

2019 Bill 203

First Session, 30th Legislature, 68 Elizabeth II

THE LEGISLATIVE ASSEMBLY OF ALBERTA

BILL 203

AN ACT TO PROTECT PUBLIC HEALTH CARE

MR. FEEHAN

First Reading

Second Reading

Committee of the Whole

Third Reading

Royal Assent

BILL 203

2019

AN ACT TO PROTECT PUBLIC HEALTH CARE

(Assented to , 2019)

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

Amends RSA 2000 cA-20

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

2 The enacting clause is repealed and the following is substituted:

Preamble

WHEREAS the Legislative Assembly of Alberta is committed to a single-tier public health care system that ensures access to necessary medical care based on need and not on the ability to pay;

WHEREAS the Legislative Assembly Alberta is committed to the following *Canada Health Act* (Canada) program criteria as being necessary to protecting publicly funded health care and to maintaining a health care system in Alberta that promotes the timely, safe and fiscally sustainable delivery of quality insured services to Albertans:

- (a) non-profit public administration, public accountability and transparency;
- (b) comprehensiveness;
- (c) universality;

Explanatory Notes

- 1** Amends chapter A-20 of the Revised Statutes of Alberta 2000.
- 2** Preamble.

- (d) portability;
- (e) accessibility;

WHEREAS the Government of Alberta is committed to administering and operating a plan to provide benefits for basic health services to all residents of Alberta in a manner that is consistent with the *Canada Health Act* (Canada);

WHEREAS the Government of Alberta is committed to prohibiting two-tier medicine and extra billing and any other form of private payment in relation to insured services;

WHEREAS the Government of Alberta is committed to prohibiting the provision of accelerated access or queue jumping in relation to insured services by reason of a private payment; and

WHEREAS the Government of Alberta is committed to prohibiting private insurance in relation to insured services;

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

3 Section 1 is amended

(a) by adding the following after clause (c):

- (c.1) “block billing fee” means
 - (i) a membership fee, periodic fee or any other fee, set or paid in advance, or both, that is payable in respect of 2 or more non-insured medical services, or
 - (ii) a fee provided for by regulation;

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

- (l.1) “fee-based private health organization” means
 - (i) a person other than a physician that
 - (A) has entered into a service agreement or arrangement with one or more physicians who are

3 Adds definitions.

opted into the Plan and who provide insured services, non-insured medical services, or both, and

(B) charges or collects a block billing fee,

or

(ii) a person provided for by regulation that charges or collects a block billing fee;

(c) by adding the following after clause (o):

(o.1) “non-insured medical service” means a professional service provided by a physician the cost of which is not payable as a benefit, but does not include

(i) a service that a person is eligible for and entitled to under any Act of the Parliament of Canada or under the *Workers’ Compensation Act* or any law of any jurisdiction outside Alberta relating to workers’ compensation, or

(ii) a service provided to a resident who is a person described in section 4(3)(a) or (c);

(d) by adding the following after clause (w):

(w.1) “professional service” means a professional service as defined in the *Health Professions Act*;

4 The following is added after section 9:

Extra billing — other persons

9.1 No person shall, in respect of the provision of an insured service to a person by a physician or dentist who is opted into the Plan, charge or collect from any person an amount in addition to the benefits payable by the Minister for the insured service.

4 Extra billing — other persons.

5 The following is added after section 11:

Fee-based private health organization — prohibited activities

11.1(1) For the purposes of section 11(1), a fee-based private health organization has, in respect of an insured service provided to a person, charged or collected an amount in addition to the benefits payable by the Minister for the insured service as a condition to receiving the insured service if

- (a) the fee-based private health organization charged or collected a block billing fee in respect of the person,
- (b) the insured service is provided by a physician who, when the service is provided,
 - (i) is opted into the Plan, and
 - (ii) is a party to a service agreement or arrangement with the fee-based private health organization,

and

- (c) the insured service is provided
 - (i) within
 - (A) the period to which the block billing fee applies, or
 - (B) the period beginning the day on which the block billing fee was paid and ending the day on which the final service to which the block billing fee relates is provided, if the block billing fee does not apply to a specified period,

or

- (ii) in circumstances in which it is reasonable to conclude that the block billing fee was charged or collected in respect of the provision of the insured service or as a condition to receiving the insured service.

5 Fee-based private health organization — prohibited activities.

(2) Subsection (1) does not apply in respect of an insured service provided

- (a) in an emergency, or
- (b) before this Act comes into force.

(3) The Minister may make regulations providing that subsection (1) does not apply in respect of an insured service provided to a person who, before this section comes into force, paid a block billing fee to a fee-based private health organization, if the conditions specified in the regulations are met.

6 Section 14 is repealed and the following is substituted:

Offence

14(1) A person who contravenes section 9, 9.1, 10, 11 or 12 is guilty of an offence and liable to a fine of not more than

- (a) \$10 000 for the first offence, and
- (b) \$20 000 for the 2nd and each subsequent offence.

(2) A prosecution in respect of an offence under subsection (1) may not be commenced more than 2 years after the date on which evidence of the alleged offence first came to the attention of the Minister.

7 Section 16 is amended

(a) by adding the following after clause (b):

- (b.1) further defining or describing “block billing fee” for the purposes of section 1(c.1)(i);
- (b.2) providing for a fee for the purposes of section 1(c.1)(ii);
- (b.3) further defining or describing “fee-based private health organization” for the purposes of section 1(1.1)(i);
- (b.4) providing for a person for the purposes of section 1(1.1)(ii) and respecting the application of sections 11 and 11.1 to the person;

6 Section 14 presently reads:

14 A person who contravenes section 9, 10, 11 or 12 is guilty of an offence and liable to a fine of not more than

- (a) \$10 000 for the first offence, and*
- (b) \$20 000 for the 2nd and each subsequent offence.*

7 Section 16 presently reads in part:

16 The Lieutenant Governor in Council may make regulations

- (o) prohibiting a practitioner who submits a claim to the Minister for a benefit on behalf of a resident from submitting an account to the resident or to a Government department or agency with respect to the same health services, except when the account is for an amount in addition to the benefit and is payable under an agreement or arrangement referred to in section 21(1)(b);*

- (b) **in clause (o) by striking out** “referred to in section 21(1)(b)” **and substituting** “made before the health services are provided”.

8 Section 21(1) is amended

- (a) **by repealing clause (b);**
- (b) **in clause (c) by striking out** “sections 9 and 10,” **and substituting** “sections 9, 9.1 and 10”.

9 This Act comes into force on January 1, 2020.

8 Section 21(1) presently reads in part:

21(1) Nothing in this Act or the regulations

- (b) except sections 9 and 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) except sections 9 and 10, affects the right of any resident to receive any health services or benefits in respect of them by reason of the resident's choice of practitioner, or*

9 Coming into force.

Record of Debate

STAGE	DATE	MEMBER	FROM	TO	TOTAL	CUMULATIVE TOTAL