

1985 BILL 219

Third Session, 20th Legislature, 34 Elizabeth II

THE LEGISLATIVE ASSEMBLY OF ALBERTA

BILL 219

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

MR. GURNETT

First Reading

Second Reading

Committee of the Whole

Third Reading

Royal Assent

Bill 219
Mr. Gurnett

BILL 219

1985

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

(Assented to , 1985)

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

WHEREAS no health insurance premiums or extra charges by health practitioners should be applied if they constitute 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1 The Health Insurance Premiums Act is repealed.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.

Explanatory Notes

1 This Part 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 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.

4 *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.

3 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) respecting the manner in which benefits are to be paid and the persons to whom 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.

4 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

5 *Section 31(3)(b) is repealed.*

6 *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 “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” after “regulations”.

PART 3

7 *The Hospitals Act is amended by this Part.*

8 *Section 53(k) is struck out.*

(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.

5 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.

6 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 residents and their dependants as non-group members of The Blue Cross Plan operated by the Blue Cross operated by the Association on payment of the premiums prescribed therefor under the regulations made pursuant to the Health Insurance Premiums Act;

(2) If a resident 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.

7 This Part will amend chapter H-11 of the Revised Statutes of Alberta 1980.

8 Section 53(k) presently reads:

(k) "user charges" means charges, other than authorized charges, that are assessed or assessable directly against patients, or others responsible for patients, for insured services.

9 *Section 62 is amended*

- (a) *in clause (g.1) by striking out “and user charges and”,*
- (b) *clauses (g.2) and (g.3) are struck out, and*
- (c) *in clause (h) by striking out “or user”.*

10 *Section 63 is amended*

- (a) *in subsection (1) by striking out “and user” after “authorized” wherever it occurs;*
- (b) *in subsection (2)(b)(iv) by striking out “or user” after “author ized”.*

11 *This Act comes into force on Proclamation.*

9 Section 62 presently reads in part:

(g.1) respecting the basis of sharing the operating costs of hospitals between the Minister, patients and other persons using hospital facilities, the assessment and collection of authorized and user charges and charges for accommodation and meals where hostel accommodation is provided, and exemptions from those charges;

(g.2) without limiting clause (g.1), authorizing hospitals

(i) to fix, up to the maximum amounts specified in the regulations, the amounts (if any) to be paid by patients as user charges, and

(ii) to exempt persons from user charges;

(g.3) providing for appeals by patients required to pay user charges to hospitals and the basis for such appeals;

(h) providing for the payment by the Minister of all or part of the authorized or user charges on behalf of patients suffering from specific diseases or conditions.

10 Section 63 presently reads in part:

63(1) Subject to subsection (2), an insurer shall not make a new contract or add new members 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

(a) standard ward hospitalization, including authorized and user charges for it, or

(b) any other insured services, other than authorized and user charges for those other services.

(2) An insurer

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

(iv) no coverage is provided in respect of the cost of authorized or user charges for standard ward hospitalization.

11 Coming into force.