

2022 Bill 201

Fourth Session, 30th Legislature, 1 Charles III

THE LEGISLATIVE ASSEMBLY OF ALBERTA

BILL 201

PUBLIC HEALTH CARE DELIVERY STANDARDS ACT

MS NOTLEY

First Reading

Second Reading

Committee of the Whole

Third Reading

Royal Assent

BILL 201

2022

PUBLIC HEALTH CARE DELIVERY STANDARDS ACT

(Assented to _____, 2022)

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

Definitions

1 In this Act,

- (a) “Council” means the Health Quality Council of Alberta established under the *Health Quality Council of Alberta Act*;
- (b) “delivery standard”, in respect of a designated health service, means the period established under section 3(1) that applies to the delivery of the designated health service;
- (c) “designated health service” means a health service provided to an individual patient that
 - (i) is a type of one of the following classes of health service:
 - (A) an emergency medical service;
 - (B) an essential surgical service;
 - (C) a primary care service;
 - (D) any other class of prescribed health service, and
 - (ii) is prescribed as a designated health service;

- (d) “emergency medical service” means a health service that is one of the following types:
 - (i) an emergency treatment provided by a physician, or paramedical professional or technician;
 - (ii) a ground or air ambulance transport to a hospital or other type of health care facility;
 - (iii) any other type of prescribed emergency health service;
- (e) “essential surgical service” means a surgical service as defined in the *Health Facilities Act* that is carried out by one of the following:
 - (i) a cancer specialist physician or technician;
 - (ii) a cardiology specialist physician or technician;
 - (iii) an orthopedic specialist physician or technician;
 - (iv) any other type of prescribed specialist physician or technician;
- (f) “health care body”, in respect of a designated health service, means a corporate body or statutory entity that
 - (i) provides a designated health service, and
 - (ii) is prescribed as a health care body;
- (g) “health service” means an insured service as defined in the *Alberta Health Care Insurance Act*;
- (h) “prescribe” means to prescribe by regulation;
- (i) “primary care service” means a health service that is one of the following types:
 - (i) a medical consultation or treatment by a general practice physician;
 - (ii) any other type of prescribed primary care health service;

- (j) “Minister” means the Minister determined under section 16 of the *Government Organization Act* as the Minister responsible for this Act;
- (k) “reporting year” means a calendar year.

Purposes

2 The purposes of this Act are

- (a) to ensure that all Albertans have consistent, reliable and timely access to high-quality, publicly administered and publicly funded essential health services by requiring that these essential health services be delivered to patients within a fixed and reasonable period of time,
- (b) to establish independent, expert-informed and transparent standards for the delivery of high-quality essential health services by Albertans’ publicly administered and publicly funded health care system to ensure that Government is held accountable for providing that system with the resources that are necessary to meet those standards, and
- (c) to ensure that Albertans’ lives and quality of life are not unnecessarily put at risk due to a lack of transparency in respect of the resourcing required to provide essential health services within a reasonable period of time.

Council to establish delivery standard

3(1) The Council must, in accordance with the regulations, if any, establish a delivery standard for each designated health service that sets the period within which the designated health service must be delivered to a patient.

(2) For the purpose of establishing a delivery standard for a designated health service, the Council must do the following:

- (a) consult with the Minister;
- (b) consult with Indigenous communities;
- (c) as the Council considers necessary or appropriate, consult with the following:
 - (i) each association or organization that represents patients;
 - (ii) each health care body to which the delivery standard would apply;

- (iii) each post-secondary institution with a program related to the designated health service;
 - (iv) each association or organization representing the interests of workers who provide the designated health service;
 - (v) any other person or body that could be reasonably assumed to have a vested interest in the establishing of the delivery standard;
- (d) consider all relevant recommendations of the Canadian Institute for Health Information.
- (3)** For greater certainty, the reference to Indigenous in subsection (2)(b) is to be read as including a reference to First Nations, Metis and Inuit.
- (4)** The Council must
- (a) immediately on establishing a delivery standard, make that delivery standard publicly available by posting it on the Council's publicly accessible website, and
 - (b) within 5 years from the date on which a delivery standard is established, conduct, in accordance with the requirements set out in subsection (2), a review of that delivery standard.
- (5)** For greater certainty, nothing in subsection (4) prohibits the Council from conducting a review of a delivery standard before the expiry of the 5-year period referred to in that subsection.

Health care body's report on performance

- 4(1)** On a delivery standard for a designated health service being established, a health care body that provides the designated health service must, in accordance with subsection (2) and the regulations, if any, report to the Council on the health care body's performance as it relates to achieving that delivery standard.
- (2)** A health care body's report under subsection (1) must be
- (a) in written or digital form as the Council directs, and
 - (b) submitted to the Council within a reporting year as follows:

- (i) if a period is prescribed in respect of the designated health service to which the report relates, immediately on expiry of each recurring period within that reporting year, or
 - (ii) if no period is prescribed, immediately on the expiry of each recurring 3-month period within that reporting year.
- (3)** On receiving a report from a health care body under subsection (1), the Council must immediately
- (a) make the report publicly available by posting it on the Council's publicly accessible website, and
 - (b) provide a copy of it to the Minister.

Minister's action plan if delivery standard not achieved

5(1) If a report referred to in section 4(3) identifies that a health care body has not consistently met a delivery standard to which the report relates, the Minister must, as soon as practicable after receiving the report and in consultation with the health care body, make a plan or revise an existing related plan, if applicable, that sets out the actions that must be carried out to enable the health care body to meet that delivery standard in a timely manner.

(2) An action plan referred to in subsection (1) must contain the following as it relates to the delivery standard that is subject to the action plan:

- (a) the health care body's existing or proposed methods to be used to achieve the delivery standard;
 - (b) an assessment of the types and amount of resources that are required for the health care body to achieve the delivery standard in a timely manner;
 - (c) an assessment of whether the health care body can achieve the delivery standard in a timely manner based on existing resources and, if not, an assessment of the health care body's resource deficits that act as a barrier to achieving it;
 - (d) any other information prescribed to be included in the action plan.
- (3)** For greater certainty, an action plan may relate to more than one delivery standard.

- (4) The Minister must, immediately on completing an action plan
- (a) provide a copy of the action plan to the health care body,
 - (b) publish the action plan on the publicly accessible website of the department administered by the Minister, and
 - (c) as necessary, exercise their discretion in accordance with section 6 for the purpose of assisting the health care body in achieving, in a timely manner, the delivery standard subject to the action plan.

Minister’s discretion to be guided by public health care principles

6(1) The Minister must, in a manner consistent with the principles set out in subsection (2), exercise their powers conferred under each enactment for which they are responsible that applies to a health care body’s delivery of a designated health service.

(2) For the purpose of subsection (1), the principles are as follows:

- (a) a health care body is to be provided with reasonably adequate and predictable resources to enable it to achieve each delivery standard that applies to it;
- (b) Albertans’ fundamental right to reasonable access to public health care is not to be impeded by financial or other barriers that are within the Minister’s power to remove;
- (c) finite and limited health care resources are to be directed to publicly administered health care bodies to ensure that Albertans’ fundamental right to reasonable access to public health care is not compromised.

Regulations

7 The Lieutenant Governor in Council may make regulations

- (a) prescribing a class of health service for the purpose of section 1(c)(i)(D);
- (b) prescribing a type of health service as a designated health service for the purpose of section 1(c)(ii);
- (c) prescribing an emergency health service as an emergency medical service for the purpose of section 1(d)(iii);
- (d) prescribing a specialist physician or technician for the purpose of section 1(e)(iv);

- (e) prescribing a corporate body or statutory entity as a health care body for the purpose of section 1(f)(ii);
- (f) prescribing a primary care health service as a primary care service for the purpose of section 1(i)(ii);
- (g) respecting the establishment of a delivery standard under section 3(1);
- (h) respecting a health care body's report under section 4(1);
- (i) prescribing a period for the purpose of section 4(2)(b)(i);
- (j) prescribing additional information to be included in an action plan for the purpose of section 5(2)(d);
- (k) defining any word or expression used but not defined in this Act.

Health Quality Council of Alberta Act

Amends SA 2011 cH-7.2

8(1) The *Health Quality Council of Alberta Act* is amended by this section.

(2) Section 3(2) is amended by adding the following after clause (e):

- (f) exercise its powers and perform its duties under the *Public Health Care Delivery Standards Act*.

(3) The following is added immediately after section 12:

13 The Council must consult with health professions, health authorities, organizations providing health services, academic health centres and other related organizations for the purposes of

- (a) sharing information on patient safety and health service quality issues,
- (b) identifying and accessing patient safety and health service quality issues, and
- (c) developing and recommending effective practices in patient safety and health service quality.

Explanatory Notes

Health Quality Council of Alberta Act

8(1) Amends chapter H-7.2 of the Statutes of Alberta, 2011.

(2) Section 3(2) presently reads in part:

(2) The Council shall undertake the following activities in co-operation with health authorities and in accordance with an approved plan:

(e) other activities as provided for in the regulations or required by a directive of the Minister under section 22.1.

(3) Section 12 presently reads:

12 The Council shall have reasonable access to information held by health authorities as necessary to carry out its objects related to

(a) collecting and analyzing information on patient safety, person-centred care, health service quality and significant incidents provided by quality assurance committees, health authorities or other sources,

(b) identifying factors causing or contributing to problems with patient safety, person-centred care, health service quality or significant incidents,

(c) reviewing reports made

(i) by a medical examiner or other investigative body, or

(4) Section 14 is amended by repealing clause (a) and substituting the following:

- (a) report to Albertans on any engagement it conducts under section 3(2)(d),

(5) Section 24 is amended by striking out “Minister” wherever it occurs and substituting “Speaker of the Legislative Assembly”.

Coming into force

9 This Act comes into force on Proclamation.

(ii) in the course of a public fatality inquiry,

and

(d) making recommendations on strategies for improving patient safety, person-centred care and health service quality and reducing significant incidents.

(4) Section 14(a) presently reads:

14 The Council shall

(a) report to the Minister on any engagement it undertakes with Albertans under section 3(2)(d),

(5) Section 24 presently reads:

24(1) In each fiscal year, the board shall submit to the Minister

(a) a report on the activities of the Council for the preceding fiscal year, and

(b) a financial statement showing the business of the Council for the preceding fiscal year in any form required by the Treasury Board.

(2) On receiving a report under subsection (1), the Minister shall lay the report before the Legislative Assembly if it is then sitting or, if it is not then sitting, within 15 days after the commencement of the next sitting.

9 Coming into force.

Record of Debate

STAGE	DATE	MEMBER	FROM	TO	TOTAL	CUMULATIVE TOTAL