(1.1) The Minister shall, in accordance with the regulations, provide extended health benefits to a registrant and his dependants if the registrant or his spouse is 65 years of age or over.

6 Section 19 is amended

(a) in subsections (1), (3) and (4) by striking out “basic”,

(b) in subsection (1) by striking out “resident of Alberta” and substituting “registrant”, and

(c) by adding the following after subsection (4):

(5) The Minister may withhold payment of benefits until a person provides evidence satisfactory to the Minister that he is a resident of Alberta.

7 Section 20 is amended

(a) by repealing subsections (1) and (2) and substituting the following:

20(1) Subject to the regulations, a registrant or a dependant of a registrant who ceases to be a resident of Alberta and becomes a resident of any other place remains entitled to benefits for health services provided to him during the period prescribed in the regulations.

4 The title to PART 2 presently reads:

BASIC HEALTH CARE INSURANCE

5 Minister to provide extended health benefits.

6 The Minister may withhold benefits if there is doubt as to a person's residence.

7 Section 20 presently reads:

20(1) A person who ceases to be a resident of Alberta and becomes a resident of another province that is a participating province under the federal Act remains entitled to benefits for insured services rendered to him during the period of travel to that other province and the minimum period of residence or waiting period imposed by the medical care insurance plan of that other province, on the same basis as though he had not ceased to be a resident of Alberta.

(b) in subsection (3) by striking out “for insured services”, and

(c) by repealing subsection (4) and substituting the following:

(4) Notwithstanding subsection (3), if a registrant or his dependants are temporarily absent from Alberta and the registrant is in arrears of premiums under *The Health Insurance Premiums Act*, the Minister may withhold the payment of benefits until he is satisfied that the arrears of premiums have been paid.

8 Section 21(1) is amended

(a) by repealing clause (b) and by adding the following:

(b.1) prescribing classes of goods and services as basic health services or extended health services;

(b) in clauses (c1), (e) and (f)(ii) by striking out “basic”,

(c) by repealing clause (d) and substituting the following:

(d) governing the manner in which benefits are to be paid, the conditions of payment and the information required to be submitted in connection with claims for benefits;

(d) in clause (e) by striking out “(not exceeding three months)”,

(e) by repealing clause (g) and substituting the following:

(g) providing, for the purpose of removing doubt, that

(i) any service is or is not a basic health service, extended health service or insured service, or

(ii) any particular service that may be provided by a physician is or is not medically required;

(f) in clause (h) by striking out “section 20, subsection (2)” and by substituting “section 20(1)”, and

(2) Subject to the regulations, a person who ceases to be a resident of Alberta and becomes a resident of a province of Canada that is not a participating province under the federal Act remains entitled to benefits for insured services during the period (not exceeding three months) prescribed in respect of that province by the regulations.

(3) A resident does not cease to be entitled to benefits for insured services by reason of being temporarily absent from Alberta.

(4) Notwithstanding subsection (3), in any case in which the person who is temporarily absent from Alberta is a resident who is in arrears of the payment of premiums under The Health Insurance Premiums Act, or is a dependant of a resident who is in arrears of the payment of premiums thereunder, the Minister may withhold the payment of benefits until he is satisfied that the arrears of premiums have been paid.

8 Section 21(1)(b), (d), (e), (g), and (h) presently reads:

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, chiropractors, podiatrists and osteopaths that are basic health services for the purpose of the Plan;

(d) prescribing the manner in which benefits are to be paid and the information required to be submitted in connection with claims for benefits;

(e) prescribing the waiting period (not exceeding three months) for a person who is or becomes a resident of Alberta and in respect of which the costs of any basic health services rendered during that period to that person are not payable as benefits;

(g) providing, for the purpose of removing doubt, that any service is or is not a basic health service or an insured service or that any particular service that may be rendered by a physician is or is not medically required;

(h) prescribing the duration of periods for the purposes of section 20, subsection (2) and any conditions on which a person continues to be entitled to benefits by virtue of that subsection;

Proposed clause (b.1) authorizes regulations prescribing classes of services as basic or extended health services. Proposed clause (m) will allow for a regulation prohibiting double-billing but will not affect the practice known as “extra-billing”, which is permitted in section 24(1)(b).

(g) by adding the following clause after clause (l):

(m) prohibiting a practitioner who submits a claim to the Minister for a benefit on behalf of a resident who is registered under Part 3 from submitting an account to the resident or to a Government department or agency with respect to the same health services, except where the account is for an amount in addition to the benefit and is payable under an agreement or arrangement referred to in section 24(1)(b).

9 *Section 22 is repealed and the following is substituted:*

22 The Minister may make regulations

(a) prescribing the rates of benefits in respect of basic health services or extended health services;

(b) specifying, within the classes prescribed by the Lieutenant Governor in Council, the goods and services that are basic health services or extended health services for the purpose of the Plan.

10 *Section 22.1 is amended*

(a) in subsection (1) by striking out “, reassess the claim where the payment of the claim was made in error or upon” and substituting “that has been assessed under section 19(2), reassess the claim where the payment or rejection of the claim was made in error or as a result of”,

(b) in subsection (2)(a) by striking out “basic”,

(c) in subsection (4)

(i) by adding the following after clause (e):

(e.1) the council of management of The Alberta Certified Dental Mechanics Society, where the practitioner concerned is a dental mechanic;

(e.2) the council of The Alberta Guild of Ophthalmic Dispensers, where the practitioner concerned is an ophthalmic dispenser;

(ii) in clause (f)(i) by striking out “referred to in clauses (a) to (e)” and substituting “, society or guild referred to in clauses (a) to (e.2)”,

(iii) in clause (f)(ii) by adding “, society or guild” after “association”, and

9 Regulations prescribing benefits for extended health services.

10 Section 22.1(1) and (4)(e) and (f) presently read:

22.1(1) The Minister may, with respect to any claim for benefits, reassess the claim where the payment of the claim was made in error or upon erroneous or false information provided by the resident or practitioner concerned or by any other person acting on behalf of the resident or practitioner concerned.

(4) In reassessing claims pursuant to subsection (2) the Minister may have regard to any report or recommendations of,

(e) the Council of Management of the Alberta Podiatry Association, where the practitioner concerned is a podiatrist;

(f) any committee that

(i) is appointed by the board of directors or council of an association referred to in clauses (a) to (e),

(ii) consists of persons who are members of that association and who are members of the same profession as the practitioner concerned, and

(iii) is recognized by the Commission as a committee for the purposes of this section.

Proposed subsection (6.1) will allow the withholding of benefits during a reassessment of claims.

(iv) in clause (f)(iii) by striking out “Commission” and substituting “Minister”,

(d) in subsections (5) and (7) by striking out “resident” wherever it occurs and substituting “registrant”,

(e) in subsection (6) by striking out “it” and substituting “he”, and

(f) by adding the following after subsection (6):

(6.1) The Minister may withhold benefits payable to a practitioner until the completion of a reassessment under subsection (1) or (2) of claims relating to services provided by that practitioner.

11 Section 22.2 is amended

(a) in subsections (1) and (2)(b) by striking out “basic”, and

(b) in subsection (4)(a) by striking out “its” and substituting “his”.

12 Section 23 is repealed and the following is substituted:

23 The Minister may enter into agreements or arrangements for the payment of benefits on a basis other than a fee for service basis.

13 Section 24 is amended

(a) in subsection (1)

(i) by striking out “or by-laws”,

(ii) in clauses (a), (c) and (d) by striking out “physician, dental surgeon, optometrist, chiropractor, podiatrist or osteopath” and substituting “practitioner”,

(iii) by repealing clause (b) and substituting the following:

(b) interferes with the right of any practitioner to make an agreement or arrangement with any person to collect from that person an amount in addition to the benefits payable by the Minister with respect to goods or services provided by the practitioner, if the agreement or arrangement is made before the goods or services are provided, or

(iv) in clause (c) by striking out “basic”, and

11 Consequential. Clause (a) extends the provisions to all health services. Clause (b) corrects an error.

12 Section 23 presently reads:

23 The Minister may enter into agreements or arrangements for the payment of remuneration to physicians rendering medical services to residents on a basis other than fees for services rendered.

13 Section 24(1)(b) presently reads:

24(1) Nothing in this Act or the regulations or by-laws

(b) interferes with the right of any physician, dental surgeon, optometrist, chiropractor, podiatrist or osteopath to make any agreement or arrangement with any person with respect to the remuneration to be paid to him for services rendered by him, if the agreement or arrangement is made before the services are rendered, or

The provision is extended to all health services and the word “practitioner” as defined in section 3(l) of this Bill is used.

(v) in clause (d) by striking out “medical profession or the dental, optometric, chiropractic, podiatric or osteopathic professions, as the case may be” and substituting “profession of which he is a member”, and

(b) in subsection (2),

(i) by striking out “resident” and substituting “registrant”, and

(ii) by striking out “basic”.

14 Section 25 is amended

(a) in subsection (1)

(i) by striking out “Every” and substituting “The Minister and every”, and

(ii) by striking out “and which pertain to basic health services rendered and benefits paid therefor”,

(b) in subsections (1.1), (2), (4) and (5) by striking out “basic” wherever it occurs.

(c) in subsection (1.1)

(i) by adding “the Director of Child Welfare appointed under *The Child Welfare Act*,” after “The Workers’ Compensation Board,”,

(ii) in clause (a) by adding “, or the Director of Child Welfare,” after “the Board”, and

(iii) in clause (b) by adding “Director of Child Welfare,” after “Board,”,

(d) in subsection (2)

(i) by striking out “A person referred to in subsection (1)” and substituting “The Minister or a person employed in the administration of this Act authorized by the Minister”,

(ii) by adding “the registration number of the person who received the service,” after “the person who provided the service,”,

(iii) in clause (d) by striking out “to the person” and substituting “to the registrant or to his dependant”, and

(iv) in clause (d) by striking out “that person” and substituting “that registrant or dependant”,

14 Section 25 presently reads in part:

25(1) Every person employed in the administration of this Act shall preserve secrecy with respect to all matters that come to his knowledge in the course of his employment and which pertain to basic health services rendered and benefits paid therefor and shall not communicate any such matters to any other person except as otherwise provided in this section.

(2) A person referred to in subsection (1) may furnish information pertaining to the date on which basic health services were provided and a description of those services, the name and address of the person who provided the service, the benefits paid for that service and the person to whom they were paid, but such information may be furnished only

(a) in connection with the administration of this Act, the regulations or the federal Act, or

(b) in proceedings under this Act or the regulations, or

(c) to the person who provided that service, his solicitor or personal representative, the committee of his estate, his trustee in bankruptcy or other legal representative, or

(d) to the person who received the services, his solicitor, personal representative or guardian, the committee or guardian of his estate or other legal representative of that person, or

(4) With the consent of the Minister or an employee of the Government authorized by him to do so, information of the kind referred to in subsection (2) and any other information pertaining to the nature of the basic health services provided and any diagnosis given by a person who provided the service may be disclosed or communicated to a disciplinary body of the College or association, as the case may be, of which he is a member if an officer of that association makes a written request therefor and states that the information is required for the purposes of investigating a complaint against one of its members or for use in disciplinary proceedings involving that member.

(6) In subsections (4) and (5), "disciplinary body" means

(e) the Council of Management of the Alberta Podiatry Association.

The amendments striking out "basic" are consequential and will extend the amended provisions to all health services. Amendments to subsection (1.1) will allow certain information to be given to the Director of Child Welfare.

(e) in subsection (4) by adding “society or guild” after “association” wherever it occurs, and

(f) in subsection (6) by adding “or” at the end of clause (e) and by adding the following after clause (e):

(f) the council of management of The Alberta Certified Dental Mechanics Society, or

(g) the council of The Alberta Guild of Ophthalmic Dispensers.

15 Section 26 is repealed and the following is substituted:

26 If a practitioner or an agent or employee of a practitioner furnishes information to the Minister or to a person employed in the administration of this Act, no action lies against the practitioner or the agent or employee in respect of the furnishing of that information.

16 Section 27 is repealed and the following is substituted:

27 Subject to the regulations, the right of any person to receive payment of benefits is not assignable and no sum owing by the Minister as benefits is liable to be charged or attached in any proceedings or subject to an order for equitable execution against the person entitled to receive the payment of benefits.

17 Section 28 is amended by striking out “basic” wherever it occurs.

18 Section 29 is amended

(a) in subsections (2), (4) and (5) by adding “or extended health services” after “basic health services” wherever it occurs, and

15 Section 26 presently reads:

26 No action lies against a person providing basic health services or a member of his staff in respect of information furnished to the Minister in respect of basic health services provided by him.

16 Section 27 presently reads:

27 The right of any person to receive payment of benefits is not assignable and no sum owing by the Minister as benefits is liable to be charged or to be attached in any proceedings.

17 Section 28 presently reads:

28 Where, as a result of the wrongful act or omission of another (in this section called the "wrong-doer"),

(a) a resident suffers personal injuries and receives basic health services as a consequence of those injuries, and

(b) the Minister has paid or is liable to pay benefits in respect of those services,

no person has any right or cause of action against the wrong-doer or any other person for the recovery of damages for the cost of those basic health services.

18 Extends prohibition relating to self-insurance plans to extended health services.

19 Section 30 is amended

- (a) by striking out “basic” wherever it occurs, and*
- (b) by striking out “\$500” wherever it occurs and substituting “\$1000”.*

20 Section 31 is amended

- (a) in subsection (1)*
 - (i) by striking out “renders basic” and substituting “provides”, and*
 - (ii) by striking out “, upon request,” and*
- (b) by adding the following after subsection (1):*

(1.1) If a person provides information under subsection (1), he shall do so in the form prescribed by the Minister.

21 Section 32 is repealed and the following is substituted:

32(1) If a practitioner submits or intends to submit to the Minister on behalf of a resident a claim for the benefit payable for a health service and he charges or intends to charge the resident an amount in addition to the benefit payable by the Minister for that service, the practitioner, or an employee issuing a bill, account, claim or receipt on his behalf, shall clearly show

- (a)** on the claim to the Minister, the amount that the practitioner has charged or intends to charge the resident in addition to the benefit payable by the Minister for that health service, and
- (b)** on the bill, account, claim or receipt given to the resident,

19 Section 30 presently reads:

30(1) A person providing basic health services to a resident who wilfully makes a false statement in any report, form or return required to be submitted to the Minister to enable benefits to be paid to him or to any other person is guilty of an offence and liable on summary conviction to a fine of not less than \$100 and not more than \$500.

(2) A person, other than a person providing basic health services to a resident, who wilfully makes a false statement in any report, form or return prescribed by or required for the purposes of this Act or the regulations is guilty of an offence and liable on summary conviction to a fine of not less than \$100 and not more than \$500.

20 Section 31(1) presently reads:

31(1) Every person who renders basic health services but does not claim payment from the Minister of the benefits therefor shall, upon request, provide to any other person authorized by the regulations to make the claim all information required for the purpose of making the claim and obtaining payment from the Minister.

21 Section 32 presently reads:

32(1) Where a practitioner

(a) provides a basic health service,

(b) submits or intends to submit to the Minister 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 Minister therefor,

the practitioner, or any employee issuing a bill or account or claim or receipt on his behalf, shall clearly show on each bill or account or claim 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 Minister for that service according to the regulations, as the case may be.

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

(i) the amount that the practitioner has claimed or intends to claim from the Minister as the benefit for that health service, or

(ii) in the case where the amount of the benefit for that health service is to be assessed by the Minister, a reference to the fact that the practitioner has claimed or intends to claim an amount to be so assessed.

(2) Every person who contravenes subsection (1) is guilty of an offence.

22 *Section 33 is amended*

(a) *in subsection (1)*

(i) *by repealing clause (d), and*

(ii) *by adding the following after clause (f):*

(g) providing for any matter pertaining to declarations under section 36.1 not otherwise provided for in that section.

(b) *by repealing subsections (2), (3) and (4).*

23 *Section 35(3) is repealed and the following is substituted:*

(3) If the Minister registers any person under this section, he may make the registration effective as of the date on which the service that is the subject of a claim under subsection (1)(a) was provided or the date on which the person was admitted to an approved hospital, as the case may be.

24 *Section 36(1) is amended by striking out “person who renders basic health services” and substituting “practitioner”.*

25 *The following is added after section 36:*

36.1(1) A registrant may, for himself and his dependants, file with the Minister a declaration stating that he elects to be outside the Plan and the Hospitalization Benefits Plan under Part 3 of *The Alberta Hospitals Act*.

22 Section 33(1)(d), (2), (3) and (4) presently read:

33(1) The Lieutenant Governor in Council may make regulations

(d) providing for any matter for the purposes of subsection (2);

(2) A carrier shall furnish to the Minister, upon written notice to it by the Minister, the names and addresses of the residents who are, on the date specified in the notice, covered by group or individual contracts issued or entered into by that carrier providing for the prepayment for, or insurance in respect of the cost of, any health services (including basic health services).

(3) A carrier that fails to comply with a notice given under subsection (2) within the time fixed by the notice is guilty of an offence.

(4) In this section "carrier" has the meaning given to it by section 29, subsection (1), clause (a).

23 Section 35(3) presently reads:

(3) Where the Minister registers any person under this section he may make the registration effective as of the date as of the claim for benefits is received by the Minister or the date on which the person is admitted to an approved hospital, as the case may be.

24 Consequential. Extends the provision prohibiting the misuse of certificates of registration to all health services.

25 This section is substantially the same as the present section 22 of The Health Insurance Premiums Act.

(2) A declaration under subsection (1) shall be in the form prescribed by the Minister and shall indicate the consequences of filing the declaration mentioned in subsection (6) and the effect of the provisions of subsection (7).

(3) A declaration under subsection (1) is invalid unless at the time it is filed with the Minister the resident making it

(a) is registered under this Act together with his dependants, and

(b) is not liable to the Minister for any premiums under *The Health Insurance Premiums Act*.

(4) A declaration under subsection (1) is effective only during the 12-month period commencing on the first day of July following the date on which it is filed with the Minister.

(5) In this section, “plan year” means a 12-month period referred to in subsection (4).

(6) If a registrant files a valid declaration under subsection (1), then, notwithstanding anything in this Act, *The Health Insurance Premiums Act* or *The Alberta Hospitals Act*,

(a) neither he nor his dependants are entitled to benefits under this Act in respect of health services provided to them during the following plan year,

(b) he is personally and solely liable for the payment to a hospital of the entire cost of insured hospital services provided to himself and his dependants during the next plan year,

(c) neither he nor any of his dependants are entitled to be enrolled by the Minister as members of The Blue Cross Plan pursuant to the Blue Cross agreement, and

(d) he is not liable for payment of premiums under *The Health Insurance Premiums Act* that become due during the next plan year.

(7) Notwithstanding subsections (1) and (6),

(a) the spouse of the registrant who filed a declaration may file with the Minister an election to have the spouse and the dependants excluded from the declaration, and

(b) a dependant, other than the spouse of that registrant, may file with the Minister an election to have himself excluded from the declaration, if no election has been filed under clause (a),

and an election so filed takes effect on the first day of the month next following the month in which it is filed.

(8) Where a spouse files an election under subsection (7)(a),

(a) the declaration does not extend to or apply to the spouse and dependants of the registrant during the period that the election is in effect, and

(b) the registrant is liable for the payment of premiums under *The Health Insurance Premiums Act* in respect of the spouse and dependants during the period that the election is in effect.

(9) If a dependant files an election under subsection (7)(b),

(a) the declaration does not extend to or apply to the dependant during the period that the election is in effect, and

(b) the dependant is liable for the payment of premiums under *The Health Insurance Premiums Act* in respect of himself unless the registrant agrees to be liable for the payment of those premiums.

26 *Section 38 is amended*

(a) *by repealing clause (b), and*

(b) *in clause (c) by striking out “services, drugs and appliances” and substituting “classes of goods and services”.*

27 *Section 38.1 is amended by adding the following after subsection (2):*

(3) The exemption from liability for the payment of subscriptions under subsection (1) ceases at the end of the 2nd month following the month in which the death of the subscriber or spouse who is 65 years of age or over occurs.

26 Section 38(b) and (c) presently read:

38 The Lieutenant Governor in Council may make regulations

(b) prescribing the benefits payable for optional health services under optional contracts;

(c) prescribing the services, drugs and appliances that are optional health services for the purposes of optional contracts;

Clause (b) is to be replaced by the proposed section 38.2.

27 Exemption ceases after death.

28 *The following is added after section 38.1:*

38.2 The Minister may make regulations

- (a) prescribing the rates of benefits payable for optional health services under optional contracts;
- (b) specifying the goods and services, within the classes prescribed by the Lieutenant Governor in Council, that are optional health services for the purposes of optional contracts.

29 *Section 39 is amended by adding the following after clause (d):*

- (d.1) authorizing the Minister to pay benefits on behalf of a registrant to a practitioner who has provided the registrant or his dependants with health services;

30 *Section 39.1(4) is repealed and the following is substituted:*

- (4) The following may be paid out of the Fund:
 - (a) benefits;
 - (b) payments by the Minister to the Alberta Hospital Association pursuant to the Blue Cross agreement;
 - (c) the costs of insured services (as defined in Part 3 of *The Alberta Hospitals Act*) provided by a hospital outside Alberta.

31 *Section 40(3) is amended by adding the following after clause (a):*

- (a.1) extended health services or any class of extended health services, or

32 *Section 41.1 is amended*

- (a) in subsection (1) by adding “employed in the administration of this Act” after “A person”,
- (b) in subsection (1)(a) by striking out “basic”, and
- (c) in subsection (2) by striking out “professional association of which the practitioner is a member, as the case may be” and substituting “association, society or guild that represents the practitioner’s profession”.

28 Proposed section 38.2 allows the Minister to make regulations prescribing benefits.

29 Proposed clause (d.1) will allow for a regulation reflecting the present practice of paying benefits directly to practitioners.

30 Section 39.1 (4) presently reads:

(4) The Minister shall pay benefits out of the Fund.

31 Review of benefits in respect of extended health services by benefits review committee.

32 Section 41.1 presently reads in part:

41.1(1) A person who is expressly authorized to do so by the Minister

(a) may, with the consent of the practitioner or group of practitioners concerned, examine and audit any books, accounts or records (other than patient records) maintained by or on behalf of a practitioner or group of practitioners with respect to claims for or payments of benefits relating to basic health services provided by that practitioner or members of that group of practitioners, and

33 *Section 44 is amended*

(a) *in subsection (1)*

(i) *by repealing clauses (a), (b) and (c) and substituting the following:*

(a) the enrolment by the Minister of individual registrants and their dependants as non-group members of the Blue Cross Plan operated by the Association upon payment of the premiums prescribed therefor under the regulations made pursuant to *The Health Insurance Premiums Act*;

(b) the payments by the Minister to the Association with respect to goods and services provided to registrants and dependants so enrolled;

(c) the goods and services that are to be provided under the agreement and The Blue Cross Plan with respect to registrants and their dependants so enrolled;

(b) *by repealing subsection (2) and substituting the following:*

(2) If a registrant is in arrears of premiums under *The Health Insurance Premiums Act*, he and his dependants are not entitled to be enrolled as members of The Blue Cross Plan pursuant to the Blue Cross agreement.

(c) *in subsection (2.1) by striking out “resident” and substituting “registrant”.*

34 *Section 47(1)(h) is repealed and the following is substituted:*

(h) any other Act under which insured services are provided,

(2) Where any practitioner does not give or refuses to give a consent under subsection (1) after the Minister, has requested that consent, the Minister, after consultation with the council of the College or the board of directors or council of the professional association of which the practitioner is a member, as the case may be, may withhold the payment of benefits to that practitioner in respect of claims made by him on behalf of residents until the consent is given.

33 Section 44(1) and (2) presently reads:

44(1) Subject to the approval of the Lieutenant Governor in Council, the Minister and the Alberta Hospital Association may enter into an agreement providing for the following:

(a) the enrolment by the Minister of individual residents as members of The Blue Cross Plan operated by the Association upon payment of the premiums prescribed therefor under the regulations made pursuant to The Health Insurance Premiums Act;

(b) the payment by the Minister to the Association of the membership subscriptions prescribed by the rules and regulations of The Blue Cross Plan as being payable in respect of the individual residents so enrolled;

(c) the services, drugs and appliances that are to be optional health services for the purposes of the agreement and The Blue Cross Plan with respect to the residents so enrolled;

(d) generally, any matter in connection with or incidental to the matters referred to in clauses (a), (b) and (c).

(2) A resident is not entitled to enrol himself or any of his dependants as members of The Blue Cross Plan pursuant to the Blue Cross agreement unless he is registered under this Act and is not in arrears of premiums under The Health Insurance Premiums Act.

34 Section 47(1) presently reads in part:

47(1) A resident who is entitled to benefits under this Act is also entitled to receive, without charge, insured services that are provided under

(h) any other Act under which the Minister is empowered to provide any insured services or the whole or part of the cost of any insured services,

notwithstanding any provision of those Acts or the regulations thereunder that provide requirements as to residence in Alberta that are inconsistent with or more onerous than the requirements as to residence under the Plan.

35 The Alberta Hospitals Act is amended in section 58(2)(b)(i) by striking out “section 22 of The Health Insurance Premiums Act” and substituting “section 36.1 of The Alberta Health Care Insurance Act”.

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

35 Consequential. Amends chapter 174 of the Revised Statutes of Alberta 1970.