

2020 Bill 46

Second Session, 30th Legislature, 69 Elizabeth II

THE LEGISLATIVE ASSEMBLY OF ALBERTA

BILL 46

HEALTH STATUTES AMENDMENT ACT, 2020 (NO. 2)

THE MINISTER OF HEALTH

First Reading

Second Reading

Committee of the Whole

Third Reading

Royal Assent

Bill 46

BILL 46

2020

HEALTH STATUTES AMENDMENT ACT, 2020 (NO. 2)

(Assented to , 2020)

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

Part 1 ABC Benefits Corporation Act

Amends RSA 2000 cA-1

1 The *ABC Benefits Corporation Act* is amended by this Part.

2 The title and chapter number of the Act are repealed and the following is substituted:

ALBERTA BLUE CROSS ACT

Chapter A-14.15

Consequential Amendments

Amends RSA 2000 cA-15

3 The *Alberta Corporate Tax Act* is amended in section 86(1)(d)(iv) by striking out “*ABC Benefits Corporation Act*” and substituting “*Alberta Blue Cross Act*”.

Explanatory Notes

Part 1 **ABC Benefits Corporation Act**

1 Amends chapter A-1 of the Revised Statutes of Alberta 2000.

2 The Act title and chapter number currently read:

ABC BENEFITS CORPORATION ACT
Chapter A-1

Consequential Amendments

3 Amends chapter A-15 of the Revised Statutes of Alberta 2000.
Section 86(1)(d)(iv) presently reads:

Amends RSA 2000 cA-20

4 The *Alberta Health Care Insurance Act* is amended in section 1(a) by striking out “*ABC Benefits Corporation Act*” and substituting “*Alberta Blue Cross Act*”.

Part 2 Health Facilities Act

Amends RSA 2000 cH-2.7

5 The *Health Facilities Act* is amended by this Part.

6 Section 0.1 is amended

- (a) in clause (f)(x) by striking out “under the *Hospitals Act*” and substituting “under Part 2.1”;**
- (b) in clause (k) by striking out “means” and substituting “means, except in Part 2.1,”;**
- (c) in clause (m)(i) by striking out “the *Hospitals Act*” and substituting “Part 2.1”.**

86(1) *In this Part,*

- (d) *“insurer” means any person that undertakes, or agrees or offers for valuable consideration to undertake or effect, a contract of insurance, and includes*
- (iv) *the ABC Benefits Corporation under the ABC Benefits Corporation Act,*

4 Amends chapter A 20 of the Revised Statutes of Alberta 2000.
Section 1(a) presently reads:

1 In this Act,

- (a) *“ABC Benefits Corporation” means the ABC Benefits Corporation continued under the ABC Benefits Corporation Act;*

Part 2

Health Facilities Act

5 Amends chapter H-2.7 of the Revised Statutes of Alberta 2000.

6 Section 0.1 presently reads in part:

0.1 In this Act,

- (f) *“facility services” means any of the following services that are medically necessary and are directly related to the provision of a surgical service at a chartered surgical facility or a surgical facility referred to in section 16:*
- (x) *transportation by ambulance or commercial vehicle of a patient from the surgical facility to an approved hospital under the Hospitals Act, a nursing home, a mental health facility or another surgical facility;*
- (k) *“physician” means a regulated member of the College of Physicians and Surgeons of Alberta who holds a practice permit issued under the Health Professions Act;*
- (m) *“public hospital” means*

7 The following is added after section 20:

**Part 2.1
Hospitals**

Definitions

20.1 In this Part,

- (a) “Appeal Board” means the Hospital Privileges Appeal Board established under section 20.26;
- (b) “approved hospital” means a hospital designated by the Minister as an approved hospital pursuant to Division 2;
- (c) “auxiliary hospital” means a hospital for the treatment of long term or chronic illnesses, diseases or infirmities;
- (d) “board of management” means a board of management referred to in section 20.13;
- (e) “council” means
 - (i) in the case of a city, town, village or municipal district, its council,
 - (ii) in the case of an improvement district, the Minister responsible for the *Municipal Government Act*,
 - (iii) in the case of a special area, the Minister responsible for the *Special Areas Act*, and
 - (iv) in the case of a national park, its superintendent;
- (f) “general hospital” means a hospital providing diagnostic services and facilities for medical or surgical treatment in the acute phase for adults and children and obstetrical care, or any of them;
- (g) “health region” means a health region established under the *Regional Health Authorities Act*;

- (i) *a hospital that is established by or under, or the establishment or operation of which is governed by, the Hospitals Act, the Regional Health Authorities Act or the Workers' Compensation Act, or*

7 Part 2.1 Hospitals.

- (h) “hospital” means an institution operated for the care of diseased, injured, sick or mentally disordered people;
- (i) “included municipality” means a municipality the whole or a part of which is included in a health region;
- (j) “municipality” means a city, town, village, summer village, municipal district, improvement district and special area;
- (k) “non-regional hospital” means a hospital that is owned or operated by a person other than a regional health authority;
- (l) “nursing home” means a nursing home as defined in the *Nursing Homes Act*;
- (m) “physician” means
 - (i) with reference to medical services provided in Alberta, a person registered as a regulated member of the College of Physicians and Surgeons of Alberta under the *Health Professions Act* authorized to use the title “physician” who holds a practice permit issued under that Act, and
 - (ii) with reference to medical services provided in a place outside Alberta, a person lawfully entitled to practise medicine or osteopathy in that place;
- (n) “resident of Alberta” means a person entitled by law to reside in Canada who makes the person’s home and is ordinarily present in Alberta, but does not include a tourist, transient or visitor to Alberta.

Reference to Hospitals Act

20.11 In any enactment or in any other legal instrument, a reference to the *Hospitals Act* is to be construed as a reference to this Part and a reference to any provision of the *Hospitals Act* is to be construed as a reference to the provision of this Part relating to the same subject matter as the provision of the *Hospitals Act*.

Division 1 Non-regional Hospitals

Plan for hospital facilities

20.12(1) On the request of the owner of a non-regional hospital that serves a health region, or on the request of the regional health

authority, the Minister may cause a plan to be prepared for the use of the services of the non-regional hospital by the regional health authority and for the integration of the operation, management and financing of all hospitals serving the health region.

(2) On being satisfied that a plan prepared pursuant to subsection (1) meets the needs of the regional health authority and the owners of the non-regional hospitals and serves the interests of the residents of the health region, the Minister may, by order, declare the plan to be in force in the health region.

(3) After consultation with the regional health authority and the owners of non-regional hospitals who are parties to a plan prepared pursuant to this section, the Minister, by order,

- (a) may amend the plan, and
- (b) may, on reasonable notice in writing to the parties, terminate the plan.

(4) An order terminating a plan under subsection (3) may contain any provisions the Minister considers necessary

- (a) to provide for the disposition of assets and property;
- (b) to provide for the assumption of liabilities and obligations;
- (c) to facilitate the winding up of the plan.

Board of management

20.13(1) A plan under section 20.12 may require the establishment of a board of management for a non-regional hospital consisting of members appointed by the regional health authority and a greater number of members appointed by the owner of the non-regional hospital.

(2) On the coming into force of a plan under section 20.12 that requires a board of management for a non-regional hospital, the board of management

- (a) is on that coming into force constituted as a corporation with the name and membership given in the plan and with the powers, objects and duties necessary for it to operate and administer the affairs of the hospital, except the power to

dispose of the real and personal property of the non-regional hospital, and

- (b) becomes the governing board of the hospital and has full control of the hospital and has absolute and final authority and responsibility in respect of all matters appertaining to the operation of the hospital,

subject to any limitations on its authority imposed by statute or the regulations or the plan.

Regulations

20.14 The Lieutenant Governor in Council may make regulations to carry out the intent of this Division and, without restricting the generality of the foregoing, may make regulations to

- (a) govern the manner of appointment, including nomination of members of boards of management;
- (b) subject to the *Local Authorities Election Act* and the regulations under that Act, govern the qualifications for membership and conditions of disqualification from membership, terms of office, procedure for filling vacancies, and other matters pertaining to members of boards of management;
- (c) govern the election of officers, fixing quorums, times of meetings, books and records to be kept, reports and returns to be made, travelling and expense allowances to be paid and other matters pertaining to the organization of boards of management and the management of their affairs;
- (d) prescribe the manner in which boards of management may borrow money and fix the rate of interest on it, fix the terms of borrowing and the periods of borrowing;
- (e) prescribe conditions that must be contained in or that apply to plans prepared pursuant to section 20.12 and other matters that are relevant to the relationship between regional health authorities and the owners of non-regional hospitals;
- (f) prescribe any procedures relating to the provision of financial assistance to a board of management or the owner of a non-regional hospital by a regional health authority pursuant to a plan under section 20.12.

Minister acting instead of municipality

20.15 When under this Part an act or thing is directed to be done forthwith or within a specified time by an included municipality or by a council of it or by a regional health authority or board of management or by an officer of one of those bodies and the act or thing is not done, the Minister may do the act or thing with the same effect as if it had been done by that body.

Dismissal of board members

20.16(1) The Minister by order may for cause dismiss the members of a board of management and appoint an official administrator in their place.

(2) An official administrator appointed under this section

- (a) has the powers and authorities conferred by this Part on a board of management,
- (b) shall perform all the duties of a board of management, and
- (c) shall be paid the salary the Minister determines together with proper expenses, as an operating expense of the regional health authority.

(3) The Minister may by order terminate at any time the appointment of an official administrator and restore the affairs of the board of management to an authority selected pursuant to the regulations.

Division 2 Operation of Approved Hospitals

Definitions

20.17 In this Division,

- (a) “administrator” means the person who is the most senior official in the administrative organization of a hospital and is responsible for the day to day operation and management of the affairs of the hospital;
- (b) “Associations” means The Alberta Medical Association (C.M.A. Alberta Division), the College and Association of Registered Nurses of Alberta, the Alberta College of

Pharmacy and any professional association that is representative of a group of employees or of professional staff or medical staff of a hospital;

- (c) “board” means the corporate body or person that owns or operates a hospital, and includes a regional health authority;
- (d) “medical staff” means the physicians appointed by a board to serve as the medical staff of a hospital or hospitals owned or operated by the board;
- (e) “patient” means a person who is admitted to the hospital as an in-patient or as an out-patient for diagnosis or treatment services, or both;
- (f) “professional staff” means professional staff as defined in the regulations.

Governing board

20.18(1) Each approved hospital must have a governing board and, subject to any limitations of its authority imposed by Acts of the Legislature and regulations under them, the board has full control of that hospital and has absolute and final authority in respect of all matters pertaining to the operation of the hospital.

(2) A board may be the board of more than one approved hospital.

Bylaws

20.19(1) The board of each approved hospital shall enact general bylaws governing the organization, management and operation of the hospital that it owns or operates.

(2) The board or the administrator shall send to the Minister a true copy of all general bylaws enacted including all amendments, variations or repeals.

(3) General bylaws enacted by a board shall provide for the adoption of rules that may govern the duties and responsibilities of the administrator and other hospital staff, the detailed organization and administration of hospital departments and any other matters the board considers to be necessary or desirable.

Board is final authority

20.2 The board has final authority in respect of the appointment of the medical staff of the approved hospitals it owns or operates.

Access to hospital facilities

20.21 The board may grant physicians and other health care practitioners access to hospital facilities on any terms and conditions set out in the medical staff bylaws, the general bylaws or any contract for services or employment.

Responsibility of medical staff

20.22 The medical staff of an approved hospital is responsible to the board

- (a) for the quality of the professional services provided by the medical staff,
- (b) for reviewing professional practices of the medical staff,
- (c) for the improvement of the care of patients under the care of the medical staff, and
- (d) for the clinical and scientific work of the medical staff.

Hospital services utilization committee

20.23(1) The general bylaws of a board shall provide for the establishment of a committee to be called the “hospital services utilization committee” and may prescribe the powers and duties of that committee.

(2) The hospital services utilization committee of an approved hospital, in addition to its powers and duties under the general bylaws of the board,

- (a) shall conduct a review of a continuing nature of the utilization of all hospital services, and
- (b) is entitled to require from the board and its employees any information the committee reasonably requires for the purposes of its duties and access to the relevant records of the board for those purposes.

Protection to hospital staff review committee

20.24(1) No action for defamation lies against any member of a hospital staff review committee in respect of

- (a) advice given or statements, decisions or recommendations made in good faith to the board of an approved hospital by the committee, or
- (b) anything done or omitted to be done by the member in good faith in the exercise of powers or performance of duties given to the committee by this Part, the regulations or the bylaws of the board or of the medical staff.

(2) In this section, “hospital staff review committee” means a committee appointed by the board of an approved hospital or by the medical staff

- (a) to evaluate and control clinical practice in the hospital on a continuing basis for the purpose of maintaining and improving the safety and quality of patient care, or
- (b) to perform any functions in relation to the appraisal and control of the quality of patient care in the hospital.

Medical staff bylaws

20.25(1) The board of an approved hospital

- (a) shall require the preparation and adoption of bylaws by its medical staff governing the organization and conduct of the medical staff practising in the hospital and the procedures whereby the medical staff must make recommendations to the board concerning the appointment, re-appointment, termination or suspension of appointment of, and the delineation of hospital privileges of, members of the medical staff;
- (b) may from time to time require the amendment or repeal of the bylaws of the medical staff.

(2) Bylaws under this section are ineffective until they have been approved by the board and the Minister.

(3) Where the board and the medical staff agree on the contents of bylaws under this section, the board shall send a true copy of the

bylaws signed by the appropriate officers of the medical staff and of the board to the Minister for approval.

(4) Where the board and the medical staff cannot agree on the contents of bylaws under this section, the board shall refer the draft bylaws and the matters in dispute to the Minister, whose decision is final, and the medical staff shall adopt the bylaws and the board shall approve them in accordance with the Minister's decision.

(5) The board and the medical staff may make independent written representations to the Minister on the matters in dispute.

(6) Bylaws under this section must provide for

- (a) the adoption of rules governing the day to day management of medical affairs in the hospital and the amendment or replacement of those rules from time to time as the need arises, and must provide that the rules become effective only on their approval by the board;
- (b) a procedure for the review of decisions made by the medical staff or the board pertaining to or affecting the privileges of members of the medical staff;
- (c) a procedure to ensure that all applications for appointment to the medical staff reach the board in the time prescribed in the bylaws, whether or not the appointment is recommended by the medical staff;
- (d) a procedure to ensure that the board gives notice to an applicant for an appointment to the medical staff within a reasonable time of the decision of the board as to whether the application has been accepted;
- (e) mechanisms to ensure that the board considers medical staff input respecting patient care and that medical staff have input into strategic planning, community needs assessment, facility use management and quality assurance activities of the board;
- (f) mechanisms to promote ethical behaviour, evidence-based decision making and participation in continuing medical education by medical staff.

(7) The board and the medical staff shall comply with bylaws under this section.

Hospital Privileges Appeal Board

20.26(1) There is hereby established the Hospital Privileges Appeal Board consisting of the following members appointed by the Minister:

- (a) 2 physicians;
- (b) one member of The Law Society of Alberta or of the judiciary;
- (c) one person who has significant public sector administration experience at a senior level as determined by the Minister;
- (d) one member of the College and Association of Registered Nurses of Alberta;
- (e) 2 other persons.

(2) The Minister shall designate one of the members to be chair.

(3) In the event of the absence or inability to act of the chair, the members of the Appeal Board may elect one of the members to be chair during the absence or inability to act.

(4) No vacancy on the Appeal Board impairs the right of the remaining members to act until any vacancy is filled.

(5) The members of the Appeal Board may be paid remuneration for their services and allowances for the expenses necessarily incurred by them in the performance of their duties at rates fixed by the Minister in accordance with any applicable regulations under the *Alberta Public Agencies Governance Act*.

(6) A member of the Appeal Board may be appointed for a term of up to 3 years and may be reappointed for additional terms each not exceeding 3 years.

Rules re hearings

20.27(1) The Appeal Board may make rules not inconsistent with this Part governing the hearing of appeals.

(2) Three members then holding office, at least one of whom must be a member appointed under section 20.26(1)(a), (b) or (d), constitute a quorum at a hearing of the Appeal Board.

(3) A party to an appeal to the Appeal Board may be represented by counsel at the hearing of the appeal.

(4) The Appeal Board has, for the purposes of an appeal under section 20.29, the powers, privileges and immunities conferred on a commissioner under sections 3 and 4 of the *Public Inquiries Act*.

Deemed decision not to re-appoint

20.28(1) For the purposes of an appeal under section 20.29, if a board does not re-appoint a member of its medical staff who has applied for re-appointment to the medical staff, it is deemed to have made a decision not to so re-appoint that member.

(2) For the purposes of subsection (1) and section 20.29, a regulated member of the Alberta Dental Association and College who has or who has had privileges in a hospital is deemed to be a member or former member of the medical staff.

Appeal to Appeal Board

20.29(1) A member or former member of the medical staff of an approved hospital who feels personally aggrieved by a decision of the board of the approved hospital

- (a) not to re-appoint the member or former member as a member of the medical staff or to re-appoint the member or former member with different hospital privileges than those that the member or former member had immediately prior to the re-appointment,
 - (b) terminating or suspending
 - (i) the member's or former member's appointment as a member of the medical staff, or
 - (ii) the member's or former member's hospital privileges,
- or
- (c) varying the member's or former member's hospital privileges,

may appeal the decision by giving written notice of appeal to the Appeal Board within 90 days after receiving notice of the board's decision.

(2) The Appeal Board on hearing an appeal under this section may, by order, either

- (a) confirm the decision of the board,
- (b) direct that the former member be re-appointed to the medical staff or that the member's hospital privileges on re-appointment be varied,
- (c) direct the reinstatement of
 - (i) the former member's appointment as a member of the medical staff, or
 - (ii) the member's hospital privileges,
- (d) remove or vary the suspension, or
- (e) direct that the member's hospital privileges be varied.

(3) A person whose appeal is heard by the Appeal Board, or the board, may appeal an order of the Appeal Board on a matter of law only by filing an application with the Court of Queen's Bench within 30 days after being notified in writing of the order, and the Court may make any order that the Appeal Board may make under subsection (2) or may refer the matter back to the Appeal Board with any directions that the Court considers appropriate.

Model bylaws

20.3(1) After consultation with the Associations, the Minister may prescribe

- (a) model general bylaws for the guidance of boards of approved hospitals, and
- (b) model bylaws of the medical staff for the guidance of physicians practising in an approved hospital and for the guidance of the board of an approved hospital.

(2) In respect of model bylaws prescribed under subsection (1), the Minister may designate that the bylaws are applicable to all

approved hospitals or to any type, grade or size-group of approved hospitals the Minister may specify.

(3) If model bylaws are prescribed pursuant to this section, the Minister may, by order, direct

- (a) that bylaws of the same or like effect must be enacted by the board or must be prepared and adopted by the medical staff and approved by the board, as the case may be, in respect of all approved hospitals or in respect of the type, grade or size group of approved hospitals to which the model bylaws have been designated as applicable, and
- (b) that true copies of the bylaws and amendments shall be sent to the Minister within 6 months of the date of publication of the Minister's order.

(4) The approval of a bylaw by the Minister may be withdrawn at any time by notice in writing to the board of the hospital and, on that withdrawal, the bylaw for which approval has been withdrawn ceases to have effect.

Administrator

20.31 The board of each approved hospital shall appoint an administrator and shall appoint or shall cause to be appointed, as the bylaws or regulations may require, any other officers and employees required for the efficient operation of the hospital and shall prescribe their duties, remuneration and other terms of employment.

Records of treatment

20.32(1) The board of each approved hospital shall cause to be kept by the attending physician or any other person providing diagnostic or treatment services to a patient a record of the diagnostic and treatment services provided in respect of each patient in order to assist in providing a high standard of medical care.

(2) Except as permitted or required under this Part, a board or employee of a board, the Minister or a person authorized by the Minister or a physician may disclose health information obtained from hospital records or from persons having access to them only in accordance with the *Health Information Act*.

(3) For the purposes of assessing the standards of care furnished to patients, improving hospital or medical procedures, compiling medical statistics, conducting medical research, enforcing the Crown's right of recovery under Division 5, or for any other purpose considered by the Minister to be in the public interest, the Minister, or a person authorized by the Minister, may require that all or any of the following be sent to the Minister or authorized person or a person designated by the Minister or authorized person:

- (a) health information and other records of any patient;
- (b) extracts from and copies of any health information or other records of any patient.

(4) The Minister or any person authorized by the Minister may, for the purpose of enforcing the Crown's right of recovery under Division 5, disclose information obtained under subsection (3).

(5) A board or employee of a board, the Minister or a person authorized by the Minister, or a physician or a member of a professional staff may, without the written consent of a patient, disclose health information relating to the patient to

- (a) a Workers' Compensation Board,
- (b) the Alberta Blue Cross Plan, or
- (c) any other provincial hospital insurance authority,

if the information is required in order to establish responsibility for payment by the organization or insurer, or to any other hospital to which the patient may be transferred or admitted or to other attending physicians or attending professional staff.

(6) The following applies with respect to disclosing records of diagnostic and treatment services in respect of a patient:

- (a) the Minister may, for the purposes mentioned in subsection (3) and without the consent of any other person, disclose to or obtain from
 - (i) the Director of Medical Services appointed under the *Occupational Health and Safety Act*,

- (ii) The Alberta Medical Association (C.M.A. Alberta Division),
- (iii) the Department of Health (Canada) for purposes in connection with the *Canada Health Act* (Canada), or
- (iv) the government of a province or territory of Canada or an agent of that government for purposes in connection with any health services or hospital care insurance plan administered by that government or its agent,
 - any records of diagnostic and treatment services provided in respect of a patient in an approved hospital;
- (b) the board of an approved hospital shall, after the discharge of a patient from the hospital for the purpose of transferring the patient to another hospital or nursing home inside or outside Alberta, forward to that other hospital or nursing home copies of the appropriate records of diagnostic and treatment services provided in respect of that patient for the use of the staff of that other hospital or nursing home;
- (c) the board of an approved hospital may disclose any records of diagnostic and treatment services provided in respect of a patient
 - (i) to a Public Guardian, if the diagnosis, record or information is, in the opinion of the person making the disclosure, relevant to the making of a guardianship order, or
 - (ii) to the Public Trustee, if the diagnosis, record or information is, in the opinion of the person making the disclosure, relevant to the making of a trusteeship order
 under the *Adult Guardianship and Trusteeship Act* in respect of the person to whom the diagnosis, record or information relates;
- (d) the board of an approved hospital may disclose any records of diagnostic and treatment services provided in respect of a patient to a board of review appointed pursuant to the *Criminal Code* (Canada) that is to review the case of the person to whom the records relate.

(7) The board of an approved hospital may, in accordance with subsections (8) and (9), disclose to an authorized person information respecting diagnostic and treatment services provided to or in respect of a patient.

(8) Information may be disclosed under subsection (7) only if it is needed for a preliminary investigation, a discipline proceeding or a practice review conducted pursuant to a professional Act.

(9) Information may be disclosed under subsection (7) only if

- (a) an officer of an association regulated by a professional Act makes a written request for it and the patient or the patient's legal representative consents to the disclosure, or
- (b) the disclosure is made by a member of the board of the approved hospital in compliance with a notice, issued pursuant to a professional Act, to attend as a witness or produce documents.

(10) For the purposes of subsections (7), (8), (9) and this subsection,

- (a) "authorized person" means a person or body that is authorized by a professional Act to conduct a preliminary investigation, a discipline proceeding or a practice review;
- (b) "professional Act" means an Act that regulates a profession.

(11) An Appeal Board is entitled, for the purpose of an appeal under section 20.29, to inspect and make copies of any health information or other records relating to a patient and may admit a copy of the health information or other records in evidence of the appeal, but all proceedings related to the health information or other records must be held in private.

(12) In this section,

- (a) "health information" means health information as defined in the *Health Information Act*;
- (b) "legal representative" means an executor or administrator of the estate of a deceased person, the guardian or trustee of a

represented adult under the *Adult Guardianship and Trusteeship Act*, the agent designated in a personal directive made by a person in accordance with the *Personal Directives Act* or the guardian of a minor;

- (c) “mentally competent” means able to understand the subject-matter in respect of which consent is requested and able to appreciate the consequences of giving or refusing consent.

Information to Minister

20.33(1) The board of an approved hospital shall on the written request of the Minister provide to the Minister at the times and in the manner specified in the request the records, reports and returns that are specified in the request.

(2) Subject to subsection (3), the council of a municipality that is included in a health region may, if the regional health authority appoints members to a board of management, require the board of management to send to the council a copy of the minutes of each of the meetings of the board of management.

(3) A board of management shall remove from any copy of minutes sent to a council under subsection (2) any portion of those minutes pertaining to personal matters affecting an individual employee of the board or any matter affecting the diagnosis or treatment of an individual patient, where the name of the employee or patient is revealed or is otherwise identifiable in the minutes.

Inquiry re management

20.34 The Minister and employees of the Government authorized by the Minister for the purpose may make all necessary inquiries into the management and affairs of hospitals, may visit and inspect hospitals and may examine hospital records for the purpose of verifying the accuracy of reports and ensuring that this Part and the regulations under this Part are adhered to.

Investigation or mediation committee

20.35(1) When the Minister is requested to do so by the board of an approved hospital, the Minister may authorize

- (a) an investigation into the administration or operation of the hospital or any particular matter or problem that has arisen

in connection with the administration or operation of the hospital, or

- (b) the mediation of any dispute that has arisen in the course of the administration or operation of the hospital.

(2) When the Minister authorizes an investigation or mediation proceedings pursuant to subsection (1), the Minister may designate any person or entity to conduct or participate in the investigation or mediation proceedings.

(3) Where the Minister designates one or more Associations to conduct or participate in an investigation or mediation proceedings, the governing body of each designated Association shall appoint one or more of the Association's members to the committee that is to conduct the investigation or mediation proceedings and shall inform the Minister accordingly.

(4) The committee consisting of the person or persons appointed pursuant to this section

- (a) shall elect one of their number as chair, if there are 2 or more members on the committee,
- (b) shall conduct the investigation or mediation proceedings authorized by the Minister, and
- (c) is entitled to require from the board and its employees all information the committee reasonably requires for the purpose of the investigation or mediation proceedings and is entitled to access to the relevant records of the board for that purpose.

(5) On the completion of the investigation or mediation proceedings, the committee shall prepare a report on it and submit a copy of the report to the board concerned, the Minister and the persons and entities designated pursuant to subsection (2).

(6) No action lies against any person or entity designated pursuant to subsection (2) or against any member of a committee constituted under this section in respect of

- (a) any advice given or statements made in the committee's report, or

- (b) anything done or omitted to be done by the committee or any member of the committee in good faith in the course of conducting the investigation or mediation proceedings.

Regulations

20.36(1) The Lieutenant Governor in Council may make regulations

- (a) regarding the approval of the locations, design and construction of hospitals and the conditions under which approval will be granted;
- (b) prescribing the standards of service to be provided by approved hospitals;
- (c) prescribing the admission policies of approved hospitals and the types of patients that may be admitted;
- (d) concerning the establishment and operation of schools, centres or other facilities for the education or training of nurses or other hospital staff;
- (e) concerning the disposal of human tissues, whether removed during an operation, autopsy or otherwise;
- (f) prescribing the powers and duties of boards concerning the appointment, re-appointment, suspension and termination of appointment and the delineation of hospital privileges of members of medical staffs;
- (g) defining “professional staff” for the purposes of this Division;
- (h) prohibiting a board or board of management from using any of its funds to pay a physician for providing insured services, as defined in the *Alberta Health Care Insurance Act*, without the prior approval of the Minister;
- (i) prescribing procedures for the mediation of a decision of a board of an approved hospital to refuse the appointment of a physician to its medical staff;
- (j) governing the use of out-patient hostels or hostel beds instead of in-patient beds in approved hospitals;

- (k) governing the establishment of central placement offices for admission to an auxiliary hospital or a nursing home;
 - (l) concerning any other matters that in the opinion of the Lieutenant Governor in Council are necessary in order to carry out the purposes of this Division.
- (2) The Minister may, by order,
- (a) determine which hospitals offer a standard of service that qualifies them as approved hospitals and declare them to be approved hospitals, and
 - (b) direct, regulate and control any other matters that may be required by this Part or the regulations under this Part.

Committee of inquiry

20.37(1) The Minister may appoint a committee of inquiry to which or to any member or members of which a question respecting the conduct or management of an approved hospital may be referred for the purpose of making an inquiry into the affairs of the hospital and reporting on it to the Minister.

(2) The committee, or any member or members, to whom a question is referred have all the powers of a commissioner appointed under the *Public Inquiries Act*.

(3) The member or members of the committee shall receive any remuneration that may be fixed by the Minister.

Liability for hospital charges

20.38(1) When hospital, medical or other services are provided by a board to a person,

- (a) if the person is a minor and is unmarried and is not an adult interdependent partner, that person and that person's parents or guardians and their respective executors and administrators are liable to the board of the hospital for the payment of all proper charges for any services so provided;
- (b) if the person is an adult, that person and the spouse or adult interdependent partner, if any, of that person and their respective executors and administrators are liable to the board of the hospital for the payment of all proper charges for any services so provided;

- (c) if that person is a minor and married or in an adult interdependent relationship, that person and the spouse or adult interdependent partner of that person and their respective executors and administrators are liable to the board of the hospital for the payment of all proper charges for any services so provided;
 - (d) if the person or any other person signs an agreement, admission form or other document assuming responsibility for the payment of charges as a result of which act the admission of the patient to the hospital is gained or hospital services are obtained, the person or persons who sign the document and their respective executors and administrators, notwithstanding the *Guarantees Acknowledgment Act*, are liable to the board of the hospital for the payment of all proper charges for any services so provided.
- (2) Notwithstanding subsection (1), a spouse or adult interdependent partner is not liable to pay for hospital charges incurred by the other spouse or adult interdependent partner
- (a) if the other spouse or adult interdependent partner has deserted the spouse or adult interdependent partner and has not contributed to the spouse's or adult interdependent partner's support for at least 6 months immediately preceding the hospitalization,
 - (b) if the spouses are legally separated from each other, or
 - (c) if the spouses or adult interdependent partners are living separate and apart and a spouse or an adult interdependent partner, as the case may be, has not contributed to the other spouse's or adult interdependent partner's support for at least 6 months immediately preceding the hospitalization.
- (3) In this section, "proper charges" means the charges for services not provided as insured services under Division 3 or charges for the payment of which patients are liable pursuant to Division 3 or the regulations.
- (4) The board of a hospital may recover from any person liable for the payment of it, in a court of competent civil jurisdiction as a debt, the amount of any charges for the payment of which a person is made liable by this section.

Discharge or transfer of patients

20.39(1) Subject to subsections (2) and (3), the Minister or the board or administrator of an approved hospital may

- (a) declare that a patient is no longer in need of the services provided by that hospital or of the services provided in a particular ward, section or unit of that hospital, and is eligible for transfer or discharge;
- (b) move the patient
 - (i) to another type of accommodation or to another ward, section or unit of that hospital,
 - (ii) to another approved hospital, or
 - (iii) to a nursing home or other accommodation.

(2) The Minister may act under subsection (1) on the basis of reports of the attending physician or the attending professional staff and the hospital records.

(3) The board or administrator may act under subsection (1) only after the board or administrator has consulted with the attending physician or the attending professional staff or a committee established to consider matters referred to in subsection (1).

(4) Any patient who has been declared eligible for transfer or discharge as provided in this section and who refuses or fails to move or to leave when requested to do so is a trespasser.

(5) Any other person who remains on hospital premises without the consent of the board or of a representative of the board and who fails or refuses to leave the premises when ordered to do so is a trespasser.

Removal of discharged patients

20.4(1) When a patient has been declared eligible for discharge under section 20.39(1), the board or a representative of the board may require that the removal of that patient be effected by

- (a) any person made liable for the payment of hospital services in respect of the patient pursuant to section 20.38, or

(b) the Minister of Community and Social Services in the case of a patient who is a tourist, transient or visitor in Alberta.

(2) The administrator may by registered mail notify the person responsible for the removal of a patient to remove the patient from the hospital within 10 days from the date of receipt of notification.

(3) The administrator shall send a copy of any notice given pursuant to subsection (2) to the local welfare officer, the Department of Community and Social Services and the Minister.

(4) A person referred to in subsection (1)(a) who fails to comply with a notice given pursuant to subsection (2) is guilty of an offence and liable to a fine of not more than \$50 and in default of payment to imprisonment for a term not exceeding 10 days.

(5) Notwithstanding any other Act, a person referred to in subsection (1)(a) who fails to comply with a notice given pursuant to subsection (2) is liable to pay to the board of the hospital or to the Minister, the cost of caring for the patient from the date of the mailing of the notice; the cost to be calculated by multiplying the number of days during which the patient remained in the hospital subsequent to that date by the daily rate for non-eligible patients that is currently in effect under Division 3 or the regulations.

(6) In the event of a dispute arising between a person referred to in subsection (1)(a) and a board in respect of this section, the matter may be referred to the Minister by the person or the board, and the Minister's decision on the matter is final.

Registration of births, stillbirths and deaths

20.41 The board of an approved hospital, in respect of each birth, stillbirth and death that occurs in the hospital, and where burial permits in respect of a stillbirth or death are issued by the hospital, shall ensure that the documents required under the *Vital Statistics Act* are completed and delivered to the Registrar of Vital Statistics in accordance with that Act.

Notice of board appointments

20.42 The board of each approved hospital shall forward to the Minister the names and postal addresses of

(a) in the case of the board of a non-regional hospital, the members of the board and its officers;

- (b) the administrator of the hospital;
- (c) any other officers or employees of the board that the Minister may from time to time require,

immediately on the election or appointment of those persons.

Withholding of grants

20.43 If the board of an approved hospital fails to comply with this Part or the regulations under this Part, the Minister may suspend or adjust any grants or payments to which the hospital may be entitled under this Part until the board complies with this Part or the regulations under this Part.

Division 3 Hospitalization Benefits Plan

Definitions

20.44 In this Division,

- (a) “approved operating costs” means the portion of costs of operating hospitals met by the hospitalization plan;
- (b) “authorized charges” means authorized charges as defined in the regulations;
- (c) “beneficiary” means a person who receives insured services under this Division;
- (d) “capital costs” includes the annual amount of principal and interest on debentures or loans as approved;
- (e) “group contract” means a contract of insurance whereby 2 or more persons other than members of the same family are insured severally under a single contract of insurance;
- (f) “insured services” means the hospital services the operating costs of which will be provided for under this Division;
- (g) “insurer” means an insurer licensed under the *Insurance Act*;
- (h) “standard ward hospitalization” means the following services to in-patients:

- (i) accommodation and meals at the standard or public ward level;
- (ii) necessary nursing services;
- (iii) laboratory, radiological and other diagnostic procedures, together with the necessary interpretation, for the purpose of maintaining health, preventing disease and assisting in the diagnosis and treatment of any injury, illness or disability;
- (iv) drugs, biologicals and related preparations when administered in a hospital;
- (v) use of operating room, case room and anaesthetic facilities, including necessary equipment and supplies, where available;
- (vi) routine surgical supplies;
- (vii) use of radiotherapy facilities, where available;
- (viii) use of physical therapy facilities, where available;
- (ix) services rendered by persons who receive remuneration for those services from the hospital.

Insured services

20.45(1) The insured services to be provided under this Division shall be those furnished

- (a) by an approved hospital of the patient's choice, and
- (b) by any other institutions or persons that are prescribed in the regulations.

(2) The insured services to be provided under this Division shall include

- (a) standard ward hospitalization in an approved hospital, and
- (b) any other goods and services that are prescribed in the regulations.

Entitlement to insured services

20.46(1) Subject to the following exclusions, a resident of Alberta is entitled to receive insured services under this Division except when, in respect of those services,

- (a) the resident is entitled to receive hospital services pursuant to any workers' compensation statute of any province or territory,
- (b) the resident is entitled to receive hospital services under any statute of Canada or of any province or territory of Canada, or
- (c) the resident is declared, pursuant to Division 2, to be not in need of hospital services.

(2) Notwithstanding subsection (1), a resident of Alberta is not entitled to receive insured services

- (a) if the resident is registered under Part 1.1 of the *Alberta Health Care Insurance Act* but has filed a declaration under section 28.33 of that Act or is a dependant of that person and to whom the declaration extends and applies and the services are provided during a period in which the declaration is effective, or
- (b) if the insured services are provided during a waiting period applicable to the resident and prescribed by the regulations.

(3) For the purposes of this section, the registration of a person under Part 1.1 of the *Alberta Health Care Insurance Act* shall be accepted as proof, in the absence of evidence to the contrary, that the resident is a resident of Alberta.

(4) Notwithstanding anything in this or any other Act, no person shall, in an emergency, be refused admission to an approved hospital or be refused the provision of any services by an approved hospital by reason only of the fact that the person is not entitled to receive insured services.

Recovery of cost of services

20.47 When hospital services are provided to a person who has filed a declaration under section 28.33 of the *Alberta Health Care Insurance Act*, or to a dependant of that person, during a period in which the declaration is effective, the board of the approved

hospital is entitled to recover the cost of those services only from the person filing the declaration, and no part of those costs shall be shared by the Government of Alberta.

Payment for insured services

20.48 Nothing in this Division is to be construed to prevent a person who does not desire to receive insured services as provided pursuant to this Division from assuming the entire responsibility for the payment of the costs of the person's hospital services.

Operating costs

20.49 Approved hospital operating costs shall be shared between the patients and the Government of Alberta on a basis that is to be set out in the regulations.

Debentures

20.5(1) When pursuant to any regulations, provision is made for the payment of sums for capital costs to the owners of approved hospitals, the Minister may in accordance with the regulations undertake to provide the sums required by making any payments or part of them of principal and interest on specified debentures or of any rentals or part of them or otherwise as may be required in the circumstances, either to the approved hospital or to its assignee or agent as agreed on by the hospital and the Minister.

(2) An undertaking by the Minister under this section may be endorsed on any debentures of the approved hospital to which the undertaking applies or on any instrument of lease or conveyance of the property of the approved hospital and the signature of the Minister and the endorsement may be engraved, lithographed or otherwise mechanically reproduced on it.

Regulations

20.51 The Lieutenant Governor in Council may make regulations

- (a) prescribing the basis on which the Minister may make contracts with hospitals, other than approved hospitals, for the provision of standard ward hospitalization or other services to be furnished to patients as insured services under this Division;
- (b) prescribing the goods and services for the purpose of section 20.45(2)(b);

- (c) prescribing the institutions and persons for the purpose of section 20.45(1)(b);
- (d) respecting the amounts payable by the Government of Alberta in respect of goods and services provided to a resident of Alberta outside Alberta that if provided in Alberta would be insured services;
- (e) respecting a schedule of fees for goods and services provided to a person not entitled to receive insured services;
- (f) respecting the disposition of fees that are authorized under clause (e) and are charged for goods and services provided to non-residents of Canada;
- (g) prescribing the waiting period, not exceeding 3 months, for a person who is or becomes a resident of Alberta and during which that person is not entitled to be provided with insured services;
- (h) prescribing the basis on which approved operating costs and capital costs of hospitals are determined;
- (i) prescribing the rates and manner of payment by the Minister of the Minister's share of the operating and capital costs of hospitals and the manner of accounting by hospitals for those payments;
- (j) providing for the payment of sums for capital costs to the owners of approved hospitals in Alberta including the payment of sums required under approved lease-back arrangements;
- (k) defining "authorized charges";
- (l) 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 charges and charges for accommodation and meals where hostel accommodation is provided, and exemptions from those charges;
- (m) providing for the payment by the Minister of all or any part of the authorized charges on behalf of patients suffering from specific diseases or conditions;

- (n) providing for the imposition of penalties in the way of suspension or cancellation of payments that may be imposed on an approved hospital that gives incorrect information to the Minister, or that withholds from the Minister information that the approved hospital is required by this Part or the regulations under this Part to supply;
- (o) prohibiting or regulating changes in existing services or educational programs in approved hospitals or the introduction of new services or educational programs in approved hospitals;
- (p) prohibiting or regulating the sale, lease or other disposition of real and personal property by a board of an approved hospital, other than a regional health authority;
- (q) concerning any other matter considered necessary to carry out the purposes and objects of this Division.

Group contracts

20.52(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 charges for it, or
- (b) any other insured services, other than authorized charges for those other services.

(2) An insurer

- (a) may continue to renew all contracts in existence on July 1, 1961 and
- (b) may issue a contract of insurance in respect of the cost of insured services if
 - (i) the contract is issued to a person who has filed a declaration under section 28.33 of the *Alberta Health Care Insurance Act*,

- (ii) the contract provides insurance coverage for that person and that person's dependants as defined in the regulations under that Act,
- (iii) the insurance coverage relates to insured services provided during a period for which the person's declaration is effective, and
- (iv) no coverage is provided in respect of the cost of authorized charges for standard ward hospitalization.

(3) A contract made in contravention of subsection (1) or that does not comply with subsection (2)(a) or (b) is void.

Agreements

20.53 The Minister may on behalf of the Government of Alberta enter into an agreement with the Government of Canada providing for the making of contributions by Canada to Alberta in respect of the costs incurred by Alberta in providing insured services to Indians residing in Indian reserves in Alberta.

Penalty

20.54 A person who contravenes this Division or the regulations under this Division is guilty of an offence and liable to a fine of not more than \$1000 and in default of payment to a term of imprisonment not exceeding one year.

Use of word "hospital"

20.55 No owner or operator of an institution for the care of diseased, mentally disordered, injured or sick people shall describe the institution or permit it to be described as a hospital or use or permit the use of the word "hospital" in the name of the institution unless the institution

- (a) is an approved hospital, or
- (b) is owned or operated by the Crown or an agent of the Crown.

Division 4 Hospital Foundations

Definitions

20.56 In this Division,

- (a) "board" means a board as defined in section 20.17, but does not include

- (i) a provincial health board under the *Regional Health Authorities Act*,
- (ii) a regional health authority;
- (b) “foundation”, except in section 20.66, means a foundation established under this Division.

Establishment, status and composition

20.57(1) A board may by bylaw establish a hospital foundation.

(2) A bylaw establishing a foundation on or after March 29, 1985 has no effect until a certified copy of the bylaw is filed with the Minister.

(3) A foundation, on its establishment, is a corporation.

(4) A foundation consists of the following, who are the trustees of the foundation:

- (a) the chair of the board,
- (b) 2 other persons who are members of and are-appointed trustees by the board, and
- (c) 2 persons who
 - (i) are residents of Alberta,
 - (ii) are not members of the board, and
 - (iii) are appointed trustees by the board.

(5) Appointments referred to in subsection (4)(b) and (c) shall be made for terms not exceeding 3 years.

Chair

20.58 The trustees shall appoint a chair of the foundation from among themselves.

Bylaws and frequency of meetings

20.59(1) The trustees may make bylaws governing the procedure and business of the foundation, including the expenses referred to in section 20.63(2).

(2) Notwithstanding subsection (1), the trustees shall meet at least once a year on a date that, unless fixed by the bylaws, is to be fixed by the chair of the trustees.

Objects

20.6 The objects of a foundation are

- (a) to solicit and receive by gift, bequest, devise, transfer or otherwise, property of every nature and description,
- (b) subject to any prior trust conditions imposed on the use of the property, to hold, use and administer the property generally for maintaining and enhancing hospital care for the people of the community served by the hospitals administered by the board, and, in particular, to finance or assist in the financing of the construction, equipping, operation, maintenance and management of those hospitals or facilities forming part of those hospitals, and
- (c) to further health care education in that community.

Transfer of property to board

20.61 A foundation may, subject to any prior trust conditions, transfer any of its property to the board on any terms that it considers expedient.

Transfer of board property

20.62 Except as provided by regulation, a board may not transfer any of its property to a foundation.

Payments to trustees

20.63(1) The payment of any dividend or remuneration out of the funds of a foundation to any of the trustees is prohibited.

(2) A trustee may be reimbursed out of the funds of a foundation for the travelling and living expenses provided for in the bylaws that are necessarily incurred by the trustee in the performance of the trustee's duties.

Fiscal year and annual report

20.64(1) The fiscal year of a foundation is April 1 to the following March 31.

(2) At the end of the fiscal year a foundation shall prepare and submit to the Minister an annual report that shall include the audited financial statements and any other statements and reports that the Minister may require.

Non-application of Loan and Trust Corporations Act

20.65 Notwithstanding anything in the *Loan and Trust Corporations Act*, a foundation shall not be considered to be a trust corporation for the purposes of that Act.

Prohibitions against establishing and operating hospital foundations

20.66(1) A board shall not establish a hospital foundation except in accordance with this Division.

(2) No person shall operate a hospital foundation established to benefit a general or auxiliary hospital, including any corporation established before March 29, 1985, to receive, hold, administer and apply any property or the income from it for purposes or objects in connection with a hospital, unless exempted by the Minister subject to any terms and conditions the Minister prescribes.

Winding-up

20.67(1) In the event of the winding-up of a foundation, the property of the foundation must be used

- (a) first, in the payment of any costs incurred in the winding-up of the foundation,
- (b) 2nd, in the discharge of all liabilities of the foundation, and
- (c) 3rd, to give effect, as far as possible, to any outstanding applicable trust conditions,

and the balance, if any, shall be disposed of in accordance with the regulations.

(2) A regulation under subsection (1) must not be inconsistent with any trust condition under which the property is held.

Regulations

20.68 The Lieutenant Governor in Council may make regulations

- (a) respecting the types and amounts of property that a board may transfer to a foundation and the circumstances under which that property may be transferred;
- (b) subject to section 20.67, governing the winding-up of a foundation.

Consequential Amendments and Repeal

Amends RSA 2000 cA-18

8 The *Alberta Evidence Act* is amended in section 9(1)(b)(i)(D) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends RSA 2000 cA-20

9 The *Alberta Health Care Insurance Act* is amended

- (a) in section 11(2) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in section 22(7)(j) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Consequential Amendments and Repeal

8 Amends chapter A-18 of the Revised Statutes of Alberta 2000.
Section 9(1) presently reads in part:

9(1) In this section,

(b) “quality assurance committee” means a committee, commission, council or other body that has as its primary purpose the carrying out of quality assurance activities and that is

(i) appointed by

(D) the board of an approved hospital under the Hospitals Act, or

9 Amends chapter A-20 of the Revised Statutes of Alberta 2000.
Section 11(2) and 22(7)(j) presently read:

11(2) Subsection (1) does not prohibit the charging or collecting of an amount paid for non-insured health or pharmaceutical goods or services where the charging or collecting of that amount is not otherwise prohibited under this Act or the Hospitals Act and a physician or dentist reasonably determines that it is necessary to provide the non-insured health or pharmaceutical goods or services before the insured service is provided.

22(7) The Minister or a person employed in the administration of this Act and authorized by the Minister may disclose information pertaining to the date on which health services were provided and a description of those services, the name and address of the person who provided the services, the registration number of the person who received the services, the benefits paid for those services and the person to whom they were paid, but the information may be disclosed only

(j) to the Hospital Privileges Appeal Board established under the Hospitals Act for the purposes of an appeal to that Board, or

Amends RSA 2000 cC-12

10 The *Child, Youth and Family Enhancement Act* is amended in section 109(1)(b) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends RSA 2000 cF-9

11 The *Fatality Inquiries Act* is amended in section 21(3)(b) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends RSA 2000 cF-25

12 The *Freedom of Information and Protection of Privacy Act* is amended in section 1(g)(i) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends RSA 2000 cG-10

13 The *Government Organization Act* is amended

- (a) in section 1(1)(b)(i) of Schedule 7 by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in section 5 of Schedule 11 by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

10 Amends chapter C-12 of the Revised Statutes of Alberta 2000.
Section 109(1) presently reads in part:

*109(1) Notwithstanding Part XXII of the Criminal Code (Canada),
the Court may issue a subpoena requiring*

(b) a board under the Hospitals Act or the board's designate,

11 Amends chapter F-9 of the Revised Statutes of Alberta 2000.
Section 21(3) presently reads in part:

*(3) Notwithstanding any other Act, regulation or other law, a
medical examiner is entitled to inspect and make copies of any
diagnosis, record or information relating to*

(b) a patient under the Hospitals Act.

12 Amends chapter F-25 of the Revised Statutes of Alberta 2000.
Section 1 presently reads in part:

1 In this Act,

(g) "health care body" means

*(i) the board of an approved hospital as defined in the
Hospitals Act other than an approved hospital that is*

*(A) owned or operated by a regional health authority
under the Regional Health Authorities Act, or*

13 Amends chapter G-10 of the Revised Statutes of Alberta 2000.
Section 1(1)(b)(i) of Schedule 7 and section 5 of Schedule 11
presently read:

1(1) In this section,

(b) "health board" means

*(i) the owner of a non-regional hospital as defined in the
Hospitals Act;*

*5 The Minister may, on request, acquire supplies on behalf of, or
provide services to, approved hospitals as defined in the Hospitals
Act, schools, post-secondary educational institutions, municipalities,
Metis settlements and any organizations that carry out services or
programs on behalf of the Government.*

Amends RSA 2000 cH-2

14 The *Health Disciplines Act* is amended in section 2(4)(a)(i) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends RSA 2000 cH-5

15 The *Health Information Act* is amended in section 1(1)

- (a) in clause (a)(iii) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;**
- (b) in clause (f)(i) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.**

Amends RSA 2000 cH-7

16 The *Health Professions Act* is amended

- (a) in section 51(1)(a) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;**
- (b) in section 119(1)(b)(ii) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;**
- (c) in section 12(2)(a) of Schedule 7 by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;**
- (d) in section 10(2)(c) of Schedule 20 by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;**

14 Amends chapter H-2 of the Revised Statutes of Alberta 2000.
Section 2(4)(a)(i) presently reads in part:

(4) Nothing in this Act shall be construed to affect or restrict

(a) the right of a person who operates

(i) an approved hospital as defined in the Hospitals Act,

to prescribe the duties, whether in accordance with a collective agreement or otherwise, of the person's employees who are registered members of a designated health discipline, or

15 Amends chapter H-5 of the Revised Statutes of Alberta 2000.
Section 1(1) presently reads in part:

1(1) In this Act,

(a) "affiliate", in relation to a custodian, means

(iii) a health services provider who is exercising the right to admit and treat patients at a hospital as defined in the Hospitals Act,

(f) "custodian" means

(i) the board of an approved hospital as defined in the Hospitals Act other than an approved hospital that is

16 Amends chapter H-7 of the Revised Statutes of Alberta 2000.
Section 51(1), 119(1), 12(2) of Schedule 7, 10(2) of Schedule 20 and 8.1(2) of Schedule 21 presently read in part:

51(1) In this section, "publicly funded facility" means an institution or facility where professional services are provided and that

(a) is an approved hospital as defined in the Hospitals Act, a nursing home as defined in the Nursing Homes Act, a correctional institution as defined in the Corrections Act, a facility as defined in the Mental Health Act, a diagnostic or treatment centre made available under section 49(b) of the Mental Health Act, a facility as defined in section 1(1)(f.1)(ii) and (iii) of the Protection for Persons in Care Act or an institution or facility operated by or approved by the Minister of Health, or

- (e) in section 8.1(2)(a) of Schedule 21 by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends SA 2003 cl-0.5

17 The *Income and Employment Supports Act* is amended in section 8 of the Schedule

- (a) in clause (a)(iv) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in clause (b)(iv) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

119(1) If under Part 2 or Part 4 a regulated member's practice permit is suspended or cancelled, or if conditions are imposed on a regulated member's practice permit or a direction is made under section 118(4), the registrar

(b) must provide the information

(ii) to a hospital if the regulated member is a member of the hospital's medical staff or professional staff, as defined in the Hospitals Act,

12(2) Subject to the Health Facilities Act, subsection (1) does not apply to

(a) a hospital that is established by or under, or the establishment or operation of which is governed by, the Hospitals Act, the Regional Health Authorities Act or the Workers' Compensation Act, or

10(2) Subsection (1) does not apply to a regulated member of the Physiotherapy Alberta College + Association employed by

(c) an approved hospital as defined in the Hospitals Act,

8.1(2) Unless the Minister directs otherwise, subsection (1) does not apply with respect to a prescribed health service provided in

(a) an approved hospital within the meaning of the Hospitals Act,

17 Amends chapter I-0.5 of the Statutes of Alberta, 2003.

Section 8 of the Schedule presently reads in part:

8 The maximum monthly core shelter payment that may be provided to a barriers to full employment household unit or an expected to work or working household unit is

(a) under section 5.1(2)(a) of this Act,

(iv) if the household unit lives in a hospital or nursing home, the monthly accommodation charge for that facility under the Hospitals Act or the Nursing Homes Act,

(b) under section 5.1(2)(b) of this Act,

(iv) if the household unit lives in a hospital or nursing home, the monthly accommodation charge for that facility under the Hospitals Act or the Nursing Homes Act,

Amends RSA 2000 cL-1

18 The *Labour Relations Code* is amended

- (a) in section 48(1)(d) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in section 95.2(1)(a) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (c) in section 96(1)(c) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends SA 2019 cL-20.8

19 The *Local Authorities Capital Financing Act* is amended in section 1(1)(b)

- (a) in subclause (i) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in subclause (ii) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends SA 2018 cL-22

20 The *Long Term Care Information Act* is amended

- (a) in section 1
 - (i) in clause (c) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
 - (ii) in clause (f)(ii) by striking out “Part 2 of the *Hospitals Act*” and substituting “Part 2.1, Division 2 of the *Health Facilities Act*”;

18 Amends chapter L-1 of the Revised Statutes of Alberta 2000. Sections 48(1), 95.2(1) and 96(1) presently read in part:

48(1) In this section, “governing body” means

(d) the owner or operator of a non-regional hospital as defined in the Hospitals Act, or

95.2(1) This Division applies to the following:

(a) employers who operate approved hospitals as defined in the Hospitals Act, all the employees of those employers and the bargaining agents for those employees;

96(1) Subject to subsections (2), (3) and (4), this Division applies, notwithstanding any other provision of this Act, to

(c) employers who operate approved hospitals as defined in the Hospitals Act and all the employees of those employers,

19 Amends chapter L-20.8 of the Statutes of Alberta, 2019. Section 1(1) presently reads in part:

1(1) In this Act,

(b) “health authority” means

(i) a non-profit corporation, other than a regional health authority, that owns an approved hospital under the Hospitals Act,

(ii) a non-profit corporation, other than a regional health authority, that owns a mental health hospital under the Hospitals Act,

20 Amends chapter L-22 of the Statutes of Alberta, 2018. Sections 1 and 2(1) presently read in part:

1 In this Act,

(c) “auxiliary hospital” has the meaning given to it in the Hospitals Act;

(f) “operator” means

(ii) a board, as defined in Part 2 of the Hospitals Act, of an auxiliary hospital;

(b) in section 2(1)

- (i) in clause (h) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;**
- (ii) in clause (j) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;**
- (iii) in clause (k) by striking out “section 27 of the *Hospitals Act*” and substituting “section 20.35 of the *Health Facilities Act*”.**

Amends RSA 2000 cM-13

21 The *Mental Health Act* is amended

- (a) in section 1(1)(c)(i) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;**
- (b) in section 17(b) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;**
- (c) in section 18(2) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;**
- (d) in section 53(2) by striking out “the *Hospitals Act* or the regulations under that Act” and substituting “Part 2.1 of the *Health Facilities Act* or the regulations under that Part”.**

2(1) Within 12 months of the coming into force of this Act, the Minister shall establish a publicly accessible online registry to disseminate information with respect to each auxiliary hospital and nursing home in Alberta, which, subject to the regulations, includes the following:

- (h) date on which the operator's facility was established, suspended or dissolved pursuant to the Nursing Homes Act or the Hospitals Act, as the case may be;*
- (j) description of the accreditation status of the operator's facility under the Nursing Homes Act or the Hospitals Act, as the case may be;*
- (k) results of any inspections conducted under section 12 of the Nursing Homes Act or any investigations conducted under section 27 of the Hospitals Act, if any;*

21 Amends chapter M-13 of the Revised Statutes of Alberta 2000. Sections 1, 17, 18 and 53 presently read in part:

1(1) In this Act,

- (c) "board" means*
 - (i) the board of an approved hospital under the Hospitals Act that is designated in whole or in part as a facility,*

17(1) In this section,

- (b) "diagnostic and treatment centre" or "centre" means a place established by the Minister pursuant to section 49(1)(a) or (b) and includes a facility that is not an approved hospital under the Hospitals Act and a hospital under the jurisdiction of a provincial health board under the Regional Health Authorities Act;*

18(2) Nothing in this section or section 19 abrogates or restricts the authority conferred on a board by the Hospitals Act or any other Act.

53(2) If there is a conflict between the regulations under subsection (1)(d) and the Hospitals Act or the regulations under that Act, the regulations under subsection (1)(d) prevail.

Amends SA 2018 cM-13.2

22 The *Mental Health Services Protection Act* is amended in section 1(k) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends RSA 2000 cM-22

23 The *Motor Vehicle Accident Claims Act* is amended in section 10(6)(c) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends RSA 2000 cM-26

24 The *Municipal Government Act* is amended in section 596(1)(b) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends RSA 2000 cN-7

25 The *Nursing Homes Act* is amended in section 10(2) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

22 Amends chapter M-13.2 of the Statutes of Alberta, 2018.
Section 1 presently reads in part:

1 In this Act,

(k) “residential addiction treatment services” means services provided to individuals who have an addiction in which overnight accommodation is provided for all or part of the duration of the services and includes, without limitation, withdrawal management services, but does not include services provided in an approved hospital as defined in the Hospitals Act or services provided by a person or service provider exempted by the regulations;

23 Amends chapter M-22 of the Revised Statutes of Alberta 2000. Section 10(6) presently reads in part:

(6) From the amount payable to a person as calculated in accordance with this section there shall be deducted

(c) any amount paid or payable for and on behalf of the applicant under the Hospitals Act, and

24 Amends chapter M-26 of the Revised Statutes of Alberta 2000. Section 596(1) presently reads in part:

596(1) The taxes and all other revenues collected on behalf of an improvement district may be expended under the direction of the Minister

(b) to pay requisitions made under the Education Act, the Hospitals Act and the Regional Health Authorities Act,

25 Amends chapter N-7 of the Revised Statutes of Alberta 2000. Section 10(2) presently reads:

(2) The regional health authority may enter into an agreement with the board of an approved hospital as defined in the Hospitals Act for the provision of nursing home care to eligible residents in the hospital and for the payment of benefits to the board in the amounts agreed to and to authorize the board to charge eligible residents the accommodation charge.

Amends RSA 2000 cP-13

26 The *Pharmacy and Drug Act* is amended in section 1(1)(j)(i) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends SA 2009 cP-29.1

27 The *Protection for Persons in Care Act* is amended in section 1(1)(m)(ii) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends SA 2005 cP-27.5

28 The *Protection of Children Abusing Drugs Act* is amended in section 9

- (a) in subsection (1)(c) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in subsection (3) by striking out “the *Hospitals Act*,” and substituting “Part 2.1 of the *Health Facilities Act* or under the”.

Amends RSA 2000 cP-30.3

29 The *Protection of Sexually Exploited Children Act* is amended in section 6.5

- (a) in subsection (1) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in subsection (3) by striking out “the *Hospitals Act*,” and substituting “Part 2.1 of the *Health Facilities Act* or under the”.

26 Amends chapter P-13 of the Revised Statutes of Alberta 2000. Section 1(1) presently reads in part:

1(1) In this Act,

(j) “institution pharmacy” means a pharmacy that is operated by

(i) an approved hospital as defined in the Hospitals Act,

27 Amends chapter P-29.1 of the Statutes of Alberta, 2009. Section 1(1) presently reads in part:

1(1) In this Act,

(m) “service provider” means

(ii) an approved hospital as defined in the Hospitals Act,

28 Amends chapter P-27.5 of the Statutes of Alberta, 2005. Section 9 presently reads in part:

9(1) Notwithstanding Part XXII of the Criminal Code (Canada), the Court may issue a subpoena requiring

(c) a board under the Hospitals Act,

(3) If as the result of the issuing of a subpoena under subsection (1) a person is required to produce any documents, records or other information that is otherwise confidential under the Hospitals Act, Mental Health Act or Public Health Act, the documents, records or other information must be dealt with in accordance with this section.

29 Amends chapter P-30.3 of the Revised Statutes of Alberta 2000. Section 6.5 presently reads in part:

6.5(1) Notwithstanding Part XXII of the Criminal Code (Canada), the Court may issue a subpoena requiring a board under the Hospitals Act or the Chief Medical Officer under the Public Health Act, or the designate of either of them, to produce any documents, records or other information they possess or control that may relate to the proceedings before the Court with respect to a child.

(3) If as the result of the issuing of a subpoena under subsection (1) a person is required to produce any documents, records or other information that is otherwise

Amends RSA 2000 cP-37

30 The *Public Health Act* is amended

- (a) in section 1(1)(t) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in section 37(2)(a) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends RSA 2000 cP-39

31 The *Public Inquiries Act* is amended in section 7(2)(b)(ii) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends RSA 2000 cR-10

32 The *Regional Health Authorities Act* is amended

- (a) in section 11.1(2) by striking out “Section 24 of the *Hospitals Act*” and substituting “Section 20.32 of the *Health Facilities Act*”;
- (b) in section 18 by striking out “Parts 2 and 3 of the *Hospitals Act*” and substituting “Part 2.1, Divisions 2 and 3 of the *Health Facilities Act*”;
- (c) in section 23
 - (i) in subsection (1)(r) by striking out “Parts 2 and 3 of the *Hospitals Act*” and substituting “Part 2.1, Divisions 2 and 3 of the *Health Facilities Act*”;

confidential under the Hospitals Act, Mental Health Act or Public Health Act, the documents, records or other information must be dealt with in accordance with this section.

30 Amends chapter P-37 of the Revised Statutes of Alberta 2000. Sections 1(1) and 37(2) presently read in part:

1(1) In this Act,

(t) “hospital” means an approved hospital as defined in the Hospitals Act;

37(2) On the recommendation of the Minister, the Lieutenant Governor in Council

(a) may order a board of an approved hospital as defined in the Hospitals Act to provide isolation or quarantine accommodation in the amount and manner prescribed in the order, and

31 Amends chapter P-39 of the Revised Statutes of Alberta 2000. Section 7(2) presently reads in part:

(2) In this section,

(b) “public building” includes

(ii) an approved hospital under the Hospitals Act,

32 Amends chapter R-10 of the Revised Statutes of Alberta 2000. Sections 11.1(2), 18 and 23 presently read in part:

(2) Section 24 of the Hospitals Act does not apply to information in the cancer registry.

18 Except as otherwise provided in the regulations, Parts 2 and 3 of the Hospitals Act apply in respect of a mental health hospital within the meaning of the regulations.

23(1) The Lieutenant Governor in Council may make regulations

(r) respecting the application of Parts 2 and 3 of the Hospitals Act for the purposes of section 18;

(2) The Lieutenant Governor in Council may make regulations providing for the continuance of

- (ii) in subsection (2)(a) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

Amends SA 2017 cR-16.7

33 The Resident and Family Councils Act is amended

(a) in section 1

- (i) in clause (a) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
 - (ii) in clause (h)(iii) by striking out “Part 2 of the *Hospitals Act*” and substituting “Part 2.1, Division 2 of the *Health Facilities Act*”;
- (b) in section 5(l) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;**

(c) in section 6

(i) in subsection (7)

- (A) in clause (a) by striking out “section 26 of the *Hospitals Act*” and substituting “section 20.34 of the *Health Facilities Act*”;
 - (B) in clause (b) by striking out “section 26 of the *Hospitals Act*” and substituting “section 20.34 of the *Health Facilities Act*”;
- (ii) in subsection (8) by striking out “section 26 of the *Hospitals Act*” and substituting “section 20.34 of the *Health Facilities Act*”.**

Amends SA 2009 cS-23.5

34 The Supportive Living Accommodation Licensing Act is amended in section 2(2)(b) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

- (a) *existing foundations established under the Hospitals Act in cases where the order or enactment establishing the hospital board is rescinded or repealed and the hospital is located in a health region under this Act,*

33 Amends chapter R-16.7 of the Statutes of Alberta, 2017.
Sections 1, 5 and 6 presently read in part:

1 In this Act,

- (a) *“auxiliary hospital” means an auxiliary hospital as defined in the Hospitals Act;*
- (h) *“operator”,*
- (iii) *in respect of a residential facility referred to in clause (m)(iii), means the board, as defined in Part 2 of the Hospitals Act, of the auxiliary hospital, or*

5 An operator must

- (l) *following every inspection of the residential facility under this Act, the Nursing Homes Act, the Supportive Living Accommodation Licensing Act, the Hospitals Act or the regulations, provide information to residents and their families regarding the results of the inspection, including by posting a notice in a conspicuous place in the facility describing the results and by providing copies of the notice to residents, their families and any other person on request.*

6(7) The Minister may, in respect of an auxiliary hospital,

- (a) *do anything referred to in section 26 of the Hospitals Act, or*
- (b) *authorize employees referred to in section 26 of the Hospitals Act to do anything referred to in that section,*
- (8) *The Minister or, subject to the terms of the employee’s authorization, an employee authorized under subsection (7)(b) may, for the purposes of ensuring compliance with this Act and the regulations, do anything referred to in section 26 of the Hospitals Act in respect of a residential facility that is an auxiliary hospital.*

34 Amends chapter S-23.5 of the Statutes of Alberta, 2009.
Section 2(2) presently reads in part;

- (2) *This Act does not apply to*
- (b) *an approved hospital or an auxiliary hospital under the Hospitals Act,*

Amends SA 2007 cV-4.1

35 The *Vital Statistics Act* is amended

- (a) **in section 1(1)(l) by striking out** “section 9(a) of the *Hospitals Act*” **and substituting** “section 20.17(a) of the *Health Facilities Act*”;
- (b) **in section 4**
 - (i) **in subsection (3) by striking out** “section 1 of the *Hospitals Act*” **and substituting** “section 20.1 of the *Health Facilities Act*”;
 - (ii) **in subsection (3.1) by striking out** “section 1 of the *Hospitals Act*” **and substituting** “section 20.1 of the *Health Facilities Act*”.

Repeal

36 The *Hospitals Act*, RSA 2000 cH-12, is repealed.

Part 3 Health Information Act

Amends RSA 2000 cH-5

37 The *Health Information Act* is amended by this Part.

38 Section 11(2)(b) is amended by striking out “practice review” **and substituting** “practice visit”.

35 Amends chapter V-4.1 of the Statutes of Alberta, 2007.
Sections 1(1) and 4 presently read in part:

1(1) In this Act,

(1) “hospital administrator” means the administrator who is responsible for the day to day operation and management of the affairs of a hospital as defined in section 9(a) of the Hospitals Act;

4(3) If a birth takes place in a hospital as defined in section 1 of the Hospitals Act and the hospital administrator is satisfied that a notice of birth will not be completed and delivered under subsection (1) or (2), the notice must be completed and delivered to the Registrar by or on behalf of the hospital administrator in accordance with the regulations.

(3.1) If a birth does not take place in a hospital as defined in section 1 of the Hospitals Act and the hospital administrator is satisfied that the birth occurred in Alberta, a notice of birth may be completed and delivered to the Registrar by or on behalf of the hospital administrator in accordance with the regulations.

36 Repeals chapter H-12 of the Revised Statutes of Alberta 2000.

Part 3 **Health Information Act**

37 Amends chapter H-5 of the Revised Statutes of Alberta 2000.

38 Section 11(2) presently reads in part:

(2) A custodian must refuse to disclose health information to an applicant

(b) if the health information sets out procedures or contains results of an investigation, a discipline proceeding, a practice review or an inspection relating to a health services provider,

39 Section 22(2) is amended by adding the following after clause (g):

- (h) where disclosure of the information is authorized by an enactment of Alberta or Canada.

40 Section 23 is repealed and the following is substituted:

Use of device to collect health information

23 A custodian that collects health information from an individual using any device that may not be visible to the individual must, before collecting the health information, obtain the written consent of the individual to use the device.

41 Section 27(1) is amended

- (a) in clause (c) by striking out “practice reviews” and substituting “practice visits”;
- (b) in clause (d)(i) by striking out “proposal” and substituting “proposed research protocol”.

42 Section 30 is amended by renumbering it as section 30(1) and by adding the following after subsection (1):

- (2) If there is an inconsistency or conflict between subsection (1) and a provision of the *Freedom of Information and Protection of Privacy Act* or the *Personal Information Protection Act*, subsection (1) prevails to the extent of that inconsistency or conflict.

39 Section 22(2) presently reads in part:

(2) A custodian may collect individually identifying health information from a person other than the individual who is the subject of the information in the following circumstances:

(g) where disclosure of the information is authorized under Part 5.

40 Section 23 presently reads:

23 A custodian that collects health information from an individual using a recording device or camera or any other device that may not be obvious to the individual must, before collecting the information, obtain the written consent of the individual to the use of the device or camera.

41 Section 27(1) presently reads in part:

27(1) A custodian may use individually identifying health information in its custody or under its control for the following purposes:

(c) conducting investigations, discipline proceedings, practice reviews or inspections relating to the members of a health profession or health discipline;

(d) conducting research or performing data matching or other services to facilitate another person's research

(i) if the custodian or researcher has submitted a proposal to a research ethics board in accordance with section 49,

42 Section 35 presently reads:

30 A person who is authorized to require an individual to provide a personal health number pursuant to section 21(1)(b) may use that information only for the purpose for which the information was collected.

43 Section 35 is amended

(a) in subsection (1)

(i) in clause (m)(ii) by striking out “an imminent danger” and substituting “a significant risk of harm”;

(ii) by repealing clause (q) and substituting the following:

(q) to its successor where the successor is a custodian,

(b) in subsection (4) by striking out “practice review” and substituting “practice visit”.

44 Section 36(a) is amended by striking out “section 35(1) or (4)” and substituting “section 35(1), (4) or (5)”.

45 Section 41(1.1) is amended

(a) by striking out “a database” and substituting “an electronic system”;

(b) by striking out “the database” and substituting “the electronic system”.

43 Section 35 presently reads in part:

35(1) A custodian may disclose individually identifying diagnostic, treatment and care information without the consent of the individual who is the subject of the information

- (m) to any person if the custodian believes, on reasonable grounds, that the disclosure will avert or minimize*
- (ii) an imminent danger to the health or safety of any person,*
- (q) to its successor where*
 - (i) the custodian is transferring its records to the successor as a result of the custodian*
 - (A) ceasing to be a custodian, or*
 - (B) ceasing to provide health services within the geographic area in which the successor provides health services,*

and

- (ii) the successor is a custodian,*

(4) A custodian may disclose individually identifying diagnostic, treatment and care information to a health professional body for the purpose of an investigation, a discipline proceeding, a practice review or an inspection if

44 Section 36 presently reads in part:

36 A custodian may disclose individually identifying registration information without the consent of the individual who is the subject of the information

- (a) for any of the purposes for which diagnostic, treatment and care information may be disclosed under section 35(1) or (4),*

45 Section 41(1.1) presently reads:

(1.1) The requirement to make a note under subsection (1) does not apply to a custodian that permits other custodians electronic access to individually identifying diagnostic, treatment and care information stored in a database if, when the information is

46 Section 47(1) is amended in the text preceding clause (a) by striking out “, (iv) or (vii)” and substituting “or (iv)”.

47 The heading preceding section 49 is repealed and the following is substituted:

**Division 3
Research**

48 Section 49 is amended by striking out “proposal” and substituting “proposed research protocol”.

disclosed, the database automatically keeps an electronic log of the following information:

- (a) a name or number that identifies the custodian to whom the information is disclosed;*
- (b) the date and time that the information is disclosed;*
- (c) a description of the information that is disclosed.*

46 Section 47(1) presently reads:

47(1) A custodian referred to in section 1(1)(f)(iii), (iv) or (vii) may request another custodian to disclose to the requesting custodian individually identifying health information for any of the purposes listed in section 27(2)

- (a) if the requesting custodian is authorized by an enactment of Alberta or Canada to obtain the information from the other custodian, or*
- (b) if the information requested relates to a health service provided by the other custodian*
 - (i) that is fully or partially paid for by the requesting custodian, or*
 - (ii) that is provided using financial, physical or human resources provided or administered by the requesting custodian.*

47 The heading preceding section 49 presently reads:

*Division 3
Disclosure for Research Purposes*

48 Sections 49 presently reads:

49 A person who intends to conduct research using health information in the custody or under the control of a custodian or health information repository must submit a proposal to a research ethics board for review by that board containing

- (a) the information specified by the regulations, and*
- (b) any other information required by the research ethics board.*

49 Section 52(a) and (b) are amended by striking out “proposal” and substituting “research protocol”.

50 Section 54 is amended

(a) in subsection (1)(b) by striking out “proposed research” and substituting “research in accordance with the research protocol”;

(b) by adding the following after subsection (3):

(3.1) A researcher that enters into an agreement under this section must

- (a) comply with the terms and conditions of the agreement and the conditions set out in the research ethics board’s response to the research protocol, and
- (b) collect, use and disclose health information only in accordance with the agreement and the research protocol.

(c) by repealing subsection (4) and substituting the following:

(4) If a researcher contravenes or fails to comply with the terms and conditions of an agreement under this section, or the conditions set out in the research ethics board’s response to the research protocol,

- (a) the agreement is cancelled, and
- (b) the researcher is no longer authorized to use the health information for any purpose and must destroy the health information or return it to the custodian.

49 Section 52 presently reads in part:

52 If the research ethics board is satisfied as to the matters referred to in section 50(1)(b), the researcher may forward to one or more custodians or health information repositories

- (a) the researcher's proposal referred to in section 49,*
- (b) the response of the research ethics board to the researcher's proposal, and*

50 Section 54 presently reads in part:

54(1) If the custodian decides to disclose health information to a researcher or perform data matching or other services to facilitate the research, the researcher must enter into an agreement with the custodian in which the researcher agrees

- (b) to use the health information only for the purpose of conducting the proposed research,*
- (3) The custodian may set the costs of*
 - (a) preparing information for disclosure, or performing data matching or other services*
 - (b) making copies of health information, and*
 - (c) obtaining the consents referred to in section 55,*

which must not exceed the actual cost of providing that service.

(4) If the researcher contravenes or fails to meet the terms and conditions of an agreement under this section, the agreement is cancelled.

51 Section 56.1 is amended

(a) by repealing clause (a) and substituting the following:

- (a) “Alberta EHR” means the integrated electronic health information system established to provide shared access to health information in a secure environment as may be further defined or described in the regulations;

(b) by repealing clause (c).

52 Section 56.2 is amended

(a) by renumbering it as section 56.2(1);

(b) by repealing subsection (1) and substituting the following:

- (1) The purpose of this Part is to enable access to and use of health information via the Alberta EHR.

(c) by adding the following after subsection (1):

- (2) Only the health information that is of a class or type prescribed by the regulations may be accessible via the Alberta EHR.
- (3) Unless otherwise specified, nothing in this Part affects the application or operation of any provision in another Part of this Act respecting collection, use or disclosure of health information.

53 The following is added after section 56.2:

Department authorities and duties re Alberta EHR

- 56.21(1)** The Department shall manage and operate the Alberta EHR.

51 Section 56.1 presently reads in part:

56.1 In this Part,

- (a) “Alberta EHR” means the integrated electronic health information system established to provide shared access by authorized custodians to prescribed health information in a secure environment as may be further defined or described in the regulations;*
- (c) “prescribed health information” means health information about an individual that is of a class or type prescribed by the regulations that a regulated health professional or an authorized custodian may or must make accessible to authorized custodians via the Alberta EHR;*

52 Section 56.2 presently reads:

56.2 The purpose of this Part is to enable the sharing and use, via the Alberta EHR, of prescribed health information among authorized custodians.

53 Department authorities and duties re Alberta EHR.

(2) For the purpose of fulfilling the duties under subsection (1), the Department shall do all of the following:

- (a) take reasonable steps in accordance with the regulations to maintain administrative, technical and physical safeguards that will protect the confidentiality and security of health information accessible via the Alberta EHR and the privacy of the individuals who are the subjects of that information;
- (b) determine eligibility for access to the Alberta EHR, grant access to the Alberta EHR, and limit, revoke or prohibit access by authorized custodians and their affiliates and other authorized users to the Alberta EHR and health information accessible via the Alberta EHR, in accordance with the regulations;
- (c) respond to access requests under section 56.6 or 56.61 for health information accessible via the Alberta EHR, in accordance with the regulations, if any;
- (d) provide reports to authorized custodians and other authorized users related to their access to the Alberta EHR and to authorized custodians related to the access to the Alberta EHR by their affiliates.

(3) For the purpose of fulfilling the duties under subsection (1), the Department may do any or all of the following:

- (a) in accordance with the regulations, audit and investigate matters relating to the Alberta EHR in respect of
 - (i) unauthorized access to, use or disclosure of health information accessible via the Alberta EHR,
 - (ii) data integrity,
 - (iii) patient safety, or
 - (iv) other matters prescribed in the regulations;
- (b) subject to subsection (4) and in accordance with the regulations, provide access to health information accessible via the Alberta EHR to a medical examiner

with the Office of the Chief Medical Examiner and staff working under the direction of a medical examiner;

- (c) provide access, in accordance with the regulations, if any, to health information accessible via the Alberta EHR to a health services provider who provides a health service outside Alberta to a resident of Alberta for the purposes of providing continuing treatment and care;
- (d) exercise any other power, duty or function that the Department considers necessary in order to manage and operate the Alberta EHR.

(4) The Department may provide a medical examiner with the Office of the Chief Medical Examiner and staff working under the direction of a medical examiner with access to health information accessible via the Alberta EHR for the purpose of conducting investigations under the *Fatality Inquiries Act*, only if

- (a) the Office of the Chief Medical Examiner has submitted a privacy impact assessment respecting the access to the Commissioner, and
- (b) the medical examiner with the Office of the Chief Medical Examiner and the staff working under the direction of a medical examiner meet all eligibility requirements and obligations imposed by the regulations.

(5) For greater certainty, the Department is not an information manager for authorized custodians by virtue of managing and operating the Alberta EHR.

54 Section 56.3 is amended

(a) in subsection (1)

- (i) **by striking out** “prescribed health information” **and substituting** “health information”;
- (ii) **by striking out** “to authorized custodians”;

(b) in subsection (2)

54 Section 56.3 presently reads in part:

56.3(1) The health professional body of a regulated health professional may in writing direct the regulated health professional to make prescribed health information that is in the custody or under the control of the regulated health professional accessible to authorized custodians via the Alberta EHR in accordance with the regulations.

(2) If

- (i) **by striking out** “prescribed health information” **wherever it occurs and substituting** “health information”;
 - (ii) **by striking out** “to authorized custodians” **wherever it occurs**;
- (c) **in subsection (3)(b)**
- (i) **by striking out** “the information” **and substituting** “the health information”;
 - (ii) **by adding** “via the Alberta EHR” **after** “accessible”;
- (d) **in subsection (5)**
- (i) **by striking out** “prescribed health information” **and substituting** “the health information prescribed in the regulations that is”;
 - (ii) **by striking out** “to authorized custodians”;
- (e) **in subsection (6)**
- (i) **by striking out** “prescribed health information” **and substituting** “the health information prescribed in the regulations that is”;
 - (ii) **by striking out** “to authorized custodians”;
- (f) **in subsection (7)**
- (i) **by striking out** “For greater certainty, the” **and substituting** “The”;
 - (ii) **by striking out** “prescribed health information” **and substituting** “health information”;
 - (iii) **in clause (a) by adding** “by any person” **after** “that information”.

- (a) *the Minister determines that it is in the public interest to have certain prescribed health information that is in the custody or under the control of one or more regulated health professionals made accessible to authorized custodians via the Alberta EHR, and*
- (b) *the health professional body of the regulated health professionals has not directed the regulated health professionals to make that prescribed health information accessible via the Alberta EHR,*

the Minister may, subject to subsection (3), in writing direct the regulated health professionals to make the prescribed health information accessible to authorized custodians via the Alberta EHR in accordance with the regulations.

(3) Before giving a direction under subsection (2), the Minister must

- (b) *prepare a privacy impact assessment describing how making the information accessible may affect the privacy of the individual who is the subject of the information and submit the privacy impact assessment to the Commissioner for review and comment, and*

(5) An authorized custodian may make prescribed health information in its custody or under its control accessible to authorized custodians via the Alberta EHR in accordance with the regulations.

(6) An authorized custodian, other than a regulated health professional, must, if the Minister requests in writing, make prescribed health information in its custody or under its control accessible to authorized custodians via the Alberta EHR in accordance with the regulations.

(7) For greater certainty, the making of prescribed health information accessible pursuant to this section does not

- (a) *constitute a disclosure of that information, or*
- (b) *require the consent of the individual who is the subject of the information.*

55 Section 56.4 is repealed and the following is substituted:

**Duties in making health information
accessible via Alberta EHR**

56.4(1) In deciding how much health information to make accessible via the Alberta EHR, a regulated health professional or an authorized custodian must consider as an important factor any expressed wishes of the individual who is the subject of the health information relating to access to that information, together with any other factors the regulated health professional or authorized custodian considers important.

(2) If a regulated health professional or an authorized custodian decides to limit the health information that is to be made accessible via the Alberta EHR under subsection (1), it must impose the limitations in accordance with the regulations.

56 Section 56.5 is repealed and the following is substituted:

Accessing health information via the Alberta EHR

56.5(1) Subject to the regulations, an authorized custodian may access health information via the Alberta EHR for all the purposes and functions for which that authorized custodian may use health information under section 27.

(2) A medical examiner with the Office of the Chief Medical Examiner and staff working under the direction of a medical examiner may access health information via the Alberta EHR only for the purpose of conducting investigations under the *Fatality Inquiries Act*.

(3) The use of health information that is accessed via the Alberta EHR does not constitute collection of that information under this Act.

(4) The use of health information that is accessed via the Alberta EHR does not constitute disclosure of that information by any person under this Act.

(5) For greater certainty, if the Department grants access to the Alberta EHR to other authorized users outside Alberta in accordance with the regulations, the accessing of health information via the Alberta EHR by an authorized user outside Alberta does not constitute disclosure of that information by any person under this Act.

55 Duties in making health information accessible via Alberta EHR.

56 Section 56.5 presently reads:

56.5(1) Subject to the regulations,

- (a) an authorized custodian referred to in section 56.1(b)(i) may use prescribed health information that is accessible via the Alberta EHR for any purpose that is authorized by section 27;*
- (b) an authorized custodian referred to in section 56.1(b)(ii) may use prescribed health information that is accessible via the Alberta EHR, and that is not otherwise in the custody or under the control of that authorized custodian, only for a purpose that is authorized by*
 - (i) section 27(1)(a), (b) or (f), or*
 - (ii) section 27(1)(g), but only to the extent necessary for obtaining or processing payment for health services.*

(2) For greater certainty, the use pursuant to subsection (1) of prescribed health information that is accessible via the Alberta EHR does not constitute collection of that information under this Act.

(3) For greater certainty, the use pursuant to subsection (1) of prescribed health information that is accessible via the Alberta EHR does not constitute a disclosure of that information by

57 Section 56.51 is repealed.

58 Section 56.6 is amended

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

Maintaining record of Alberta EHR access

56.6(1) The Department must keep an electronic log of the following for each time the Alberta EHR is accessed:

- (a) the name or number that identifies the authorized custodian or other authorized user who accessed the Alberta EHR;
- (b) the date and time that the Alberta EHR was accessed;
- (c) a description of the health information that was accessed;
- (d) any other information prescribed in the regulations.

- (b) in subsection (2)**

- (a) *the regulated health professional or authorized custodian who originally made that information accessible via the Alberta EHR pursuant to section 56.3,*
- (b) *any other authorized custodian,*
- (c) *the information manager of the Alberta EHR, or*
- (d) *any other person.*

57 Section 56.51 presently reads:

56.51(1) Despite any other provision of this Act or the regulations, the Department may access via the Alberta EHR, or may authorize one or more employees of the Office of the Chief Medical Examiner who are affiliates of the Department to access via the Alberta EHR, any prescribed health information that is accessible via the Alberta EHR regarding individuals who had or are suspected to have had COVID-19, if that information is required to be disclosed by the Department to the Chief Medical Examiner, medical examiners and the Fatality Review Board under the Fatality Inquiries Act or a regulation under that Act.

(2) This section is repealed on December 31, 2021.

58 Section 56.6 presently reads:

56.6(1) If an authorized custodian uses prescribed health information pursuant to section 56.5, the authorized custodian must keep an electronic log of the following information:

- (a) *a name or number that identifies the custodian who uses the information;*
- (b) *the date and time that the information is used;*
- (c) *a description of the information that is used.*

(2) The information referred to in subsection (1) must be retained by the authorized custodian for a period of 10 years following the date of the use.

(3) An individual who is the subject of information referred to in subsection (1) may ask the authorized custodian or the information manager of the Alberta EHR for access to and a copy of the information, and Part 2 applies to the request.

- (i) **by striking out** “authorized custodian” **and substituting** “Department”;
- (ii) **by striking out** “use” **and substituting** “access”;
- (c) **in subsection (3) by striking out** “authorized custodian or the information manager of the Alberta EHR” **and substituting** “Department”;
- (d) **in subsection (4)**
 - (i) **by striking out** “information manager of the Alberta EHR” **wherever it occurs and substituting** “Department”;
 - (ii) **by striking out** “used” **and substituting** “accessed”;
 - (iii) **by striking out** “prescribed health information” **and substituting** “health information”;
 - (iv) **by striking out** “custodians” **and substituting** “authorized custodians and other authorized users”;
 - (v) **by striking out** “section 56.5” **and substituting** “this Part”.

59 The following is added after section 56.6:

Access request for health information accessible via the Alberta EHR

56.61(1) An individual may make a request to access the individual’s health information accessible via the Alberta EHR

- (a) to an authorized custodian who
 - (i) is a health services provider described in section 1(1)(f)(ix), and
 - (ii) has provided health services to the individual,

or

- (b) to a custodian described in section 1(1)(f)(iv)

and Part 2 applies in respect of the request.

(4) If, pursuant to subsection (3), an individual asks the information manager of the Alberta EHR for access to and a copy of the information referred to in subsection (1), the information manager of the Alberta EHR must, in accordance with Part 2, provide that information in respect of all custodians who have used that individual's prescribed health information pursuant to section 56.5.

59 Access request for health information accessible via the Alberta EHR; authorized custodian duties, authority.

(2) If an authorized custodian or a custodian described in section 1(1)(f)(iv) responds that it is unable to provide access to health information requested by an individual under subsection (1), the individual may make a request to the Department for access to the individual's health information accessible via the Alberta EHR, and Part 2 applies in respect of the request.

Authorized custodian duties, authority

56.62 An authorized custodian shall

- (a) comply with an audit or investigation conducted by the Department in respect of the Alberta EHR, and
- (b) carry out any duty or function specified in the regulations.

60 Section 56.7(1) is repealed and the following is substituted:

Multi-disciplinary data stewardship committee

56.7(1) The Minister shall establish a multi-disciplinary data stewardship committee.

(1.1) The function of the multi-disciplinary data stewardship committee is to provide advice and make recommendations to the Minister and the Department respecting the Alberta EHR.

61 The following is added after section 56.7:

Termination of agreement and protocol

56.71(1) Despite any other provision of this Act or regulations or any information manager agreements entered into under section 3(1)(d) of the *Alberta Electronic Health Record Regulation* (AR 118/2010) or entered into with custodians described in section 3(3) of that regulation or the Alberta Netcare Electronic Health Record Information Exchange Protocol referred to in those information manager agreements, the Department may access and use health information that is accessible via the Alberta EHR for any purpose or function that is authorized by section 27.

60 Section 56.7(1) presently reads:

56.7(1) The Minister shall establish a multi-disciplinary data stewardship committee whose function is to make recommendations to the Minister with respect to rules related to access, use, disclosure and retention of prescribed health information that is accessible via the Alberta EHR.

61 Termination of agreement and protocol.

(2) All information manager agreements entered into under section 3(1)(d) of the *Alberta Electronic Health Record Regulation* (AR 118/2010) or entered into with custodians described in section 3(3) of that regulation and the Alberta Netcare Electronic Health Record Information Exchange Protocol referred to in those information manager agreements are terminated effective on the coming into force of this subsection.

(3) Subsection (1) is repealed on Proclamation.

62 Section 56.8 is amended

(a) by renumbering it as section 56.8(1);

(b) in subsection (1)

(i) in clause (c) by striking out “as prescribed health information” **and substituting** “that may or must be made accessible via the Alberta EHR”;

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

(c.1) respecting administrative, technical and physical safeguards in respect of the health information accessible via the Alberta EHR;

(iii) in clause (d)

(A) by adding “may or” **after** “or an authorized custodian”;

(B) by striking out “prescribed health information” **and substituting** “health information prescribed in the regulations that is”;

(C) by striking out “to an authorized custodian”;

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

(d.1) respecting the granting of access to the Alberta EHR, including, without limitation, respecting eligibility for access to the Alberta EHR;

62 Section 56.8 presently reads in part:

56.8 The Lieutenant Governor in Council may make regulations

- (c) prescribing classes or types of health information as prescribed health information;*
- (d) respecting the manner in which a regulated health professional or an authorized custodian must make prescribed health information in its custody or under its control accessible to an authorized custodian via the Alberta EHR;*
- (e) respecting the purposes for which an authorized custodian may use prescribed health information;*
- (f) respecting the governance, management and structure of the Alberta EHR, including, without limitation, regulations*
 - (i) designating an information manager of the Alberta EHR, and*
 - (ii) respecting the powers, duties and functions of the information manager;*
- (g) respecting the procedures, systems and safeguards that an authorized custodian must maintain in respect of prescribed health information that is accessible via the Alberta EHR;*

(v) by repealing clause (e) and substituting the following:

- (e) respecting the purposes and functions for which an authorized custodian may access and use health information via the Alberta EHR;

(vi) in clause (f)

(A) in the portion preceding subclause (i) by adding “operation,” after “governance,”;

(B) by repealing subclause (i);

(C) in subclause (ii) by striking out “information manager” and substituting “Department”;

(vii) in clause (g) by striking out “prescribed health information” and substituting “health information”;

(viii) by adding the following after clause (g):

- (g.1) respecting the manner in which a regulated health professional or an authorized custodian may limit the health information that is to be made accessible via the Alberta EHR;
- (g.2) respecting access to the Alberta EHR by a medical examiner with the Office of the Chief Medical Examiner and staff working under the direction of a medical examiner or by a health services provider outside of Alberta to provide continuing treatment and care to an individual who is a resident of Alberta;
- (g.3) limiting, revoking or prohibiting
 - (i) access to the Alberta EHR by an authorized custodian or its affiliate, a medical examiner with the Office of the Chief Medical Examiner or staff working under the direction of a medical examiner, or by a health services provider outside of Alberta providing continuing treatment and care to an individual who is a resident of Alberta, or

- (ii) use of health information accessible via the Alberta EHR by an authorized custodian or its affiliate, by a medical examiner with the Office of the Chief Medical Examiner or staff working under the direction of a medical examiner, or by a health services provider outside of Alberta providing continuing treatment and care to an individual who is a resident of Alberta;
- (g.4) respecting technical or security standards, specifications or requirements in respect of the Alberta EHR, including, without limitation, interoperability specifications and standards;
- (g.5) respecting electronic logging for the purposes of section 56.6 and reporting in respect of the logging;
- (g.6) respecting access requests under sections 56.6 and 56.61 for health information accessible via the Alberta EHR;
- (g.7) respecting the reasons for which an authorized custodian is unable to provide access to health information requested by an individual;
- (ix) by repealing clause (h) and substituting the following:**
 - (h) respecting the audit or investigation of any matter related to the Alberta EHR, including, without limitation, regulations
 - (i) setting out or establishing an auditing regime, and
 - (ii) setting out powers and duties to be exercised concerning audits and investigations;
- (c) by adding the following after subsection (1):**
 - (2)** A regulation made under subsection (1) 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 the Minister, relating to any matter in respect of which a regulation may be made under subsection (1).

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

(4) 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).

(5) A code, standard, guideline, schedule or body of rules may be incorporated, adopted or declared in force by a regulation made under subsection (1)

- (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.

63 Section 64 is amended

(a) **in subsection (1) by striking out “Each custodian” and substituting “Subject to subsection (3), each custodian”;**

(b) **in subsection (2) by striking out “The custodian” and substituting “Subject to subsection (3), the custodian”;**

(c) **by adding the following after subsection (2):**

(3) Subsections (1) and (2) do not apply to custodians described in section 1(1)(f)(iv), (ix.1) and (xii) in the collection, use or disclosure of health information between or among these custodians for a function set out in section 27(2), unless the custodians will implement a new information system or change an existing information system in conjunction with the collection, use or disclosure.

64 Section 66(1)(c) is repealed and the following is substituted:

63 Section 64 presently reads:

64(1) Each custodian must prepare a privacy impact assessment that describes how proposed administrative practices and information systems relating to the collection, use and disclosure of individually identifying health information may affect the privacy of the individual who is the subject of the information.

(2) The custodian must submit the privacy impact assessment to the Commissioner for review and comment before implementing any proposed new practice or system described in subsection (1) or any proposed change to existing practices and systems described in subsection (1).

64 Section 66 presently reads in part:

66(1) In this section, “information manager” means a person or body that

(a) processes, stores, retrieves or disposes of health information,

- (c) provides information management or information technology services in a manner that requires the use of health information

but does not include an individual employed by a custodian who performs any of the functions listed in clauses (a) to (c).

65 Section 78 is repealed and the following is substituted:

Refusal to conduct inquiry

78 The Commissioner may refuse to conduct an inquiry pursuant to section 77 if in the opinion of the Commissioner

- (a) the subject of the request for a review under section 73 has been dealt with in an order or investigation report of the Commissioner, or
- (b) the circumstances warrant deciding not to conduct an inquiry.

66 Section 104(1)(d) is repealed and the following is substituted:

- (d) if the individual is deceased,
 - (i) by the individual's personal representative, if the exercise of the right or power relates to the administration of the individual's estate, or
 - (ii) by the individual's nearest relative as defined in the *Personal Directives Act*, if the exercise of the right or power is for the purpose of processing an insurance claim,

67 Section 105 is amended by striking out “including, without limitation, any failure to do something where a person has discretionary authority to do something but does not do it”.

- (b) *in accordance with the regulations, strips, encodes or otherwise transforms individually identifying health information to create non-identifying health information, or*
- (c) *provides information management or information technology services.*

(2) A custodian must enter into a written agreement with an information manager in accordance with the regulations for the provision of any or all of the services described in subsection (1).

65 Section 78 presently reads:

78 The Commissioner may refuse to conduct an inquiry pursuant to section 77 if in the opinion of the Commissioner the subject of a request for a review under section 73 has been dealt with in an order or investigation report of the Commissioner.

66 Section 104(1) presently reads in part:

104(1) Any right or power conferred on an individual by this Act may be exercised

- (d) if the individual is deceased, by the individual's personal representative if the exercise of the right or power relates to the administration of the individual's estate,*

67 Section 105 presently reads:

105 No action lies and no proceeding may be brought against the Crown, a custodian or any person acting for or under the direction of a custodian for damages resulting from anything done or not done by that person in good faith while carrying out duties or exercising

68 Section 107 is amended

- (a) in subsection (4) by adding “as defined in section 66(1)” after “manager”;**
- (b) by repealing subsection (6) and substituting the following:**
 - (6)** A person who contravenes this section is guilty of an offence and is liable
 - (a)** in the case of an individual, to a fine of not more than \$200 000, and
 - (b)** in the case of any other person, to a fine of not more than \$1 000 000.
- (c) by repealing subsections (6.1), (7) and (8);**
- (d) in subsection (9) by striking out “subsection (1.1)(b) or (c) or (1.2)” and substituting “this section”.**
- (e) by adding the following after subsection (9):**
 - (10)** In respect of offences other than those under subsection (1.1)(b) or (c) or (1.2), subsection (9) applies to offences committed after this subsection comes into force.
 - (11)** In respect of offences other than those under subsection (1.1)(b) or (c) or (1.2), notwithstanding the repeal of subsection (8), subsection (8) continues in effect and applies to offences committed before this subsection comes into force.

69 Section 108(2) is amended

- (a) in clause (a.1) by striking out “research proposal” and substituting “proposed research protocol”;**
- (b) by repealing clause (b).**

powers under this Act including, without limitation, any failure to do something where a person has discretionary authority to do something but does not do it.

68 Section 107 presently reads in part:

(4) No information manager shall knowingly breach the terms and conditions of an agreement entered into with a custodian pursuant to section 66.

(6) A person who contravenes this section, except subsection (1.1), (1.2) or (5.1), is guilty of an offence and liable to a fine of not more than \$50 000.

(6.1) Despite subsection (6), a person who uses prescribed health information in contravention of section 56.4 is guilty of an offence and liable to a fine of not more than \$100 000.

(7) A person who contravenes subsection (1.1), (1.2) or (5.1) is guilty of an offence and liable

(a) in the case of an individual, to a fine of not less than \$2000 and not more than \$10 000, and

(b) in the case of any other person, to a fine of not less than \$200 000 and not more than \$500 000.

(8) A prosecution under this Act, except a prosecution referred to in subsection (9), may be commenced within 2 years after the commission of the alleged offence, but not afterwards.

(9) A prosecution for an offence under subsection (1.1)(b) or (c) or (1.2) may be commenced within 2 years after the day on which evidence of the alleged offence first came to the attention of the Commissioner, but not afterwards.

69 Section 108(2) presently reads in part:

(2) The Minister may make regulations

(a.1) specifying the information that is to be included in a research proposal under section 49;

(b) respecting agreements to be entered into by custodians and information managers pursuant to section 66.

Part 4 Health Professions Act

Amends RSA 2000 cH-7

70 The *Health Professions Act* is amended by this section.

71 Section 1(1)(nn) is amended by striking out “Schedule 7.1 to the *Government Organization Act*” and substituting “Part 0.1”.

72 The following is added after section 1.1:

Part 0.1 Health Services Restricted Activities

Definitions

1.2 In this Part,

- (a) “activity of daily living” means an activity that individuals normally perform on their own behalf to maintain their health and well being, and includes
 - (i) routine and invasive self care activities, including but not restricted to the removal of slivers and the cleaning of wounds, and
 - (ii) specifically taught procedures, which generally result in predictable and stable responses, including but not restricted to catheterization, maintenance of drainage tubes and administration of drugs by injection;
- (b) “administration of a drug” means the supplying of a dose of a drug to a person for the purpose of immediate ingestion, application, inhalation, insertion, instillation or injection;
- (c) “compound” means to mix together 2 or more ingredients of which at least one is a drug for the purposes of dispensing a

Part 4
Health Professions Act

70 Amends chapter H-7 of the Revised Statutes of Alberta 2000.

71 Section 1(1) presently reads in part:

1(1) In this Act,

(nn) “restricted activity” means a restricted activity and a portion of a restricted activity, within the meaning of Schedule 7.1 to the Government Organization Act;

72 Part 0.1 Health Services Restricted Activities.

drug or drugs, but does not include reconstituting a drug or drugs with only water;

- (d) “dispense” means
 - (i) with respect to drugs, to provide a drug pursuant to a prescription for a person, but does not include the administration of a drug to a person, and
 - (ii) with respect to corrective lenses, to verify corrective lenses objectively to the prescription;
- (e) “drug” means drug as defined in the *Pharmacy and Drug Act*;
- (f) “restricted activity” means an activity named as a restricted activity in section 1.3;
- (g) “sell” includes
 - (i) distribute, trade or barter for money or other valuable consideration,
 - (ii) distributing and giving away without expectation or hope of compensation or reward,
 - (iii) keeping for sale, and
 - (iv) offering for sale;
- (h) “surrogate” means a person authorized by an individual or by the individual’s guardian, if the guardian is authorized to give such authorization, to assist the individual in carrying on an activity of daily living.

Restricted activities

1.3(1) The following, carried out in relation to or as part of providing a health service, are restricted activities:

- (a) to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue
 - (i) below the dermis or the mucous membrane or in or below the surface of the cornea, or

- (ii) in or below the surface of teeth, including scaling of teeth;
- (b) to insert or remove instruments, devices, fingers or hands
 - (i) beyond the cartilaginous portion of the ear canal,
 - (ii) beyond the point in the nasal passages where they normally narrow,
 - (iii) beyond the pharynx,
 - (iv) beyond the opening of the urethra,
 - (v) beyond the labia majora,
 - (vi) beyond the anal verge, or
 - (vii) into an artificial opening into the body;
- (c) to insert into the ear canal
 - (i) under pressure, liquid, air or gas, or
 - (ii) a substance that subsequently solidifies;
- (d) to set or reset a fracture of a bone;
- (e) to reduce a dislocation of a joint except for a partial dislocation of the joints of the fingers and toes;
- (f) to use a deliberate, brief, fast thrust to move the joints of the spine beyond the normal range but within the anatomical range of motion, which generally results in an audible click or pop;
- (g) to prescribe a Schedule 1 drug within the meaning of the *Pharmacy and Drug Act*;
- (h) to dispense, compound, provide for selling or sell a Schedule 1 drug or Schedule 2 drug within the meaning of the *Pharmacy and Drug Act*;
- (i) to administer a vaccine or parenteral nutrition;

- (j) to prescribe, compound or administer blood or blood products;
- (k) to prescribe or administer diagnostic imaging contrast agents;
- (l) to prescribe or administer anesthetic gases, including nitrous oxide, for the purposes of anesthesia or sedation;
- (m) to prescribe or administer radiopharmaceuticals, radiolabelled substances, radioactive gases or radioaerosols;
- (n) to order or apply any form of ionizing radiation in
 - (i) medical radiography,
 - (ii) nuclear medicine, or
 - (iii) radiation therapy;
- (o) to order or apply non-ionizing radiation in
 - (i) lithotripsy,
 - (ii) magnetic resonance imaging, or
 - (iii) ultrasound imaging, including any application of ultrasound to a fetus;
- (p) to prescribe or fit
 - (i) an orthodontic or periodontal appliance,
 - (ii) a fixed or removable partial or complete denture, or
 - (iii) an implant-supported prosthesis;
- (q) to perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs
 - (i) judgment,
 - (ii) behaviour,
 - (iii) capacity to recognize reality, or

- (iv) ability to meet the ordinary demands of life;
- (r) to manage labour or deliver a baby;
- (s) to prescribe or dispense corrective lenses.

(2) Despite subsection (1), the following are not restricted activities:

- (a) activities of daily living, whether performed by the individual or by a surrogate on the individual's behalf;
- (b) giving information and providing advice with the intent of enhancing personal development, providing emotional support or promoting spiritual growth of individuals, couples, families and groups;
- (c) drawing venous blood.

Regulations

1.4 The Minister may make regulations authorizing a person or a category of persons, other than a regulated member or category of regulated members, to perform one or more restricted activities subject to any conditions included in the regulations.

Public health emergency

1.5 For the purposes of preventing, combating or alleviating a public health emergency as defined in the *Public Health Act*, the Minister may by order authorize a person or category of persons to perform one or more restricted activities subject to any terms or conditions the Minister may prescribe.

Offence

1.6(1) No person shall perform a restricted activity or a portion of it on or for another person unless

- (a) the person performing it
 - (i) is a regulated member and is authorized to perform it by the regulations,
 - (ii) is authorized to perform it by a regulation under section 1.4,

- (iii) is authorized to perform it by an order under section 1.5,
or
 - (iv) is authorized to perform it by another enactment, or
 - (v) has the consent of, and is being supervised by, a
regulated member described in clause (a)(i),
- and
- (b) there are standards of practice adopted by the council of the
college of the regulated member respecting
 - (i) how a regulated member performs the restricted activity,
 - (ii) who may be permitted to perform the restricted activity
under the supervision of a regulated member, and
 - (iii) how a regulated member must supervise persons who
provide restricted activities under the regulated
member's supervision.

(2) Despite subsection (1), if no person who is authorized under subsection (1) is available to perform the restricted activity or a portion of it, a person may without expectation or hope of compensation or reward provide a restricted activity or a portion of it to provide physical comfort to or to stabilize another person who is ill, injured or unconscious as a result of an accident or other emergency.

(3) No person, other than a person authorized to perform a restricted activity under subsection (1)(a), shall or shall purport to consent to, provide supervision of and control of, another person performing the restricted activity or a portion of a restricted activity.

(4) No person shall require another person to perform a restricted activity or a portion of a restricted activity if that other person is not authorized in accordance with subsection (1) to perform it.

Penalty

1.7(1) A person who contravenes section 1.6 is guilty of an offence and liable

- (a) for a first offence, to a fine of not more than \$5000,

- (b) for a 2nd offence, to a fine of not more than \$10 000, and
- (c) for a 3rd and every subsequent offence, to a fine of not more than \$25 000 or to imprisonment for a term of not more than 6 months or to both fine and imprisonment.

(2) A prosecution for an offence under this Part may not be commenced more than 2 years after the date on which the alleged offence occurs.

Burden of proof

1.8 In a prosecution under this Part, the burden of proving that a person was authorized to perform a restricted activity by section 1.6(1) is on the accused.

Injunction

1.9 The Court of Queen’s Bench, on application by a person authorized by the Minister, may grant an injunction enjoining any person from doing any act that contravenes section 1.6 despite any penalty that may be provided by section 1.7 in respect of that contravention.

73 Section 3 is amended

- (a) **in subsection (1)(e) by striking out “carry on” and substituting “must carry on”;**
- (b) **in subsection (2) by striking out “unless the Minister grants the college an approval under section 27”;**
- (c) **by adding the following after subsection (3):**
 - (4) A college may carry out functions other than those set out in subsection (1) or elsewhere in this Act if those functions are consistent with the college’s role as set out in this section.
 - (5) A college must not act or hold itself out as a professional association.
 - (6) Nothing in this section prevents a college from collaborating or cooperating with or engaging the services of a professional association, labour union or regulatory body in any jurisdiction to undertake activities that align with the role of the college, including but not limited to,

73 Section 3 presently reads in part:

3(1) A college

(e) carry on the activities of the college and perform other duties and functions by the exercise of the powers conferred by this Act, and

(2) A college may not set professional fees, provide guidelines for professional fees or negotiate professional fees on behalf of some or all of its regulated members unless the Minister grants the college an approval under section 27.

(3) A college or a council or committee of a college may not be a certified bargaining agent as defined in the Labour Relations Code.

- (a) developing programs for the professional development of regulated members,
- (b) engaging the services of educational program accreditation agencies,
- (c) developing competency best practices,
- (d) promoting national standards and labour mobility, and
- (e) providing for national examinations.

74 The following is added after section 3:

Cessation of professional association functions by college

3.1 A college that immediately before the coming into force of this section serves or purports to serve as a professional association must

- (a) within 6 months after the coming into force of this section, provide the Minister with a plan to divest itself of its professional association functions, and
- (b) effective 18 months after the coming into force of this section, have no functions of, connection to or affiliation with a professional association.

75 Section 4(1)(d) is repealed.

76 The following is added after section 5:

Ineligibility of officer of professional association, etc.

5.1(1) An individual who is an officer or senior employee of a professional association or a labour union that represents

74 Cessation of professional association functions by college.

75 Section 4(1)(d) presently reads:

4(1) A college must submit to the Minister an annual report of its activities in a form acceptable to the Minister that contains the information requested by the Minister, including but not restricted to

(d) whether the college has an approval under section 27 and, if so, a statement describing how it is complying with conditions imposed on the approval, if any;

76 Ineligibility of officer of professional association, etc.

members of a regulated health profession is not eligible to be appointed or elected to any of the following positions:

- (a) member of a council;
- (b) member of a registration committee, competence committee or hearing tribunal;
- (c) complaints director or the complaints director's delegate;
- (d) hearings director or the hearings director's delegate;
- (e) registrar or the registrar's delegate;
- (f) president of a council or the president's delegate.

(2) If an individual appointed or elected to a position listed in subsection (1) subsequently becomes an officer or senior employee of a union or professional association representing members of the college, the individual is not eligible to continue to serve and the individual's appointment or elected term is terminated.

77 Section 10 is amended

(a) in subsection (1)(b)

- (i) by striking out "regulation" and substituting "standards of practice";**
- (ii) by striking out "practice visits" and substituting "assessments of a regulated member's competence";**

(b) in subsection (5) by striking out "section 12" and substituting "subsection (2)";

(c) in subsection (6)(b)

- (i) by striking out "the regulations" and substituting "standards of practice";**
- (ii) by striking out "practice visits" and substituting "assessments of regulated members' competence";**

77 Section 10 presently reads in part:

10(1) A council

- (a) may establish a competence committee, and*
- (b) must establish the competence committee if the college is authorized by regulation to undertake practice visits.*

(5) Despite section 12, if a member of a competence committee is not capable of carrying out the powers and duties of a member, the competence committee may continue to conduct a practice visit in which the member was participating, and the competence committee may carry out its powers and duties with respect to that practice visit.

(6) A competence committee

- (a) may make recommendations to the council on continuing competence requirements and the assessment of those requirements,*

- (iii) **by striking out** “a practice visit of regulated members” **and substituting** “an assessment of regulated members’ competence”;
- (d) **in subsection (7) by striking out** “practice visits” **and substituting** “assessments of a regulated member’s competence”.

78 Section 25 is amended by adding the following after subsection (2):

(2.1) If a group of persons referred to in subsection (1) applies for the establishment of a college to govern the proposed regulated profession, the application must provide

- (a) a rationale for why a college should be established and why an existing college would not be appropriate to govern the proposed regulated profession, and
- (b) a preliminary budget for the proposed profession, including the preliminary budget for management of the proposed college and the performance of the proposed college’s responsibilities under this Act.

(2.2) If a group of persons referred to in subsection (1) applies for a proposed profession to be regulated by an existing college, the application must provide

- (a) a written statement of support from the existing college for the application, and
- (b) confirmation that members of the proposed profession will be regulated members of the college with the same rights and duties as the existing regulated members of the college.

79 The following is added after section 25:

Amalgamation of existing colleges

25.1(1) Where 2 or more colleges propose to amalgamate, an application must be made to the Minister.

- (b) may, if authorized by the regulations, provide for practice visits as part of the continuing competence program and conduct a practice visit of regulated members, and*
- (c) may undertake any other power or duty given to it under this Act or the bylaws.*
- (7) Despite subsection (6) and section 20, if a competence committee is authorized to conduct practice visits it shall not carry out any powers or duties under sections 28 to 30.*

78 Section 25(2) presently reads:

- (2) An application under subsection (1)*
 - (a) repealed 2006 c19 s2,*
 - (b) must be in the form and contain the information requested by the Minister, and*
 - (c) must be accompanied with the application fee set by the Minister.*

79 Amalgamation of existing colleges.

(2) An application for the amalgamation of colleges must contain the following:

- (a) written confirmation of each college that the amalgamation is approved by its council;
- (b) a rationale for the amalgamation;
- (c) evidence of the nature and extent of consultation with regulated members of the affected colleges;
- (d) a proposed name for the amalgamated college;
- (e) proposed content for a schedule or revised schedule to this Act;
- (f) proposals for addressing transitions, including, without limitation, transitions of
 - (i) the composition of the council, registration committee and competence committee of the amalgamated college,
 - (ii) college officials as set out in section 21,
 - (iii) regulated members of the amalgamated college, and
 - (iv) ongoing applications, investigations and disciplinary hearings.

80 Section 27 is repealed.

80 Section 27 presently reads:

27 If the Minister is satisfied that a college is organized so that when it undertakes its powers, duties and functions under this Act it would not be influenced by an approval,

- (a) the Minister may approve the college to set professional fees, to provide guidelines on professional fees and to negotiate professional fees on behalf of some or all of its regulated members, and*
- (b) the Minister may impose conditions on that approval.*

81 Section 28 is amended

(a) in subsection (1)

(i) by repealing clause (c) and substituting the following:

(c) proof of

- (i) having professional liability insurance of the type and amount set out in the bylaws, or**
- (ii) membership in an organization set out in the bylaws,**

(ii) in clause (d) by striking out “regulations” and substituting “bylaws”;

(iii) in clause (e) by striking out “, if required by the regulations”;

(iv) by repealing clause (f) and substituting the following:

(f) evidence of English language proficiency, as set out in the bylaws,

(v) in clause (i) by striking out “jurisdiction,” and substituting “jurisdiction or has previously been disciplined by another regulatory body responsible for the regulation of the profession or of another profession,”;

(vi) by striking out “and” at the end of clause (k);

(vii) by adding “, and” at the end of clause (l);

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

(m) on the request of the registrar, evidence respecting the applicant’s fitness to practise.

(b) in subsection (2)

(i) in clause (b) by striking out “regulations or the council” and substituting “bylaws”;

(ii) in clause (c) by striking out “satisfying the registrar, registration committee or competence committee, of”;

81 Section 28 presently reads in part:

28(1) An application for registration as a regulated member is complete for the purpose of consideration under section 29(3) if it is in the required form and given to the registrar by the applicant along with

- (c) evidence of having the amount and type of professional liability insurance, if required by the regulations,*
- (d) evidence of being a Canadian citizen or a person lawfully permitted to work in Canada, if required by the regulations,*
- (e) evidence of having good character and reputation, if required by the regulations,*
- (f) evidence of meeting standards of language proficiency, if required by the regulations,*
- (i) evidence of whether the applicant is currently an investigated person under this Act or the equivalent of an investigated person in another jurisdiction,*
- (k) evidence of whether the applicant has ever had conditions imposed on the applicant's practice permit or equivalent, and*
- (l) evidence as to whether there has ever been a judgment in a civil action against the applicant with respect to the applicant's practice.*

(2) An applicant may provide evidence of competence in the practice of the profession

- (b) by being registered with a profession in another jurisdiction recognized by the regulations or the council as having substantially equivalent competence and practice requirements and meeting the requirements for persons to be registered with that profession in that jurisdiction, or*
- (c) by satisfying the registrar, the registration committee or competence committee, of having as determined in accordance with the regulations, a combination of education, experience, practice or other qualifications, that demonstrates the competence required for registration as a regulated member.*

82 The following is added after section 29:

Registrar consideration of applicant character, reputation

29.1(1) The registrar may request any or all of the following as evidence of the applicant's good character and reputation:

- (a) written references from professional colleagues who have knowledge of the applicant's character and reputation;
- (b) a written statement by the applicant as to whether any previous application by the applicant for registration as a professional in another jurisdiction had been rejected;
- (c) a written statement by the applicant as to whether the applicant has ever been convicted, without having been pardoned, of a criminal offence in Canada or an equivalent offence in another jurisdiction;
- (d) a written statement by the applicant as to whether the applicant had been granted privileges in respect of a hospital or other facility, and if privileges had been granted, whether the privileges are currently or have previously been voluntarily or involuntarily limited, suspended or revoked;
- (e) any other relevant evidence as the registrar determines is necessary.

(2) When considering an applicant's character and reputation, the registrar may

- (a) contact any regulatory body responsible for the regulation of a profession or another jurisdiction to confirm the veracity and particulars of the information and documentation submitted by the applicant under this section, and
- (b) consider information in addition to the information and documentation submitted under this section, if the registrar has given the applicant sufficient particulars of the information and sufficient time for the applicant to respond to the particulars of the information.

82 Registrar consideration of application character, reputation.

(3) If an applicant has engaged in an activity that has, in the opinion of the registrar, undermined the applicant's character and reputation, the registrar must provide the applicant with particulars of the information respecting that activity and with an opportunity to provide evidence of the applicant's rehabilitation.

83 Section 33 is amended

(a) in subsection (4)

(i) in clause (a) by striking out “the regulations” and substituting “the bylaws”;

(ii) by repealing clause (b) and substituting the following:

(b) must require regulated members and applicants for registration as regulated members to provide, in accordance with the bylaws and the regulations under section 134, information respecting

(i) the demographic status of the regulated member or applicant, including, without limitation, addresses, email addresses and other contact information,

(ii) education, training and experience of the regulated member or applicant, including, without limitation, degrees, diplomas, certificates and professional examinations, and

(iii) the regulated member's practice of the regulated profession, including, without limitation, practice locations, areas of practice, specializations, names of supervisors or supervisees and other professional registrations within Alberta or in other jurisdictions.

(b) by adding the following after subsection (4):

(4.1) The registrar must require regulated members and applicants for registration to provide all changes to the information required under subsection (4)(b) whenever that information changes.

83 Section 33 presently reads in part:

(4) The registrar

(a) may, in accordance with the regulations,

*(i) enter in a register described in subsection (1)(a)
information in addition to that required by subsection (3),
and*

*(b) must require regulated members and applicants for
registration as regulated members to provide information
related to their demographic status, education, training and
experience and their practice of the regulated profession in
accordance with regulations under sections 131 and 134.*

84 Section 40 is amended

(a) in subsection (1)

- (i) in clause (b)(i) by striking out “regulations” and substituting “standards of practice”;**
- (ii) in clause (c) by striking out “regulations, if the insurance is required by the regulations” and substituting “bylaws”;**
- (iii) in clause (d) by striking out “33(4)(b) and any other information that the regulations require to be provided, and” and substituting “33(3) and (4)(b),”;**
- (iv) by adding the following after clause (d):**
 - (d.1) who, on the request of the registrar, provides current evidence of the registered member’s character and reputation,
 - (d.2) who, on the request of the registrar, provides current evidence of the member’s fitness to practise, and

(b) in subsection (2)

- (i) in clause (a) by striking out “subject to any conditions imposed by the registrar, registration committee or competence committee”;**
- (ii) by repealing clause (b) and substituting the following:**
 - (b) to issue a practice permit subject to conditions imposed under this Part, Parts 3, 3.1 or 4 or a direction under section 118,

85 The following is added after section 40:

Conditions on a practice permit

40.1(1) Where the registrar, complaints director, registration committee or competence committee imposes conditions on a

84 Section 40 presently reads in part:

40(1) An application for a practice permit is complete for consideration under subsection (2) if it is in the form required and given to the registrar by a regulated member

(b) who

(i) meets the requirements for continuing competence of applicants for a practice permit provided for in the regulations, or

(c) who provides evidence of having the amount and type of professional liability insurance required by the regulations, if the insurance is required by the regulations,

(d) who provides the information required by the registrar under section 33(4)(b) and any other information that the regulations require to be provided, and

(2) The registrar, registration committee or competence committee, as provided for in the bylaws, must consider an application for a practice permit and decide whether

(a) to approve the application if the regulated member meets the requirements set out in subsection (1) and issue the member a practice permit subject to any conditions imposed by the registrar, registration committee or competence committee,

(b) to issue a practice permit but to impose conditions for the completion of the continuing competence requirements set out in the regulations within the time specified in the conditions,

and must give the regulated member and, in the case of the registration committee or competence committee, give the registrar a copy of the decision, and the registrar may, or the registration committee or competence committee may direct the registrar to issue the practice permit or suspend the practice permit in accordance with the decision, and notify the regulated member of the decision and how to request a review under section 41.

85 Conditions on a practice permit.

regulated member's practice permit, the conditions that may be imposed include, but are not limited to, conditions that

- (a) the regulated member practise under supervision,
- (b) the regulated member's practice be limited to specified professional services or to specified areas of the practice,
- (c) the regulated member refrain from performing specified restricted activities,
- (d) the regulated member refrain from engaging in sole practice,
- (e) the regulated member submit to additional practice visits or other assessments,
- (f) the member report to the registrar on specified matters on specified dates,
- (g) the practice permit is valid only for a specified purpose and time,
- (h) the member be prohibited from supervising students, other members or other health professionals, and
- (i) the member complete the continuing competence requirements within a specified time.

(2) If the registrar, complaints director, registration committee or competence committee imposes conditions on a practice permit, the registrar, complaints director, registration committee or competence committee must provide reasons for that decision.

86 Section 45(2) is amended by striking out “the regulations” and substituting “section 45.1”.

87 The following is added after section 45:

**Reinstatement following cancellation of
practice permit, registration under Part 4**

45.1(1) A person whose practice permit and registration have been cancelled under Part 4 of this Act may, subject to section

86 Section 45(2) presently reads:

(2) Subject to subsection (3) or (4), a person whose practice permit and registration are cancelled under Part 4 may apply for the practice permit to be reissued and the registration to be reinstated in accordance with the regulations.

87 Reinstatement following cancellation of practice permit, registration under Part 4.

45(3), apply in writing to the registrar to have the practice permit reissued and registration reinstated.

(2) An application under subsection (1)

- (a) subject to section 45(4), must not be made earlier than 3 years after the date of the cancellation, and
- (b) must not be made more frequently than once in each year after an application is refused under subsection (6)(a).

(3) An application under subsection (1) must provide evidence of the applicant's qualifications for registration.

(4) An application under subsection (1) must be considered by the registrar, registration committee or competence committee in accordance with the process set out in sections 28 to 30.

(5) When reviewing an application under subsection (1), the registrar, registration committee or competence committee must consider

- (a) the record of the hearing at which the applicant's practice permit and registration were cancelled, and
- (b) whether the applicant
 - (i) meets the current requirements for a practice permit and registration,
 - (ii) has met any conditions imposed under Part 4 of the Act before the applicant's practice permit and registration were cancelled,
 - (iii) is fit to practise, and
 - (iv) does not pose a risk to public safety or to the integrity of the profession.

(6) The registrar, registration committee or competence committee may, on completing the review of the application in accordance with subsections (4) and (5), issue a written decision containing one or more of the following orders:

- (a) an order refusing the application;
- (b) an order approving the application;
- (c) an order to defer the reissuance of the practice permit and reinstatement of the registration until the applicant has complied with conditions imposed by the registrar, registration committee or competence committee;
- (d) an order directing the applicant to pay any or all of the college's expenses incurred in respect of the application, as provided for in the bylaws;
- (e) any other order that the registrar, registration committee or competence committee considers necessary for the protection of the public.

(7) An applicant whose application is refused or whose application for reissuance and reinstatement is deferred under subsection (6)(c) may, within 30 days of receipt of the decision, request a review of the decision by the council.

(8) Sections 31 and 32 apply to a review requested under subsection (7).

(9) The registrar, registration committee and competence committee referred to in subsection (4) and the council referred to in subsection (7) may order that its decision be published in a manner it considers appropriate.

(10) The college must publish or otherwise make available a decision under subsection (6) or (8) for a period of at least 2 years from the date of the decision.

88 Section 50 is amended

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

Continuing competence program

50(1) A council that exists immediately before the coming into force of this subsection must establish a continuing competence program within its standards of practice within 18 months after the coming into force of this subsection.

88 Section 50 presently reads:

50(1) A council must establish, by regulation, a continuing competence program within 5 years from the date that the schedule to this Act with respect to the profession comes into force.

(2) A continuing competence program

(a) must provide for regulated members or categories of regulated members to maintain competence and to enhance the provision of professional services, and

(1.1) A council that is established after the coming into force of this subsection must establish a continuing competence program within its standards of practice within 18 months from the date that the schedule to this Act with respect to the profession comes into force.

(1.2) Section 133 applies in respect of the adoption of standards of practice under this section as if the standards of practice were adopted under section 133.

(b) in subsection (2)

(i) in clause (a) by adding “by participating in a program for self-directed professional development” **after** “services”;

(ii) in clause (b)

(A) by striking out “, if authorized by the regulations,”;

(B) by adding “, examinations, interviews or other competence assessments” **after** “visits”.

89 Section 51 is amended

(a) in subsection (2)

(i) by striking out “the regulations” **and substituting** “standards of practice”;

(ii) by striking out “practice visits” **and substituting** “assessments of a regulated member’s competence”;

(iii) by striking out “a practice visit” **and substituting** “an assessment of a regulated member’s competence”;

(b) in subsection (5)(b)(ii) by striking out “regulations” **and substituting** “standards of practice”.

90 Section 51.1 is amended

(a) in subsection (1) by striking out “practice visit or”;

(b) in subsection (2) in the portion preceding clause (a) by striking out “practice visit” **and substituting** “continuing competence assessment”.

- (b) may, if authorized by the regulations, provide for practice visits of the regulated members or categories of regulated members.*

89 Section 51(2) presently reads in part:

- (2) If authorized by the regulations to carry out practice visits as part of a continuing competence program, the competence committee may direct that a regulated member participate in a practice visit, and the regulated member must co-operate with the competence committee and any person appointed under section 11.*
- (5) Within 90 days after completing a practice visit the competence committee must*
 - (b) decide and advise the regulated member and the registrar whether*
 - (ii) the regulated member must comply with directions imposed in accordance with the regulations, or*

90 Section 51.1 presently reads:

51.1(1) The competence committee, registration committee or registrar must make a referral to the complaints director if, on the basis of information obtained from a practice visit or continuing competence program, the competence committee, registration

91 Section 58 is amended

(a) in subsection (1) by striking out “provided for in the regulations”;

(b) by adding the following after subsection (3):

(3.1) When a complainant and an investigated person have agreed to enter into an alternative complaint resolution process, the complaints director must appoint a person in accordance with subsections (2) and (3) to conduct the alternative complaint resolution process.

(3.2) The person conducting the alternative complaint resolution process must, in accordance with Division 2 of Part 4 and in consultation with the complainant and the investigated person, establish the procedures for and objectives of the alternative complaint resolution process, which must be set out in writing and signed by the complainant, the investigated person and a representative of the college.

(3.3) The complainant and the investigated person must, subject to sections 59 and 60, agree to treat all information shared during the process as confidential.

(3.4) The complainant or the investigated person may withdraw from the alternative complaint resolution process at any time.

committee or registrar is of the opinion that a regulated member has intentionally provided false or misleading information under this Part.

(2) The competence committee must make a referral to the complaints director if, on the basis of information obtained from a practice visit, it is of the opinion that

- (a) the regulated member displays a lack of competence in the provision of professional services that has not been remedied by participating in the continuing competence program,*
- (b) the regulated member may be incapacitated, or*
- (c) the conduct of the regulated member constitutes unprofessional conduct that cannot be readily remedied by means of the continuing competence program.*

91 Section 58 presently reads in part:

58(1) The complaints director may, with the agreement of the complainant and the investigated person, refer the complainant and the investigated person to an alternative complaint resolution process provided for in the regulations at any time before the commencement of a hearing by the hearing tribunal.

(3) The person who conducts an alternative complaint resolution process must be impartial and must act impartially.

92 Section 119 is amended

(a) in subsection (1)(f) by striking out “and information respecting any order made by a hearing tribunal or council under Part 4”;

(b) by adding the following after subsection (1):

(1.1) Subject to the bylaws, the registrar may publish or distribute information respecting any order made by a hearing tribunal or council under Part 4.

(c) by repealing subsection (4) and substituting the following:

(4) If a member of the public, during regular business hours, requests from a college information referred to in this section, section 33(3) or 85(3) or any information published on the college’s website, or information as to whether a hearing is scheduled to be held or has been held under Part 4 with respect to a named regulated member, the college must provide the information with respect to that regulated member

- (a) on payment of costs referred to in section 85(4), and
- (b) if the request is submitted within the applicable time period of the following:
 - (i) for information about conditions on a practice permit, while the conditions are in effect;
 - (ii) for information about suspensions, while the suspension is in effect;
 - (iii) for information about a direction under section 118, while the direction is in effect;
 - (iv) for information about a cancellation of a practice permit or registration, within 2 years after the cancellation;
 - (v) for information about a hearing, until the hearing has been completed;
 - (vi) for information about an order under Part 4, within 5 years after the order was issued;

92 Section 119 presently reads in part:

119(1) If under Part 2 or Part 4 a regulated member's practice permit is suspended or cancelled, or if conditions are imposed on a regulated member's practice permit or a direction is made under section 118(4), the registrar

- (d) must provide the information to another college if the registrar knows that the regulated member is also a member of that college,*
- (e) must provide the information to the governing bodies of any similar profession in other provinces or territories, and*
- (f) subject to the bylaws, may publish or distribute the information referred to in this subsection and information respecting any order made by a hearing tribunal or council under Part 4.*

(4) If a member of the public, during regular business hours, requests from a college information referred to in this section, section 33(3) or 85(3) or any information published on the college's website, or information as to whether a hearing is scheduled to be held or has been held under Part 4 with respect to a named regulated member, the college must provide the information with respect to that regulated member subject to the payment of costs referred to in section 85(3) and the period of time provided for in the regulations.

- (vii) for the written decision and the testimony given before the hearing tribunal, other than the part of the testimony that was given while the hearing was held in private, within 5 years after the written decision.

93 Section 122(1) is amended by adding “or providing information about regulated health professionals to the public,” after “development,”.

94 Section 128 is amended

(a) by adding the following after subsection (2):

(2.1) Regulated members may, in accordance with this section and standards of practice, use the titles, abbreviations and initials as set out in the schedules to this Act with respect to the profession with which the regulated members are registered.

(2.2) Where standards of practice authorize the use of abbreviations, initials and titles within the meaning of the schedules to this Act, the standards of practice may also authorize the use of these abbreviations, initials and titles in combination with the word “provisional” or the initial “P”.

(b) in subsection (3) by striking out “regulations” and substituting “standards of practice”;

(c) in subsection (9) by striking out “Schedule 10, 24 or 25 or” and substituting “a schedule to this Act or pursuant to”;

(d) by adding the following after subsection (10):

(10.1) No regulated member shall use the abbreviations, initials or titles within the meaning of the schedules to this Act, or the

93 Section 122(1) presently reads:

122(1) For the purposes of planning and resource allocation, health system management, public health surveillance and health policy development, a registrar must

- (a) on the request of the Minister compile information referred to in section 33, in the form and manner requested by the Minister, and*
- (b) on the request of the Minister disclose any or all of that information to the Minister and to other persons authorized by regulation under section 134 to receive such information.*

94 Section 128 presently reads in part:

(2) No person or group of persons shall use the name of a college, alone or in combination with other words, in a manner that states or implies that the person or group of persons is a college under this Act unless the person or group of persons is a college under this Act.

(3) No regulated member shall use the word “registered” in a manner that states or implies that the member is a regulated member of a regulated profession except in accordance with the regulations.

(9) No person shall use the word “nurse” alone or in combination with other words that in a manner states or implies that the person is a regulated member unless the person is authorized to use the word pursuant to Schedule 10, 24 or 25 or another enactment.

(10) No person or group of persons shall use the word “registered” or “regulated” or the phrase “regulated health professional” alone or in combination with other words that in a manner states or implies that the person is a regulated member unless the person or group of persons

- (a) is a regulated member or consists of a group of regulated members, or*

words “specialist”, “registered” or “regulated” or the phrase “regulated health professional” except in accordance with the standards of practice.

(10.2) No regulated member shall use the word “provisional” or the initial “P” in combination with a title, abbreviation or initial set out in section 2 of a schedule to this Act unless the person is authorized to do so by standards of practice.

(e) by repealing subsection (11).

95 Section 131 is amended

(a) in subsection (1)

(i) by repealing clause (a)(ii) to (vii);

(ii) by repealing clauses (c) to (h) and (j.1) to (l);

(iii) in clause (m) by striking out “and the entry of information in the register and removal of that information from the register”;

(iv) by repealing clauses (n) to (p);

(b) in subsection (2) by striking out “Lieutenant Governor in Council” **and substituting** “Minister”.

(b) *is a person or group of persons authorized to use the word “registered” or “regulated” or the phrase “regulated health professional” in connection with the health service by another enactment.*

(11) *No regulated member shall use the term “specialist” or hold himself or herself out to be a specialist in connection with providing a health service unless the regulated member is authorized to use the term “specialist” by a Schedule to this Act or by a regulation made under section 131 or by a bylaw made under section 132 or as otherwise authorized by a council.*

95 Section 131 presently reads in part:

131(1) A council may make regulations

- (a) *respecting requirements for and applications for registration and practice permits, including but not restricted to*
- (ii) *recognizing professions in other jurisdictions for the purposes of section 28(2)(b);*
- (iii) *requirements for the purposes of section 28(2)(b);*
- (iv) *carrying professional liability insurance and governing the minimum coverage and type of insurance required to be carried;*
- (v) *providing evidence of being a Canadian citizen or lawfully permitted to work or study in Canada;*
- (vi) *providing evidence of having good character and reputation;*
- (vii) *providing evidence respecting standards of language proficiency;*
- (c) *respecting which restricted activities a regulated member or category of regulated members may provide and conditions respecting the provision of restricted activities;*
- (d) *respecting*
 - (i) *who may perform restricted activities under section 4(1)(b) of Schedule 7.1 to the Government Organization Act with the consent of and under the supervision of a regulated member, and*

- (ii) *how regulated members must supervise persons referred to in subclause (i);*
- (e) *respecting conditions on practice permits;*
- (f) *establishing and respecting continuing competence programs including the requirements of those programs;*
- (g) *establishing and respecting practice visits as part of a continuing competence program and respecting directions to be imposed and complied with under section 51(5)(b)(ii);*
- (h) *respecting reinstatement of registration and practice permits cancelled under Part 4;*
- (j.1) *respecting reissuing practice permits and reinstating registration;*
- (k) *respecting the use of abbreviations, initials and titles within the meaning of the schedules to this Act and the use of the words “specialist”, “registered” and “regulated” and the phrase “regulated health professional” by a regulated member or a category of regulated members;*
- (l) *respecting the use of and authorizing the use of the titles “doctor”, “surgeon”, “pathologist” and “oncologist” and the abbreviation “Dr.”;*
- (m) *respecting the establishment of a register of regulated members and the entry of information in the register and removal of that information from the register;*
- (n) *respecting information to be provided to the registrar by regulated members under section 33;*
- (n.1) *respecting disclosure of information about its members;*
- (o) *respecting alternative complaint resolution processes;*
- (p) *respecting the period of time during which a college is obliged to provide information under section 119(4);*
- (2) *A regulation under this section does not come into force unless it has been approved by the Lieutenant Governor in Council.*

96 Section 132(1) is amended

- (a) by repealing clause (m.1);**
- (b) by repealing clauses (n) and (s);**
- (c) by adding the following after clause (u):**
 - (v) respecting recognizing professions in other jurisdictions for the purposes of section 28(2)(b);
 - (w) respecting requirements for the purposes of section 28(2)(b);
 - (x) respecting the type and amount of liability insurance that regulated members are required to carry, or the organization in which regulated members must have membership, for the purposes of section 28 or 40;
 - (y) respecting evidence to be provided of being a Canadian citizen or lawfully permitted to work or study in Canada;
 - (z) respecting evidence to be provided of having good character and reputation;
 - (aa) respecting the evidence to be provided of English language proficiency;
 - (bb) respecting a register of regulated members including, without limitation,
 - (i) respecting information to be provided to the registrar by regulated members under section 33, and
 - (ii) respecting disclosure of information about its members;
 - (cc) respecting the payment of a college's expenses in accordance with section 45.1(6)(d);
 - (dd) respecting conditions to be imposed on a regulated member within a continuing competence program.

96 Section 132(1) presently reads in part:

132(1) A council may make bylaws

- (m.1) respecting the use of the term “specialist” by a regulated member or a category of regulated members;*
- (n) respecting benefits programs and educational incentives;*
- (s) subject to an approval under section 27, respecting setting and negotiating professional fees and guidelines on professional fees;*
- (u) respecting additional information that may be published on a college’s website.*

97 Section 134 is amended

- (a) by renumbering it as section 134(1);**
- (b) in subsection (1) by adding the following after clause (f):**
 - (f.1) subject to subsection (2), respecting the restricted activities that a practitioner or category of practitioners registered as regulated members of a college may perform;
- (c) by adding the following after subsection (1):**
 - (2)** A regulation under subsection (1)(f.1) that adds or removes a restricted activity must be made on the recommendation of the Minister after the Minister has consulted with the affected college.

98 Section 135.4(2) is amended by striking out “by the Lieutenant Governor in Council”.

99 Schedules 1 to 3 are amended in section 2 by striking out “as authorized by the regulations” and substituting “in accordance with standards of practice”.

97 Section 134 presently reads:

134 The Lieutenant Governor in Council may make regulations

- (a) respecting the expenses for the purposes of sections 82(1)(j) and 89(6);*
- (b) respecting information to be provided by regulated members under section 33(4)(b);*
- (c) authorizing the Minister to use, retain and disclose information that is disclosed to the Minister in accordance with this Act;*
- (c.1) authorizing persons to receive information disclosed on the request of the Minister pursuant to section 122(1);*
- (d) respecting fees under sections 31(6) and 41(8);*
- (e) specifying organizations for the purposes of section 119(2);*
- (f) respecting the consultation requirements to be followed before an order is made under section 135.1 or 135.2 or before a regulation is made under section 135.3 or 135.4;*
- (g) respecting any other matter under this Act.*

98 Section 135.4(2) presently reads:

(2) A regulation made under subsection (1) is deemed to be an approval by the Lieutenant Governor in Council of a regulation made by a council under section 131 or under a Schedule.

99 Schedules 1 to 3 presently read in part:

2 A regulated member of the College of Acupuncturists of Alberta may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

2 A regulated member of the Alberta College and Association of Chiropractors may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

2 A regulated member of the Alberta College of Combined Laboratory and X-ray Technologists may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

100 Schedule 4 is amended in section 2

- (a) **by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”;
- (b) **by repealing clause (c.1).**

101 Schedules 5 and 6 are amended in section 2 by striking out “as authorized by the regulations” **and substituting** “in accordance with standards of practice”.

102 Schedule 7 is amended

- (a) **in section 2 by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”.
- (b) **in section 18(2) by striking out** “Lieutenant Governor in Council” **and substituting** “Minister”.

103 Schedule 8 is amended in section 2

- (a) **by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”.
- (b) **by repealing clause (a.1).**

104 Schedule 9 is amended in section 2 by striking out “as authorized by the regulations” **and substituting** “in accordance with standards of practice”.

105 Schedule 10 is amended

- (a) **in the heading by adding “and Health Care Aides” after “Nurses”;**

100 Schedule 4 presently reads in part:

2 A regulated member of the College of Alberta Dental Assistants may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

(c.1) provisional dental assistant;

101 Schedules 5 and 6 presently read in part:

2 A regulated member of the College of Registered Dental Hygienists of Alberta may, as authorized by the regulations, use the following titles, abbreviations and initials:

2 A regulated member of the College of Dental Technologists of Alberta may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

102 Schedule 7 presently reads in part:

2 A regulated member of the Alberta Dental Association and College may, as authorized by the regulations, use any of the following titles:

18(2) A regulation under subsection (1) does not come into force unless it is approved by the Lieutenant Governor in Council.

103 Schedule 8 presently reads in part:

2 A regulated member of the College of Alberta Denturists may, as authorized by the regulations, use any of the following titles:

(a.1) provisional denturist.

104 Schedule 9 presently reads in part:

2 A regulated member of the College of Hearing Aid Practitioners of Alberta may, as authorized by the regulations, use any of the following titles:

105 Schedule 10 presently reads in part:

1(1) On the coming into force of this Schedule, the corporation known as the College of Licensed Practical Nurses of Alberta is continued as a corporation under the same name.

(b) in section 1

(i) by repealing subsection (1) and substituting the following:

(1) On the coming into force of this Schedule, the corporation known as the College of Licensed Practical Nurses of Alberta is continued as a corporation under the name of the College of Licensed Practical Nurses and Health Care Aides of Alberta.

(ii) in subsection (2) by adding “and Health Care Aides” after “Nurses”;

(iii) in subsection (3) by adding “and Health Care Aides” after “Nurses” wherever it occurs;

(iv) in subsection (4) by adding “and Health Care Aides” after “Nurses”;

(c) in section 2

(i) in the portion preceding clause (a)

(A) by adding “and Health Care Aides” after “Nurses”;

(B) by striking out “as authorized by the regulations” and substituting “in accordance with standards of practice”;

(ii) by repealing clauses (c) and (e);

(iii) by adding the following before the end of the section:

(g) Health Care Aide;

(h) H.C.A.

(d) by renumbering section 3 as section 3(1) and by adding the following after subsection (1):

(2) In their practice, health care aides do one or more of the following:

(2) On the coming into force of this Schedule, the College of Licensed Practical Nurses of Alberta has the ownership, custody and control of records of the Health Disciplines Board respecting the following:

- (a) current and former complaints and allegations of professional misconduct or incompetence made against registered members of the designated health discipline of Licensed Practical Nurses under the Health Disciplines Act and proceedings taken under the Health Disciplines Act in respect of those complaints and allegations,*
- (b) current and former applications for registration as registered members in the designated health discipline of Licensed Practical Nurses under the Health Disciplines Act and the educational qualifications of applicants for registration in the designated health discipline of Licensed Practical Nurses,*
- (c) registered members and former registered members in the designated health discipline of Licensed Practical Nurses under the Health Disciplines Act and any registers or other material relating to registration and conditions, restrictions or limitations on registration,*
- (d) decisions and orders made with respect to registered members or former registered members in the designated health discipline of Licensed Practical Nurses under the Health Disciplines Act, and*
- (e) records and information referred to in section 61 of the Health Disciplines Act relating to the designated health discipline of Licensed Practical Nurses under the Health Disciplines Act.*

(3) Despite section 35(b) of the Freedom of Information and Protection of Privacy Act, on the coming into force of this Schedule the College of Licensed Practical Nurses of Alberta has the ownership, custody and control of records described in subsection (2), and the records must be given to the College of Licensed Practical Nurses of Alberta.

(4) The Minister may request and collect information and records described in subsection (2) from the College of Licensed Practical Nurses of Alberta for purposes directly related to or necessary for any proceeding, including an appeal described in section 8(5) of this Schedule, and preparation for a proceeding, with respect to an

- (a) assist and support activities of daily living to provide basic personal care and health services,
 - (b) participate in client education and promotion of client wellness across the lifespan,
 - (c) assist in teaching a Health Care Aide certificate program approved by the council,
 - (d) teach health care aide techniques and practices to practitioners in the workplace, and
 - (e) provide restricted activities provided by the regulations.
- (e) in section 4 by adding “and Health Care Aides” after “Nurses”;**
- (f) by adding the following after section 8:**

Transitional re Health Care Aides

9 On the coming into force of this section, a member who, immediately before the coming into force of this section, is enrolled in the Health Care Aide Directory, is deemed to be registered as a regulated member on a Health Care Aide register of, and deemed to have been issued a practice permit by the registrar of, the College of Licensed Practical Nurses and Health Care Aides of Alberta.

action or claim, or with respect to the negotiation or settlement of an action or claim before it is before a Court or while it is before a Court, and the Minister may disclose the information or records collected, as the Minister considers appropriate, in carrying out those purposes.

2 A regulated member of the College of Licensed Practical Nurses of Alberta may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

(c) nursing assistant;

(e) R.N.A.

3 In their practice, licensed practical nurses do one or more of the following:

(a) apply nursing knowledge, skills and judgment to assess patients' needs,

(b) provide nursing care for patients and families,

(b.1) teach, manage and conduct research in the science, techniques and practice of nursing, and

(c) provide restricted activities authorized by the regulations.

4 Column 1 of the unprofessional conduct fines table applies to proceedings of the College of Licensed Practical Nurses of Alberta under Part 4.

8(1) Any complaint made on or after the coming into force of this Schedule that relates to conduct occurring all or partly before the coming into force of this Schedule must be dealt with under this Act.

(2) On the coming into force of this Schedule, any proceedings with respect to a complaint made under the Health Disciplines Act or with respect to a preliminary investigation commenced under section 29(2) of the Health Disciplines Act, before the coming into force of this Schedule, with respect to the designated health discipline of Licensed Practical Nurses under the Health Disciplines Act that have not been concluded must be concluded in accordance with that Act.

(3) Subject to section 5(e) of this Schedule and subsection (5), for the purposes of subsection (2), the powers and duties

- (a) *of the Registrar of the designated health discipline of Licensed Practical Nurses under the Health Disciplines Act, except under section 32(1), are vested in and may be exercised by the complaints director of the College of Licensed Practical Nurses of Alberta, and any reference to the registrar in the Health Disciplines Act, except in section 32(1), is deemed to be a reference to the complaints director under this Act;*
- (b) *of the registrar under section 32(1) of the Health Disciplines Act are vested in and may be exercised by the president of the College of Licensed Practical Nurses of Alberta under this Act, and any reference to the registrar in section 32(1) of the Health Disciplines Act is deemed to be a reference to the president under this Act;*
- (c) *of the chair of a committee under Part 4 of the Health Disciplines Act are vested in and may be exercised by the complaints director of the College of Licensed Practical Nurses of Alberta under this Act, and any reference to the chair in Part 4 of the Health Disciplines Act is deemed to be a reference to the complaints director under this Act;*
- (d) *of the Director of Health Disciplines under the Health Disciplines Act, except under sections 17(8) and 29(2), are vested in and may be exercised by the hearings director of the College of Licensed Practical Nurses of Alberta, and any reference to the Director in the Health Disciplines Act, except in sections 17(8) and 29(2), is deemed to be a reference to the hearings director under this Act;*
- (e) *of the committee under section 31 of the Health Disciplines Act are vested in and may be exercised by the complaint review committee of the College of Licensed Practical Nurses of Alberta, and any reference to the committee in section 31 of the Health Disciplines Act is deemed to be a reference to the complaint review committee under this Act;*
- (f) *of the committee under Part 4 of the Health Disciplines Act, except under section 31, are vested in and may be exercised by a hearing tribunal of the College of Licensed Practical Nurses of Alberta, and any reference to the committee in Part 4 of the Health Disciplines Act, except in section 31, is deemed to be a reference to the hearing tribunal under this Act;*

106 Schedules 11 to 13 are amended in section 2 by striking out “as authorized by the regulations” and substituting “in accordance with standards of practice”.

- (g) *of the Health Disciplines Board under the Health Disciplines Act are vested in and may be exercised by the council of the College of Licensed Practical Nurses of Alberta, and any reference to the Board in the Health Disciplines Act is deemed to be a reference to the council under this Act;*
- (h) *of the governing body of the association under Part 5 of the Health Disciplines Act are vested in and may be exercised by the council of the College of Licensed Practical Nurses of Alberta, and any reference to the governing body of the association in Part 5 of the Health Disciplines Act is deemed to be a reference to the council under this Act;*
- (i) *of the Director of Health Disciplines under section 29(2) of the Health Disciplines Act are vested in and may be exercised by the complaints director of the College of Licensed Practical Nurses of Alberta, and any reference to the Director in section 29(2) of the Health Disciplines Act is deemed to be a reference to the complaints director under this Act.*

(4) For the purposes of subsection (2), a reference to registration in the Health Disciplines Act is deemed to be a reference to registration and a practice permit under this Act.

(5) If on the coming into force of this Schedule the Health Disciplines Board has commenced but not concluded hearing an appeal, the members of the Board continue as the Board for the purposes of hearing the appeal until it is concluded, as if this Schedule and Part 4 had not come into force and the former Act had not been repealed with respect to the designated health discipline of Licensed Practical Nurses.

(6) Any decision and order made by a committee, as defined in Part 4 of the Health Disciplines Act, the Health Disciplines Board, a hearing tribunal or a council pursuant to this section is deemed to be a decision and order of a hearing tribunal or the council under this Act.

106 Schedules 11 to 13 presently read in part:

2 A regulated member of the College of Medical Laboratory Technologists of Alberta may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

2 A regulated member of the Alberta College of Medical Diagnostic and Therapeutic Technologists may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

107 Schedule 14 is amended in section 2

- (a) **by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”;
- (b) **by repealing clause (c.1).**

108 Schedule 15 is amended by repealing section 2(b.1).

109 Schedule 16 is amended in section 2

- (a) **by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”;
- (b) **by repealing clause (f.1).**

110 Schedule 17 is amended in section 2 by striking out “as authorized by the regulations” **and substituting** “in accordance with standards of practice”.

111 Schedule 18 is amended in section 2

- (a) **by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”;
- (b) **by repealing clauses (c.3) to (c.8) and (m) to (r).**

2 A regulated member of the College of Midwives of Alberta may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

107 Schedule 14 presently reads in part:

2 A regulated member of the College of Naturopathic Doctors of Alberta may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

(c.1) provisional naturopath;

108 Schedule 15 presently reads in part:

2 A regulated member of the Alberta College of Occupational Therapists may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

(b.1) provisional occupational therapist;

109 Schedule 16 presently reads in part:

2 A regulated member of the Alberta College and Association of Opticians may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

(f.1) provisional optician;

110 Schedule 17 presently reads in part:

2 A regulated member of the Alberta College of Optometrists may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

111 Schedule 18 presently reads in part:

2 A regulated member of the Alberta College of Paramedics may, as authorized by the regulations, use the following titles, abbreviations and initials:

(c.3) provisional emergency medical responder;

(c.4) provisional emergency medical technician;

(c.5) provisional emergency medical technologist-paramedic;

(c.6) provisional primary care paramedic;

112 Schedule 19 is amended

- (a) **by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”;
- (b) **by repealing clause (l).**

113 Schedules 20 and 21 are amended in section 2 by striking out “as authorized by the regulations” **and substituting** “in accordance with standards of practice”.

114 Schedule 21.1 is amended

- (a) **by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”;
- (b) **by repealing clause (g.1).**

115 Schedule 22 is amended in section 2

- (a) **by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”;
- (b) **by repealing clause (c).**

- (c.7) provisional advanced care paramedic;*
- (c.8) provisional critical care paramedic;*
- (m) provisional EMR;*
- (n) provisional EMT;*
- (o) provisional EMT-P;*
- (p) provisional PCP;*
- (q) provisional ACP;*
- (r) provisional CCP.*

112 Schedule 19 presently reads in part:

2 A regulated member of the Alberta College of Pharmacy may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

- (l) provisional pharmacy technician;*

113 Schedules 20 and 21 presently read in part:

2 A regulated member of the Physiotherapy Alberta College + Association may, as authorized by the regulations, use any of the following titles and abbreviations:

2 A regulated member of the College of Physicians and Surgeons of Alberta may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

114 Schedule 21.1 presently reads in part:

2 A regulated member of the College of Podiatric Physicians of Alberta may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

- (g.1) provisional podiatrist;*

115 Schedule 22 presently reads in part:

2 A regulated member of the College of Alberta Psychologists may, as authorized by the regulations, use any of the following titles:

- (c) provisional psychologist;*

116 Schedule 23 is amended in section 2

- (a) **by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”;
- (b) **by repealing clause (b.1).**

117 Schedules 24 and 25 are amended in section 2 by striking out “as authorized by the regulations” **and substituting** “in accordance with standards of practice”.

118 Schedule 26 is amended in section 2

- (a) **by striking out** “in accordance with the regulations” **and substituting** “in accordance with standards of practice”;
- (b) **by repealing clause (c.1).**

119 Schedules 27 and 28 are amended in section 2 by striking out “in accordance with the regulations” **and substituting** “in accordance with standards of practice”.

Consequential Amendments

Amends SA 2007 cA-40.2

120 The *Animal Health Act* is amended in section 43.5(2) by striking out “Schedule 7.1 to the *Government Organization Act*” **and substituting** “Part 0.1 of the *Health Professions Act*”.

116 Schedule 23 presently reads in part:

2 A regulated member of the College of Dietitians of Alberta may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

(b.1) provisional dietitian;

117 Schedules 24 and 25 presently read in part:

2 A regulated member of the College and Association of Registered Nurses of Alberta may, as authorized by the regulations, use any of the following titles and initials:

2 A regulated member of the College of Registered Psychiatric Nurses of Alberta may, as authorized by the regulations, use any of the following titles, abbreviations and initials:

118 Schedule 26 presently reads in part:

2 A regulated member of the College and Association of Respiratory Therapists of Alberta may, in accordance with the regulations, use any of the following titles, abbreviations and initials:

(c.1) provisional respiratory therapist;

119 Sections 27 and 28 presently read in part:

2 A regulated member of the Alberta College of Social Workers may, in accordance with the regulations, use any of the following titles, abbreviations and initials:

2 A regulated member of the Alberta College of Speech-Language Pathologists and Audiologists may, in accordance with the regulations, use any of the following titles, abbreviations and initials:

Consequential Amendments

120 Amends chapter A-40.2 of the Statutes of Alberta, 2007.

Section 43.5(2) presently reads:

(2) Notwithstanding the Pharmacy and Drug Act and Schedule 7.1 to the Government Organization Act, a qualification certificate may be issued to a person other than

Amends RSA 2000 cG-10

121 The *Government Organization Act* is amended by
repealing Schedule 7.1.

- (a) a pharmacist,
- (b) a regulated member or other person authorized to sell medicine pursuant to regulations under the Health Professions Act, or
- (c) a registered veterinarian or permit holder under the Veterinary Profession Act.

121 Amends chapter G-10 of the Revised Statutes of Alberta 2000. Schedule 7.1 presently reads:

Schedule 7.1

Health Services Restricted Activities

1 In this Schedule,

- (a) “activity of daily living” means an activity that individuals normally perform on their own behalf to maintain their health and well-being, and includes
 - (i) routine and invasive self-care activities, including but not restricted to the removal of slivers and the cleaning of wounds, and
 - (ii) specifically taught procedures, which generally result in predictable and stable responses, including but not restricted to catheterization, maintenance of drainage tubes and administration of drugs by injection;
- (a.1) “administration of a drug” means the supplying of a dose of a drug to a person for the purpose of immediate ingestion, application, inhalation, insertion, instillation or injection;
- (b) “compound” means to mix together 2 or more ingredients of which at least one is a drug for the purposes of dispensing a drug or drugs, but does not include reconstituting a drug or drugs with only water;
- (c) “dispense” means
 - (i) with respect to drugs, to provide a drug pursuant to a prescription for a person, but does not include the administration of a drug to a person;
 - (ii) with respect to corrective lenses, to verify corrective lenses objectively to the prescription;

- (d) *“drug” means drug as defined in the Pharmacy and Drug Act;*
- (e) *“health service” means a service provided to people*
 - (i) *to protect, promote or maintain their health,*
 - (ii) *to prevent illness,*
 - (iii) *to diagnose, treat or rehabilitate them, or*
 - (iv) *to take care of the health needs of the ill, disabled, injured or dying;*
- (f) *“Minister” means the Minister responsible for the Health Professions Act;*
- (g) *“restricted activity” means an activity named as a restricted activity in section 2;*
- (h) *“sell” includes*
 - (i) *distribute, trade or barter for money or other valuable consideration,*
 - (ii) *distributing and giving away without expectation or hope of compensation or reward,*
 - (iii) *keeping for sale, and*
 - (iv) *offering for sale;*
- (i) *“surrogate” means a person authorized by an individual or by the individual’s guardian, if the guardian is authorized to give such authorization, to assist the individual in carrying on an activity of daily living.*

2(1) The following, carried out in relation to or as part of providing a health service, are restricted activities:

- (a) *to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue*
 - (i) *below the dermis or the mucous membrane or in or below the surface of the cornea;*

- (ii) *in or below the surface of teeth, including scaling of teeth;*
- (b) *to insert or remove instruments, devices, fingers or hands*
 - (i) *beyond the cartilaginous portion of the ear canal,*
 - (ii) *beyond the point in the nasal passages where they normally narrow,*
 - (iii) *beyond the pharynx,*
 - (iv) *beyond the opening of the urethra,*
 - (v) *beyond the labia majora,*
 - (vi) *beyond the anal verge, or*
 - (vii) *into an artificial opening into the body;*
- (b.1) *to insert into the ear canal*
 - (i) *under pressure, liquid, air or gas;*
 - (ii) *a substance that subsequently solidifies;*
- (c) *to set or reset a fracture of a bone;*
- (d) *to reduce a dislocation of a joint except for a partial dislocation of the joints of the fingers and toes;*
- (e) *to use a deliberate, brief, fast thrust to move the joints of the spine beyond the normal range but within the anatomical range of motion, which generally results in an audible click or pop;*
- (f) *to prescribe a Schedule 1 drug within the meaning of the Pharmacy and Drug Act;*
- (g) *to dispense, compound, provide for selling or sell a Schedule 1 drug or Schedule 2 drug within the meaning of the Pharmacy and Drug Act;*
- (h) *to administer a vaccine or parenteral nutrition;*
- (i) *to prescribe, compound or administer blood or blood products;*

- (j) *to prescribe or administer diagnostic imaging contrast agents;*
- (k) *to prescribe or administer anesthetic gases, including nitrous oxide, for the purposes of anesthesia or sedation;*
- (l) *to prescribe or administer radiopharmaceuticals, radiolabelled substances, radioactive gases or radioaerosols;*
- (m) *to order or apply any form of ionizing radiation in*
 - (i) *medical radiography,*
 - (ii) *nuclear medicine, or*
 - (iii) *radiation therapy;*
- (n) *to order or apply non-ionizing radiation in*
 - (i) *lithotripsy,*
 - (ii) *magnetic resonance imaging, or*
 - (iii) *ultrasound imaging, including any application of ultrasound to a fetus;*
- (o) *to prescribe or fit*
 - (i) *an orthodontic or periodontal appliance,*
 - (ii) *a fixed or removable partial or complete denture, or*
 - (iii) *an implant supported prosthesis;*
- (p) *to perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs*
 - (i) *judgment,*
 - (ii) *behaviour,*
 - (iii) *capacity to recognize reality, or*
 - (iv) *ability to meet the ordinary demands of life;*
- (q) *to manage labour or deliver a baby;*

(r) to prescribe or dispense corrective lenses.

(2) Despite subsection (1), the following are not restricted activities:

- (a) activities of daily living, whether performed by the individual or by a surrogate on the individual's behalf,*
- (b) giving information and providing advice with the intent of enhancing personal development, providing emotional support or promoting spiritual growth of individuals, couples, families and groups, and*
- (c) drawing venous blood.*

3 The Minister may make regulations authorizing a person or a category of persons, other than a regulated member or category of regulated members under the Health Professions Act, to perform one or more restricted activities subject to any conditions included in the regulations.

3.1 For the purposes of preventing, combating or alleviating a public health emergency as defined in the Public Health Act, the Minister may by order authorize a person or category of persons to perform one or more restricted activities subject to any terms or conditions the Minister may prescribe.

4(1) No person shall perform a restricted activity or a portion of it on or for another person unless

- (a) the person performing it*
 - (i) is a regulated member as defined in the Health Professions Act, and is authorized to perform it by the regulations under the Health Professions Act,*
 - (ii) is authorized to perform it by a regulation under section 3,*
 - (ii.1) is authorized to perform it by an order under section 3.1,*
or
 - (iii) is authorized to perform it by another enactment,*
or
- (b) the person performing it*

- (i) *has the consent of, and is being supervised by, a regulated member described in clause (a)(i), and*
- (ii) *is permitted to perform the restricted activity under a regulation made under section 131(1)(d)(i) of the Health Professions Act by the council of the college of the regulated member referred to in subclause (i),*

and there are regulations made under section 131(1)(d)(ii) of the Health Professions Act by the council of the college of that regulated member respecting how regulated members must supervise persons who provide restricted activities under this clause.

(2) Despite subsection (1), if no person who is authorized under subsection (1) is available to perform the restricted activity or a portion of it, a person may without expectation or hope of compensation or reward provide a restricted activity or a portion of it to provide physical comfort to or to stabilize another person who is ill, injured or unconscious as a result of an accident or other emergency.

(3) No person, other than a person authorized to perform a restricted activity under subsection (1)(a), shall or shall purport to consent to, provide supervision of and control of, another person performing the restricted activity or a portion of a restricted activity.

(4) No person shall require another person to perform a restricted activity or a portion of a restricted activity if that other person is not authorized in accordance with subsection (1) to perform it.

5(1) A person who contravenes section 4 is guilty of an offence and liable

- (a) for a first offence, to a fine of not more than \$5000,*
- (b) for a 2nd offence, to a fine of not more than \$10 000, and*
- (c) for a 3rd and every subsequent offence, to a fine of not more than \$25 000 or to imprisonment for a term of not more than 6 months or to both fine and imprisonment.*

(2) A prosecution for an offence under this Schedule may not be commenced more than 2 years after the date on which the alleged offence occurs.

Amends SA 2018 cM-13.2

122 The *Mental Health Services Protection Act* is amended by repealing section 29 and substituting the following:

Amends RSA 2000 cH 7

29(1) The *Health Professions Act* is amended by this section.

(2) Section 128 is amended by adding the following before the end of the section:

(12) No person shall use the word “psychotherapist” alone or in combination with other words in connection with providing a health service unless the person is authorized to use the word pursuant to the schedules to this Act or pursuant to another enactment.

(3) The Schedules are amended by adding the following after Schedule 3:

Schedule 3.1

Profession of Counselling Therapists, Addiction Counsellors and Child and Youth Care Counsellors

Continuation of corporation

1 On the coming into force of this Schedule, the society incorporated under the *Societies Act* known as the Association of Counselling Therapy of Alberta is continued as a corporation under the name College of Counselling Therapy of Alberta.

Use of titles, etc.

2 A regulated member of the College of Counselling Therapy of Alberta may, in accordance with standards of practice, use any of the following titles, abbreviations and initials:

6 *In a prosecution under this Schedule, the burden of proving that a person was authorized to perform a restricted activity by section 4(1) is on the accused.*

7 *The Court of Queen's Bench, on application by a person authorized by the Minister, may grant an injunction enjoining any person from doing any act that contravenes section 4 despite any penalty that may be provided by section 5 in respect of that contravention.*

122 Amends chapter M-13.2 of the Statutes of Alberta, 2018.
Section 29 presently reads:

29(1) *The Health Professions Act is amended by this section.*

(2) *Section 128 is amended by adding the following after subsection (11):*

(12) No person shall use the word "psychotherapist" alone or in combination with other words in connection with providing a health service unless the person is authorized to use the word pursuant to Schedule 3.1, 21 or 22.

(3) *The Schedules are amended by adding the following after Schedule 3:*

Schedule 3.1

*Profession of Counselling Therapists,
Addiction Counsellors and Child
and Youth Care Counsellors*

1 *On the coming into force of this Schedule, the society incorporated under the Societies Act known as the Association of Counselling Therapy of Alberta is continued as a corporation under the name College of Counselling Therapy of Alberta.*

2 *A regulated member of the College of Counselling Therapy of Alberta may, as authorized by the regulations, use any of the following titles, abbreviations and initials:*

- (a) counselling therapist;*
- (b) psychotherapist;*
- (c) addiction counsellor;*

- (a) counselling therapist;
- (b) psychotherapist;
- (c) addiction counsellor;
- (d) drug and alcohol counsellor;
- (e) child and youth care counsellor;
- (f) CT;
- (g) AC;
- (h) CYCC.

Practice

3(1) In their practice, counselling therapists do one or more of the following:

- (a) within a counselling relationship, assess, guide, support and treat individuals or groups of individuals to enhance, maintain and promote health and wellness;
- (b) engage in education with respect to the practice of counselling therapy;
- (c) engage in research related to the practice of counselling therapy;
- (d) provide restricted activities authorized by the regulations.

(2) In their practice, addiction counsellors do one or more of the following:

- (a) within a counselling relationship, assess, guide, support and treat individuals or groups of individuals with addictions to enhance, maintain and promote health and wellness;
- (b) engage in education with respect to the practice of addiction counselling;
- (c) engage in research related to the practice of addiction counselling;
- (d) provide restricted activities authorized by the regulations.

- (d) drug and alcohol counsellor;*
- (e) child and youth care counsellor;*
- (f) provisional counselling therapist;*
- (g) provisional addiction counsellor;*
- (h) provisional child and youth care counsellor;*
- (i) CT;*
- (j) CT(P);*
- (k) AC;*
- (l) AC(P);*
- (m) CYCC;*
- (n) CYCC(P).*

3(1) In their practice, counselling therapists do one or more of the following:

- (a) within a counselling relationship, assess, guide, support and treat individuals or groups of individuals to enhance, maintain and promote health and wellness;*
- (b) engage in education with respect to the practice of counselling therapy;*
- (c) engage in research related to the practice of counselling therapy;*
- (d) provide restricted activities authorized by the regulations.*

(2) In their practice, addiction counsellors do one or more of the following:

- (a) within a counselling relationship, assess, guide, support and treat individuals or groups of individuals with addictions to enhance, maintain and promote health and wellness;*
- (b) engage in education with respect to the practice of addiction counselling;*

(3) In their practice, child and youth care counsellors do one or more of the following:

- (a) within a counselling relationship, assess, guide, support and treat children, youth and their families to enhance, maintain and promote health and wellness;
- (b) engage in education with respect to the practice of child and youth care counselling;
- (c) engage in research related to the practice of child and youth care counselling;
- (d) provide restricted activities authorized by the regulations.

(4) For greater certainty, in this section, “counselling relationship” does not include providing emotional, social or practical support between individuals who share a common lived experience.

Fines

4 Column 2 of the unprofessional conduct fines table applies to proceedings of the College of Counselling Therapy of Alberta under Part 4.

(4) Schedule 21 is amended in section 2 by adding the following after clause (vvvv):

(www) psychotherapist.

(5) Schedule 22 is amended in section 2 by adding the following after clause (a):

(a.1) psychotherapist;

Amends RSA 2000 cP-13

123 The *Pharmacy and Drug Act* is amended

- (a) in section 1(1)(b.1) by striking out “Schedule 7.1 to the *Government Organization Act*” and substituting “Part 0.1 of the *Health Professions Act*”;
- (b) by repealing section 10(3)(b.1);
- (c) in section 11(2)(e) by striking out “Schedule 7.1 of the *Government Organization Act*” and substituting “Part 0.1 of the *Health Professions Act*”.

- (c) *engage in research related to the practice of addiction counselling;*
 - (d) *provide restricted activities authorized by the regulations.*
- (3) *In their practice, child and youth care counsellors do one or more of the following:*
- (a) *within a counselling relationship, assess, guide, support and treat children, youth and their families to enhance, maintain and promote health and wellness;*
 - (b) *engage in education with respect to the practice of child and youth care counselling;*
 - (c) *engage in research related to the practice of child and youth care counselling;*
 - (d) *provide restricted activities authorized by the regulations.*
- (4) *For greater certainty, in this section, “counselling relationship” does not include providing emotional, social or practical support between individuals who share a common lived experience.*
- 4 *Column 2 of the unprofessional conduct fines table applies to proceedings of the College of Counselling Therapy of Alberta under Part 4.*

123 Amends chapter P-13 of the Revised Statutes of Alberta 2000. Sections 1(1), 10(3) and 11(2) presently read in part:

1(1) In this Act,

(b.1) “compound” means compound as defined in Schedule 7.1 to the Government Organization Act;

10(3) A licensee must report to the college any proprietor who directs, influences or attempts to direct or influence the management or operation of the licensed pharmacy in a way that contravenes or could result in the contravention of

Part 5

Coming into Force

Coming into force

124 The following provisions come into force on Proclamation:

- (a) Parts 1 and 2;
- (b) sections 51 to 60, 61 to the extent that it enacts section 56.71(2) and (3) of the *Health Information Act* and 62;
- (c) Part 4, except section 96(b).

(b.1) Schedule 7.1 of the Government Organization Act;

11(2) A proprietor shall not direct or influence or attempt to direct or influence the management or operation of a licensed pharmacy in any way that contravenes or could result in the contravention of

(e) Schedule 7.1 of the Government Organization Act, or

Part 5 Coming into Force

124 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