

1983 BILL 207

First Session, 20th Legislature, 32 Elizabeth II

THE LEGISLATIVE ASSEMBLY OF ALBERTA

BILL 207

**AN ACT TO PROVIDE FOR UNIVERSAL,
FINANCIALLY ACCESSIBLE HEALTH
CARE IN ALBERTA**

MR. MARTIN

First Reading

Second Reading

Committee of the Whole

Third Reading

Royal Assent

Bill 207
Mr. Martin

BILL 207

1983

AN ACT TO PROVIDE FOR UNIVERSAL, FINANCIAL ACCESSIBLE HEALTH CARE IN ALBERTA

(Assented to , 1983)

WHEREAS it is desirable that good health care and medical services should be available to all Albertans, regardless of their financial means; and

WHEREAS health insurance premiums and extra charges by health practitioners may be a barrier to access to good health care for some Albertans;

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

PART 1

1 The Health Insurance Premiums Act is repealed.

PART 2

2 The Alberta Health Care Insurance Act is amended by this Part.

3 Section 5(4) is repealed.

Explanatory Notes

1 This Bill will repeal chapter H-5 of the Revised Statutes of Alberta 1980.

2 This Part will amend chapter A-24 of the Revised Statutes of Alberta 1980.

3 Section 5(4) presently reads:

(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.

4 *Section 7 is struck out and the following is substituted:*

7(1) The Lieutenant Governor in Council may make regulations prescribing the rates of benefits payable in respect of basic health services.

(2) The Minister may enter into an agreement with the College providing for annual indexing of the rates of benefits payable, establishing the factors upon which the indexing shall be based and a formula for the calculation of the indexing.

(3) Upon the request of the Minister or the College, and in any event once a year, the Minister shall

(a) meet and review with the College any agreement in force pursuant to subsection (2),

(b) consider any representation made to him by the College relating to the agreement, the rate of benefits or the indexing,

(c) make any amendment to the agreement that appears to him to be justified and is accepted by the College, and

(d) recommend any amendment to the regulations, made pursuant to subsection (1), that are necessary as a result of the agreement or the indexing.

5 *Section 20 is struck out and the following is substituted:*

20(1) Payment made by the Minister to any person in respect of basic health services provided, in accordance with the rates established under section 7, shall constitute payment in full for the services.

(2) Any agreement for remuneration in addition to that provided for in subsection (1) is void.

(3) Any person who demands or accepts any remuneration for providing basic health services in addition to that provided for in subsection (1) is guilty of an offence punishable on summary conviction.

4 Section 7 presently reads:

7 *The Minister may make regulations*

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

(b) *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;*

(c) *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.*

5 Section 20 presently reads:

20(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,*

(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) *A person who contravenes subsection (1) is guilty of an offence.*

6 Section 25 is amended

(a) in subsection (6)

(i) by striking out “, the Health Insurance Premiums Act,”

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

(iii) by repealing clause (d),

(b) by repealing subsection (8) and substituting:

(8) If a spouse files an election under subsection (7)(a) the declaration does not extend to or apply to the spouse and the dependants of the registrant during the period that the election is in effect.

and

(c) by repealing subsection (9) and substituting:

(9) If a dependant files an election under subsection (7)(b), the declaration does not extend to or apply to the dependant during the period that the election is in effect.

7 Section 31(3)(b) is repealed.

6 Section 25(6), (8) and (9) presently reads:

(6) If a registrant files a valid declaration under subsection (1), then, notwithstanding anything in this Act, the Health Insurance Premiums Act or the 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.

(8) If 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.

7 Section 31(3)(b) presently reads:

(3) The following shall be paid into the Fund:

(b) all money received as premiums pursuant to the Health Insurance Premiums Act.

8 *Section 37 is amended*

(a) *in subsection (1)(a) by striking out “made pursuant to the Health Insurance Premiums Act”,*

(b) *by repealing subsection (2), and*

(c) *in subsection (4) by adding the following after “regulations”:*

“prescribing the premiums payable to the Minister for the enrolment by the Minister of residents as members of The Blue Cross Plan pursuant to the Blue Cross agreement, and”.

9 *This Act comes into force on a date to be fixed by Proclamation.*

8 Section 37 presently reads in part:

37(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 registrants and their dependants as non-group members of The Blue Cross Plan operated by the Blue Cross force.
operated by the Association on payment of the premiums therefor under the regulations made pursuant to the Health Insurance Premiums Act;*
- (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.*
- (4) The Lieutenant Governor in Council may make regulations governing any matter in connection with or incidental to matters provided for in the Blue Cross agreement and not inconsistent with the agreement.*

9 Coming into