

2016 Bill 28

Second Session, 29th Legislature, 65 Elizabeth II

THE LEGISLATIVE ASSEMBLY OF ALBERTA

BILL 28

**PUBLIC HEALTH
AMENDMENT ACT, 2016**

THE MINISTER OF HEALTH

First Reading

Second Reading

Committee of the Whole

Third Reading

Royal Assent

BILL 28

2016

PUBLIC HEALTH AMENDMENT ACT, 2016

(Assented to _____, 2016)

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

Amends RSA 2000 cP-37

1 The *Public Health Act* is amended by this Act.

2 Section 1 is amended

(a) in clause (bb)

(i) by adding “the Minister or” after “appointed by”;

(ii) by striking out “or designated by the Minister”;

**(b) in clause (gg)(ii) by striking out “Chief Medical Officer”
and substituting “Minister”;**

**(c) in clause (nn) by striking out “diseases” wherever it
occurs and substituting “infections”.**

Explanatory Notes

1 Amends chapter P-37 of the Revised Statutes of Alberta 2000.

2 Section 1 presently reads in part:

1 In this Act,

(bb) “medical officer of health” means a physician appointed by a regional health authority or designated by the Minister under this Act as a medical officer of health, and includes the Chief Medical Officer and the Deputy Chief Medical Officer;

(gg) “prescribed”, with respect to a form, means a form that

(i) is in the form prescribed in the regulations, or

(ii) is in a form approved by the Chief Medical Officer, where no form has been prescribed in the regulations;

(nn) “sexually transmitted diseases clinic” means a clinic operated by the Minister or a regional health authority for the purposes of prevention and treatment of sexually transmitted diseases;

3 Section 9 is amended

(a) **in subsection (1) by striking out** “a person as a medical officer of health and persons” **and substituting** “one or more persons as medical officers of health and one or more persons”;

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

(2) The Minister may appoint one or more persons as medical officers of health for a regional health authority if the Minister is of the opinion that the number of medical officers of health appointed by the regional health authority is insufficient.

4 Section 15(1) is amended by adding “or to a medical officer of health, or to both,” **after** “provide to the Chief Medical Officer”.

5 Section 16 is amended

(a) **in subsection (1) by striking out** “designate a physician as a medical officer” **and substituting** “appoint one or more physicians as medical officers”;

(b) **in subsection (2) by striking out** “designated” **and substituting** “appointed”;

(c) **in subsection (3) by striking out** “a person employed in the Department as an executive officer” **and substituting**

3 Section 9 presently reads:

9(1) A regional health authority shall appoint a person as a medical officer of health and persons as executive officers for the regional health authority for the purpose of carrying out this Act and the regulations.

(2) The Minister may appoint a person as a medical officer of health for a regional health authority if the regional health authority fails to do so.

(3) A person who is appointed as a medical officer of health under this section is, by virtue of the appointment, also an executive officer.

4 Section 15 presently reads:

15(1) Where

(a) a disease is not prescribed as a notifiable disease under the regulations, and

(b) the Chief Medical Officer considers that it is advisable to keep the disease under surveillance in order to assess the impact of the disease and the need for further intervention under this Act,

the Chief Medical Officer may by notice in writing require a medical officer of health, a physician or a director of a laboratory to provide to the Chief Medical Officer at the times and in the manner set out in the notice any information in respect of the disease that is set out in the notice.

5 Section 16 presently reads:

16(1) The Minister may designate a physician as a medical officer of health for the purpose of Part 3.

(2) A person who is designated as a medical officer of health under subsection (1) is, by virtue of the appointment, also an executive officer.

“one or more persons employed in the Department as executive officers”.

6 Section 18.1 is amended

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

Disclosure of information

18.1(1) In this section,

- (a) “charter school”, “early childhood services program”, “independent student”, “private school” and “school board” have the meanings given to them in the *School Act*;
- (b) “child care program” means a child care program in respect of which a licence has been issued under the *Child Care Licensing Act*.

(2) A medical officer of health may by notice in writing require a school board, an operator of a private school or of a charter school, an operator of an early childhood services program or a provider of a child care program to provide to the medical officer of health, in the form and manner and within the time specified in the notice, the information set out in subsection (2.1) that is in its custody or within its control, for the purpose of contacting a parent or guardian of a student or child, or contacting an independent student, regarding voluntary health programs, including immunization, hearing, vision, speech and dental health programs, and for the purpose of communicable diseases control.

(2.1) For the purposes of subsection (2), a medical officer of health may require the following information to be provided:

- (a) the name, address, postal code, date of birth and sex, and the grade level, if applicable, of a student or child and the school, early childhood services program or child care program, as the case may be, attended by the student or child;
- (b) the name, address, postal code, telephone number and electronic address

(3) The Minister may designate a person employed in the Department as an executive officer for the purposes of this Act.

6 Section 18.1 presently reads:

18.1(1) In this section, “early childhood services program”, “private school” and “school board” have the meanings given to them in the School Act.

(2) A medical officer of health may by notice in writing require a school board, an operator of a private school or an operator of an early childhood services program to provide, in the form and manner and within the time specified in the notice,

- (a) a student’s name, address, date of birth, sex and school,*
- (b) the name, address and telephone number of the student’s parent or guardian, and*
- (c) any other information prescribed in the regulations*

to the medical officer of health for the purpose of contacting the parent or guardian of the student regarding voluntary health programs offered by a regional health authority, including immunization, hearing, vision, speech and dental health programs, and for the purpose of communicable diseases control.

(3) A school board, an operator of a private school or an operator of an early childhood services program who receives a notice under subsection (2) shall comply with it.

- (i) of the parent or guardian of a child or a student other than an independent student, or
- (ii) of an independent student;
- (c) any other information prescribed in the regulations.

(b) in subsection (3)

- (i) **by adding** “or charter school” **after** “private school”;
- (ii) **by adding** “or a provider of a child care program” **after** “program”.

7 The following is added after section 18.1:

Provision of information by Minister of Education

18.2(1) The Minister may require the Minister of Education to provide to the Minister, in the form and manner and within the time specified, the information set out in subsection (2) that is in the custody or under the control of the Department of Education, for the purpose of contacting a parent or guardian of a student, or contacting an independent student, respecting voluntary health programs, including immunization, hearing, vision, speech and dental health programs, and for the purpose of communicable diseases control.

(2) For the purposes of subsection (1), the Minister may require the following information to be provided:

- (a) a student’s name, address, postal code, date of birth, sex, grade level and school;
- (b) the name, address, postal code, telephone number and electronic address
 - (i) of the parent or guardian of a student other than an independent student, or
 - (ii) of an independent student;
- (c) any other information prescribed in the regulations.

7 Disclosure of information by Minister of Education.

8 The following is added before section 19:

Reporting re immunization

18.3 A health practitioner who performs an immunization or conducts an assessment in respect of immunization shall report information respecting immunization to the Minister in accordance with the regulations.

Reporting adverse event following immunization

18.4 A health practitioner shall, in accordance with the regulations, report any adverse event following immunization of which the health practitioner becomes aware in respect of a person to whom the health practitioner has provided or is providing professional services.

Immunization schedules

18.5 A health practitioner who performs an immunization shall comply with

- (a) the most recent version of an immunization schedule published by the Chief Medical Officer, or
- (b) the part of the most recent version of an immunization schedule published by the Chief Medical Officer

that is identified by the Chief Medical Officer as being mandatory.

Biological agent storage, handling, transportation

18.6(1) A person who stores, handles or transports, or directs the storage, handling or transportation of, a biological agent intended for use in immunization shall do so in accordance with the regulations.

(2) A person referred to in subsection (1) who becomes aware of a contravention of the regulations referred to in subsection (1) shall take action in accordance with the regulations.

9 Section 20(2) is amended

- (a) by striking out “disease” and substituting “infection”;**
- (b) by striking out “diseases” and substituting “infections”.**

8 Reporting re immunization; Reporting adverse event following immunization; Immunization schedules; Biological agent storage, handling, transportation.

9 Section 20(2) presently reads:

(2) Every person who knows or has reason to believe that the person is or may be infected with a sexually transmitted disease prescribed in the regulations for the purposes of this subsection

10 Section 21 is amended by striking out “the medical officer of health of the regional health authority” **and substituting** “a medical officer of health of a regional health authority”.

11 Section 22 is amended

- (a) in subsections (1), (1.1) and (2) by striking out** “the medical officer of health of the regional health authority” **and substituting** “a medical officer of health”;
- (b) in subsections (3) and (4) by striking out** “the Chief Medical Officer” **and substituting** “a medical officer of health”.

shall immediately consult a physician or attend a sexually transmitted diseases clinic to determine whether the person is infected or not, and if the person is found to be infected, shall submit to the treatment directed and comply with any other conditions prescribed by a physician until the physician is satisfied that the person is not infectious.

10 Section 21 presently reads:

21 During a period in which a person or a minor under the person's custody, care or control is required by section 20 to submit to treatment or to comply with conditions, that person shall immediately notify the consulting physician, the clinic or the medical officer of health of the regional health authority of any change in the person's address or the address of the minor, as the case may be.

11 Section 22 presently reads:

22(1) Where a health practitioner, a teacher or a person in charge of an institution knows or has reason to believe that a person under the care, custody, supervision or control of the health practitioner, teacher or person in charge of an institution is infected with a communicable disease prescribed in the regulations for the purposes of this subsection, the health practitioner, teacher or person in charge of an institution shall notify the medical officer of health of the regional health authority

- (a) by the fastest means possible in the case of a prescribed disease that is designated in the regulations as requiring immediate notification, or*
- (b) within 48 hours in the prescribed form in the case of any other prescribed disease.*

(1.1) Where an operator of a supportive living accommodation licensed under the Supportive Living Accommodation Licensing Act knows or has reason to believe that a person residing at the supportive living accommodation is infected with a communicable disease prescribed in the regulations for the purposes of subsection (1), the operator shall notify the medical officer of health of the regional health authority in accordance with subsection (1)(a) and (b).

12 Section 23 is amended

- (a) in clause (a) by striking out** “the medical officer of health of the regional health authority” **and substituting** “a medical officer of health”;
- (b) in clause (b) by striking out** “the Chief Medical Officer” **and substituting** “a medical officer of health”.

(2) Where a physician, a nurse practitioner or a midwife knows or has reason to believe that a person under the care in a hospital of the physician, nurse practitioner or midwife is infected with a disease to which subsection (1) applies, the physician, nurse practitioner or midwife shall, in addition to carrying out the physician's, nurse practitioner's or midwife's responsibilities under subsection (1), immediately inform the medical director or other person in charge of the hospital, and the medical director shall notify the medical officer of health of the regional health authority by telephone or in accordance with the prescribed form.

(3) Where a physician, a community health nurse, a nurse practitioner, a midwife or a person in charge of an institution knows or has reason to believe that a person under the care, custody, supervision or control of the physician, community health nurse, nurse practitioner, midwife or person in charge of an institution is infected with a disease referred to in section 20(2), the physician, community health nurse, nurse practitioner, midwife or person in charge of an institution shall, within 48 hours, notify the Chief Medical Officer in the prescribed form.

(4) Where an operator of a supportive living accommodation licensed under the Supportive Living Accommodation Licensing Act knows or has reason to believe that a person residing at the supportive living accommodation is infected with a disease referred to in section 20(2), the operator shall, within 48 hours, notify the Chief Medical Officer in the prescribed form.

12 Section 23 presently reads:

23 Where an examination of a specimen derived from a human body reveals evidence of a communicable disease, the director of the laboratory conducting the examination shall,

- (a) in the case of a disease prescribed in the regulations for the purposes of this clause, notify the medical officer of health of the regional health authority*
 - (i) by the fastest means possible in the case of a prescribed disease that is designated in the regulations as requiring immediate notification, or*
 - (ii) within 48 hours in the prescribed form or by telephone, in the case of any other prescribed disease,*

13 Section 25 is amended

- (a) **by striking out “20(1)” and substituting “20(1) or (2)”;**
- (b) **by striking out “the medical officer of health” and substituting “a medical officer of health”.**

14 Section 26 is amended by striking out “the medical officer of health of the regional health authority” and substituting “a medical officer of health of a regional health authority”.

15 Section 33(2), (3) and (4) are amended by striking out “the medical officer of health” and substituting “a medical officer of health”.

and

- (b) *in the case of a disease referred to in section 20(2), notify the Chief Medical Officer in the prescribed form within 48 hours.*

13 Section 25 presently reads:

25 Where a medical officer of health receives notification of a suspected case of a communicable disease referred to in section 20(1) that occurs outside the boundaries of the health region, that medical officer of health shall immediately notify the medical officer of health of the regional health authority of the health region in which the case occurred.

14 Section 26 presently reads:

26 A health practitioner, a teacher or a person in charge of an institution who knows of or has reason to suspect the existence of

- (a) *a communicable disease in epidemic form,*
- (b) *another illness or health condition occurring at an unusually high rate, or*
- (c) *a communicable disease or another illness or health condition that is caused by a nuisance or other threat to the public health*

shall immediately notify the medical officer of health of the regional health authority by the fastest means possible.

15 Section 33 presently reads in part:

(2) No person who is suffering from a communicable disease for which isolation or quarantine is required under the regulations shall remain or be permitted to remain in any public place, other than a hospital or other place approved under subsection (1), unless the medical officer of health is satisfied that the presence of the person in the public place would involve no risk to the public health.

(3) Where a person is isolated or quarantined in

16 Section 34(1) is amended by adding “in a hospital or other place approved for the purpose by a medical officer of health” **after** “quarantined”.

17 Section 35 is amended by striking out “the medical officer of health” **and substituting** “a medical officer of health”.

- (a) *a social care facility,*
- (a.1) *a supportive living accommodation licensed under the Supportive Living Accommodation Licensing Act,*
- (b) *a food handling establishment, or*
- (c) *living accommodation attached to a social care facility, supportive living accommodation or food handling establishment,*

the medical officer of health may, by notice to the owner of the social care facility, supportive living accommodation or food handling establishment, order the owner not to operate or permit the operation of the social care facility, supportive living accommodation or food handling establishment until decontamination of the social care facility, supportive living accommodation or food handling establishment is completed.

(4) Where a person is isolated or quarantined in a place under circumstances that require terminal decontamination, the medical officer of health may, by notice to the owner of the place, order the owner to refuse entry to the place to any person other than

- (a) *an executive officer,*
- (b) *a medical officer of health, or*
- (c) *a person with the consent of an executive officer or a medical officer of health*

until decontamination is completed.

16 Section 34 presently reads in part:

34(1) When a person is isolated or quarantined, the medical officer of health shall ensure that the person is provided with all supplies and services necessary for the person's health and subsistence.

17 Section 35 presently reads:

35 No person shall

18 Section 36 is amended by striking out “inform the medical officer of health” **and substituting** “inform a medical officer of health”.

19 Section 39(1) is amended by striking out “the medical officer of health” **and substituting** “a medical officer of health of a regional health authority”.

- (a) *remove anything from a place in respect of which decontamination is required, or*
- (b) *give, lend, sell or offer for sale anything that has been exposed to contamination*

until decontamination has been completed to the satisfaction of the medical officer of health.

18 Section 36 presently reads:

36 A person transporting another person who that person knows or has reason to believe is suffering from a communicable disease requiring isolation or quarantine under the regulations shall inform the medical officer of health of the regional health authority of the health region in which the person is being transported and comply with any conditions respecting the transportation that are prescribed by the medical officer of health.

19 Section 39(1) presently reads:

39(1) Where a physician, community health nurse, midwife or nurse practitioner knows or has reason to believe that a person

- (a) *is infected with a disease prescribed in the regulations for the purposes of this section, and*
- (b) *refuses or neglects*
 - (i) *to submit*
 - (A) *to a medical examination for the purpose of ascertaining whether the person is infected with that disease, or*
 - (B) *to medical, surgical or other remedial treatment that has been prescribed by a physician and that is necessary to render the person non-infectious, or*
 - (ii) *to comply with any other conditions that have been prescribed by a physician as being necessary to mitigate the disease or limit its spread to others,*

20 Section 40(1)(a) is amended by adding “who issued the certificate” **after** “medical officer of health”.

21 Sections 52.2(1) and 52.81(5) are amended by striking out “the medical officer of health” **and substituting** “a medical officer of health”.

22 Section 56 is amended

(a) in subsection (1) by striking out “diseases” **and substituting** “infections”;

the physician, community health nurse, midwife or nurse practitioner shall immediately notify the medical officer of health in the prescribed form.

20 Section 40(1) presently reads in part:

40(1) A certificate is authority

- (a) for any peace officer to apprehend the person named in it and convey the person to any facility specified by the medical officer of health within 7 days from the date the certificate is issued,*

21 Sections 52.2(1) and 52.81(5) presently read:

52.2(1) Where, on the advice of the medical officer of health and in consultation with the Chief Medical Officer, a regional health authority is satisfied that

- (a) a public health emergency exists or may exist in the health region, and*
- (b) prompt co-ordination of action or special regulation of persons or property is required in order to protect the public health,*

the regional health authority may make an order declaring a local state of public health emergency relating to all or part of the health region.

(5) Where, on the advice of the medical officer of health and in consultation with the Chief Medical Officer, a regional health authority considers that a public health emergency no longer exists in an area in relation to which an order under section 52.2 was made, the regional health authority shall make an order terminating the declaration in respect of that area.

22 Section 56 presently reads:

56(1) A person suffering from a communicable disease referred to in section 20(2) shall, on request, provide the physician or sexually transmitted diseases clinic responsible for the person's treatment

- (b) in subsections (2) and (3) by striking out “the Chief Medical Officer” and substituting “a medical officer of health”.**

23 Section 66 is amended

(a) in subsection (1)

- (i) in clause (t) by striking out “18.1(2)(c)” and substituting “18.1(2.1)(c) or 18.2(2)(c)”;**

(ii) by adding the following after clause (v):

- (v.1) respecting reporting by health practitioners in respect of immunization;
- (v.2) respecting reporting by health practitioners in respect of adverse events following immunization;
- (v.3) respecting the handling, storage and transportation of biological agents intended for use in immunization, including, without limitation, regulations respecting actions to be taken after a contravention occurs in respect of the handling, storage and transportation of the biological agents;
- (v.4) defining words or expressions used but not defined in this Act;

(b) by repealing subsection (2)(a);

(c) by repealing subsections (3) and (4) and substituting the following:

- (3) A regulation made under subsection (1) or (2) may incorporate, adopt or declare in force a code, standard, guideline, schedule or body of rules, including a code, standard, guideline, schedule or body of rules developed by**

with the names of all persons with whom the person has had sexual contact.

(2) Notwithstanding section 53, a physician who is provided with the names of contacts pursuant to subsection (1) shall immediately provide the information to the Chief Medical Officer.

(3) Notwithstanding section 53, the Chief Medical Officer may notify a person named as a contact pursuant to subsection (1).

23 Section 66 presently reads in part:

66(1) The Lieutenant Governor in Council may make regulations

(i) prescribing information for the purposes of section 18.1(2)(c);

(v) authorizing the waiving or mitigation of the application of any of the provisions of the regulations in particular cases, respecting the circumstances under which the waiver or mitigation may be granted and respecting the conditions to which a grant of a waiver or mitigation is subject;

(w) respecting any other matter that the Lieutenant Governor in Council considers necessary to carry out the intent of this Act.

(2) The Minister may make regulations

(a) respecting the standards and methods of distribution of vaccine and vaccination to be provided;

(3) In addition to or instead of making a regulation under subsection (1), the Lieutenant Governor in Council may declare to be in force a code, standard, guideline or body of rules that relates to any matter on which a regulation may be made under subsection (1) if it is published and is available to the public.

(4) In addition to or instead of making a regulation under subsection (2), the Minister may declare to be in force a code, standard, guideline or body of rules that relates to any matter on which a regulation may be made under subsection (2) if it is published and is available to the public.

the Minister, relating to any matter in respect of which a regulation may be made under subsection (1) or (2).

(4) Where a code, standard, guideline, schedule or body of rules is incorporated, adopted or declared in force by a regulation made under subsection (1) or (2), the Minister shall ensure that a copy of the code, standard, guideline, schedule or body of rules is readily available to the public.

(4.1) The *Regulations Act* does not apply to a code, standard, guideline, schedule or body of rules incorporated, adopted or declared in force by a regulation made under subsection (1) or (2).

(d) in subsection (5)

(i) by adding “, schedule” after “guideline”;

(ii) by striking out “declared in force under subsection (3) or (4)” and substituting “incorporated, adopted or declared in force by a regulation made under subsection (1) or (2)”.

24 Sections 8 and 23(a)(ii) and (b) come into force on Proclamation.

5) A code, standard, guideline or body of rules may be declared in force under subsection (3) or (4)

(a) in whole or in part or with modifications, and

(b) as it reads on a specific day or as amended from time to time.

24 Coming into force.

RECORD OF DEBATE

Stage	Date	Member	From	To
		Questions and Comments	From	To
Stage	Date	Member	From	To
		Questions and Comments	From	To
Stage	Date	Member	From	To
		Questions and Comments	From	To
Stage	Date	Member	From	To
		Questions and Comments	From	To