

1986 BILL 27

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First Session, 21st Legislature, 35 Elizabeth II

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THE LEGISLATIVE ASSEMBLY OF ALBERTA

# **BILL 27**

**ALBERTA HEALTH CARE INSURANCE  
AMENDMENT ACT, 1986**

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THE MINISTER OF HOSPITALS AND MEDICAL CARE

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First Reading .....

Second Reading .....

Committee of the Whole .....

Third Reading .....

Royal Assent .....

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## BILL 27

1986

### ALBERTA HEALTH CARE INSURANCE AMENDMENT ACT, 1986

(Assented to \_\_\_\_\_, 1986)

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 *The following is added after section 5:*

**5.1(1)** Subject to this section, every physician and dental surgeon shall be deemed to have opted into the Plan.

(2) A physician or dental surgeon may opt out of the Plan by

(a) notifying the Minister in writing indicating the effective date of the opting out, and

(b) publishing a notice of the proposed opting out in a newspaper having general circulation in the area in which the physician or dental surgeon practises

at least 30 days prior to the effective date of the opting out.

(3) A physician or dental surgeon who has not previously practised in Alberta may opt out of the Plan prior to commencing practice, by

(a) notifying the Minister in writing indicating the date on which the physician or dental surgeon will commence practice, and

(b) publishing a notice of the proposed opting out in a newspaper having general circulation in the area in which the physician or dental surgeon intends to practise.

(4) A physician or dental surgeon who has opted out of the Plan may opt into the Plan by notifying the Minister in writing at least 30 days prior to the effective date of the opting in.

**5.2(1)** In this section, "eligible resident" means a resident who is entitled to receive benefits under this Act.

(2) No physician or dental surgeon shall charge or collect from any person an amount in addition to the benefits payable by the Minister with respect to insured services unless that physician or dental surgeon has opted out or is deemed to have opted out of the Plan in accordance with section 5.1 or this section.

## **Explanatory Notes**

- 1** This Bill will amend chapter A-24 of the Revised Statutes of Alberta 1980.
- 2** Opting into and out of the Alberta Health Care Insurance Plan.

- (3) If a physician or dental surgeon contravenes subsection (2), the Minister may
- (a) in the case of a first or subsequent contravention, send a written warning to the physician or dental surgeon,
  - (b) in the case of a 2nd or subsequent contravention, refer the contravention to the College or The Alberta Dental Association, as the case may be, and
  - (c) in the case of a 3rd or subsequent contravention, order that, after a date specified in the order, the physician or dental surgeon shall be deemed to have opted out of the Plan for the period specified in the order.
- (4) An order under subsection (3)(c) shall, prior to the effective date of the order, be served personally or by registered mail on the physician or dental surgeon affected by the order.
- (5) Except where insured services are provided to an eligible resident in an emergency, no eligible resident is entitled to benefits with respect to insured services provided by a physician or dental surgeon who has opted out of the Plan.
- (6) Except where insured services are provided to an eligible resident in an emergency,
- (a) no physician or dental surgeon who has opted out or is deemed to have opted out of the Plan is entitled to benefits for insured services provided to an eligible resident, and
  - (b) prior to providing insured services to an eligible resident, a physician or dental surgeon who has opted out or is deemed to have opted out of the Plan shall notify the eligible resident of that fact and that the eligible resident is not entitled to be reimbursed for the cost of the services from the Plan.
- (7) If a physician or dental surgeon who has opted out or is deemed to have opted out of the Plan provides insured services to an eligible resident in an emergency and the physician or dental surgeon or the resident is paid benefits with respect to those insured services, the physician or dental surgeon shall not charge or collect from any person an amount in addition to those benefits.
- (8) If a physician or dental surgeon, in contravention of subsection (2) or (7), receives an amount in addition to the benefits payable by the Minister, the Minister may recover that additional amount and the amount of the benefits by any one or more of the following:
- (a) withholding those amounts from any benefits payable to the physician or dental surgeon;
  - (b) civil action as though those amounts were a debt owing to the Crown in right of Alberta;
  - (c) pursuant to an agreement between the Minister and the physician or dental surgeon concerned providing for the repayment of those amounts.



(9) The Minister shall reimburse an eligible resident or his personal representatives for any amounts recovered under subsection (8) that were paid by the eligible resident and with respect to which the eligible resident did not receive benefits.

*3 Section 6 is amended by adding the following after clause (h):*

(h.1) governing notifications under section 5.1 and 5.2;

*4 Section 10 is repealed.*

**3** Section 6 presently reads in part:

*6 The Lieutenant Governor in Council may make regulations*

*(h) providing the circumstances under which a person is or is not to be considered as temporarily absent from Alberta for the purposes of section 5(3);*

**4** Section 10 presently reads:

*10(1) For the purposes of this section,*

*(a) "assessment" means the assessment of a physician's bill, account or claim under this section;*

*(b) "committee" means a committee appointed by the College under the Medical Profession Act for the purpose of carrying out assessments.*

*(2) Notwithstanding any agreement between a physician and a resident*

*(a) a resident who receives a bill, account or claim for goods or services provided by a physician,*

*(b) the Minister, or*

*(c) the College*

*may have the bill, account or claim assessed by a committee.*

*(3) If a person has been served in accordance with the regulations and fails to attend an assessment, the committee may proceed with the assessment in his absence.*

*(4) Any person who in the opinion of the committee is required shall submit to examination by the committee in respect of the bill, account or claim being assessed, and shall produce any book, record or document within his possession or control that may be requested by the committee.*

*(5) A person who gives evidence related to the bill, account or claim being assessed shall, if the committee thinks fit, be examined on oath or affirmation and for the purposes of an assessment any member of the committee is conferred with the power of a commissioner for oaths under the Commissioners for Oaths Act.*

*(6) The committee may refuse to allow a bill, account or claim or part of a bill, account or claim that in its opinion is excessive having regard to the circumstances of the matter.*

*(7) The costs of the assessment and determination under subsection (6) are in the discretion of the committee, and it may direct to and by whom and in what manner the costs or any part of them shall be paid.*

*(8) The costs of the assessment and determination under subsection (6) made by the committee is final and binding and shall not be questioned or reviewed by any court.*

*(9) A physician served in accordance with the regulations who*

*(a) fails to attend an assessment,*

*(b) fails to produce a book, record or document requested by the committee, or*

*(c) refuses to be sworn or affirmed or to answer a question*

*is liable to attachment on application to a judge of the Court of Queen's Bench.*

5 *Section 12(1) is amended*

*(a) in clause (b) by striking out “subject to section 10” and substituting “except sections 5.1 and 5.2”;*

*(b) in clause (c) by striking out “affects” and substituting “except sections 5.1 and 5.2, affects”.*

6 *Section 13(2)(a) is repealed.*

7 *Section 20 is repealed.*



*(10) The Minister may make regulations*

- (a) respecting the procedure for carrying out an assessment;*
- (b) respecting service of documents;*
- (c) respecting attendance at an assessment;*
- (d) respecting composition of the committee;*
- (e) governing payment of remuneration and expenses to committee members.*

**5 Section 12(1) presently reads:**

*12(1) Nothing in this Act or the regulations*

- (a) interferes with the right of any person to his own choice of practitioner,*
- (b) subject to section 10, 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,*
- (c) affects the right of any resident to receive any health services or benefits in respect of them by reason of his choice of practitioner, or*
- (d) interferes with the right of a practitioner to accept or refuse to accept a patient who is a resident, subject to humanitarian considerations and the traditions and ethics of the profession of which he is a member.*

**6 Section 13(2) presently reads:**

*(2) The Minister or a person employed in the administration of this Act and authorized by the Minister may disclose or communicate information pertaining to the date on which health services were provided, a description of those services, any diagnosis given by a person who provided the services, the name and address of the person who provided the services, the benefits paid for those services and the person to whom they were paid, the name and address of the person to whom the services were provided and any other information pertaining to the nature of the health services provided*

- (a) to a committee as defined in section 10, if a member of the committee makes a written request for it stating that the information is required for the purposes of an assessment, and*
- (b) to the Medical Practice Audit Committee established by the College.*

**7 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*

8 *Section 35 is amended by renumbering it as section 35(1) and adding the following after subsection (1):*

(2) An agreement under subsection (1) between the Minister and the Alberta Medical Association may provide for the submission of differences to arbitration.

(3) If an agreement between the Minister and the Alberta Medical Association provides for arbitration,

(a) the arbitration is final and binding on the Crown and the Alberta Medical Association, and

(b) the *Arbitration Act* does not apply to the arbitration.

9(1) *Notwithstanding section 5.1 of the Alberta Health Care Insurance Act, a physician or dental surgeon may opt out of the Plan prior to October 31, 1986 by notifying the Minister in writing of his intention to do so, in which case the physician or dental surgeon shall be deemed to have opted out of the Plan on October 1, 1986.*

(2) *An agreement or arrangement between a physician or dental surgeon and a resident entered into before October 1, 1986 to allow the physician or dental surgeon to collect an amount in addition to the benefits for an insured health service payable by the Minister under the Alberta Health Care Insurance Act shall be deemed to terminate and cease to be enforceable on December 31, 1986.*

10(1) *This Act, except sections 4, 6 and 8, comes into force on October 1, 1986.*

(2) *Sections 4 and 6 come into force on December 31, 1986.*

*(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.*

**8** Section 35 presently reads:

*35 The Minister may enter into agreements with any government, person or unincorporated group of persons*

*(a) respecting any matter relating to the administration or operation of the Plan, or*

*(b) providing for any matter for which no provision is made elsewhere in this Act or in the regulations which he considers necessary,*

*and the Minister may implement any agreement so made.*

**9** Transitional.

**10** Coming into force.