

2026 Bill 18

Second Session, 31st Legislature, 4 Charles III

THE LEGISLATIVE ASSEMBLY OF ALBERTA

BILL 18

SAFEGUARDS FOR LAST RESORT TERMINATION OF LIFE ACT

THE MINISTER OF JUSTICE

First Reading

Second Reading

Committee of the Whole

Third Reading

Royal Assent

BILL 18

2026

SAFEGUARDS FOR LAST RESORT TERMINATION OF LIFE ACT

(Assented to _____, 2026)

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

**Part 1
Introductory Provisions**

Interpretation

1(1) In this Act,

- (a) “approved hospital” has the same meaning as in the *Provincial Health Agencies Act*;
- (b) “care coordination service” means the care coordination service established in section 13(1);
- (c) “continuing care home” has the same meaning as in the *Continuing Care Act*;
- (d) “*Criminal Code*” means the *Criminal Code* (Canada);
- (e) “federal administrative requirement” means a requirement set out in the regulations made under subsection 241.31(3) of the *Criminal Code*;
- (f) “federal eligibility criteria” means the criteria set out in subsections 241.2(1) to (2.1) of the *Criminal Code*;
- (g) “federal safeguard requirement” means a requirement set out in paragraphs 241.2(3)(a) to (h) and subsection 241.2(8) of the *Criminal Code*;
- (h) “health care facility” means each of the following:

- (i) an approved hospital;
 - (ii) a continuing care home;
 - (iii) a supportive living accommodation;
 - (iv) a facility of a type that is prescribed;
 - (v) a clinic where a practitioner provides health services located in a place other than a place referred to in subclauses (i) to (iv);
- (i) “medical assistance in dying” has the same meaning as in the *Criminal Code*;
 - (j) “medical practitioner” means a physician who is a regulated member of the College of Physicians and Surgeons of Alberta;
 - (k) “Minister” means the Minister determined under section 16 of the *Government Organization Act* as the Minister responsible for this Act;
 - (l) “nurse practitioner” means a nurse practitioner who is a regulated member of the College of Registered Nurses of Alberta;
 - (m) “practitioner” means a medical practitioner or nurse practitioner;
 - (n) “preliminary assessor” means a regulated health professional who carries out a preliminary assessment of whether an individual who has requested medical assistance in dying meets the requirements under section 4(2);
 - (o) “prescribe”, unless the context indicates otherwise, means to prescribe by regulation;
 - (p) “regulated health professional” means a regulated member as defined in the *Health Professions Act*;
 - (q) “supportive living accommodation” has the same meaning as in the *Continuing Care Act*.

(2) Unless the context indicates otherwise, a word or expression used but not defined in this Act has the same meaning as in the *Criminal Code* or *Health Professions Act*, as applicable.

(3) For the purpose of this Act and the *Health Professions Act*, the provision of medical assistance in dying is considered to be a health service.

Purposes

2 The purposes of this Act are as follows:

- (a) to establish rules and standards as referred to in subsection 241.2(7) of the *Criminal Code* that, in addition to the applicable rules and standards under the *Health Professions Act*, apply to practitioners who provide medical assistance in dying;
- (b) to ensure that the rules and standards referred to in clause (a) uphold the sanctity of human life while allowing for the prevention or relief of intolerable human suffering;
- (c) to ensure that the provision of medical assistance in dying to an individual is done in a compassionate manner that respects the individual's dignity.

Paramountcy

3 If a conflict or inconsistency exists between this Act and the *Health Professions Act*, this Act prevails to the extent of the conflict or inconsistency.

Part 2 Medical Assistance in Dying

Division 1 Safeguard Requirements

Medical assistance in dying only if requirements met

4(1) In this section, “family member”, in respect of an individual, means any of the following who is an adult:

- (a) a parent of the individual;

- (b) a spouse or adult interdependent partner of the individual;
- (c) a child of the individual;
- (d) a sibling of the individual;
- (e) a grandparent of the individual;
- (f) a grandchild of the individual.

(2) A practitioner must not provide medical assistance in dying to an individual except in accordance with the federal safeguard requirements and only if

- (a) the individual makes a request for medical assistance in dying that
 - (i) is not based on a mental illness being the individual's sole underlying medical condition, and
 - (ii) is made in accordance with the regulations,
- (b) the individual is at least 18 years of age at the time of making the request referred to in clause (a),
- (c) subject to clause (d) and section 5, in the opinions of the practitioner and another practitioner
 - (i) the individual's natural death is reasonably foreseeable within 12 months of the date of the opinion, and
 - (ii) the individual meets the federal eligibility criteria,
- (d) at the time of making an opinion referred to in clause (c), the practitioner who makes the opinion is, in accordance with section 13(6), an approved practitioner,
- (e) subject to subsection (3), the practitioner's provision of medical assistance in dying to the individual is witnessed in person by a family member of the individual, and
- (f) the individual has the capacity to make a decision in respect of their health immediately before the individual receives medical assistance in dying unless subsection 241.2(3.2) or (3.5) of the *Criminal Code* applies to the individual.

(3) The requirement for a witness under subsection (2)(e) is not applicable if the practitioner who is providing medical assistance in dying to an individual is of the opinion that there is no family member who is reasonably available to act as a witness given the individual's circumstances.

(4) For greater certainty, a family member referred to in subsection (2)(e) must be willing to act as a witness and cannot be compelled to act for the purposes of that subsection.

Practitioner opinions

5(1) In this section,

- (a) "health information" has the same meaning as in the *Health Information Act*;
- (b) "organization" has the same meaning as in the *Personal Information Protection Act*;
- (c) "personal information" has the same meaning as in the *Personal Information Protection Act* or *Protection of Privacy Act*, as applicable;
- (d) "public body" has the same meaning as in the *Protection of Privacy Act*.

(2) Before a practitioner makes an opinion referred to in section 4(2)(c) in respect of an individual, the practitioner must

- (a) make, in accordance with the regulations, if any, a reasonable effort to review the following for the purpose of making the opinion:
 - (i) the individual's health information;
 - (ii) the individual's personal information, as it relates to the making of the opinion, in the custody or under the control of an organization or a public body,

and

- (b) except in the prescribed circumstances, make, in accordance with the regulations, if any, a reasonable effort to contact the following for the purpose of making the opinion:

- (i) each practitioner who is or has acted as a primary care provider for the individual within the 12-month period before the date on which the individual made their request for medical assistance in dying;
- (ii) if the individual does not have a practitioner referred to in subclause (i), the practitioner shown in the individual's health information as primarily responsible for the individual's care.

(3) For the purpose of section 4(2)(c) and in respect of a request made in accordance with section 4(2)(a), the practitioner who is not providing medical assistance in dying is to be determined in accordance with the regulations, if any.

(4) A practitioner must not refer an individual to a person or service in another jurisdiction for the purpose of requesting an opinion of a type described in section 4(2)(c).

False information prohibited

6 A regulated health professional must not knowingly provide false information in relation to an individual's request for medical assistance in dying.

No destruction of related documents

7 A regulated health professional must not intentionally destroy a record or information that relates to an individual's request for medical assistance in dying for the purpose of interfering with any of the following:

- (a) the individual's access to medical assistance in dying;
- (b) a practitioner's provision of medical assistance in dying, including any actions that the practitioner must take under this Act to provide medical assistance in dying;
- (c) the provision of information for the purposes of any of the following complying with a federal administrative requirement:
 - (i) a practitioner;
 - (ii) a pharmacist;

(iii) a pharmacy technician;

(iv) a preliminary assessor.

Division 2 Health Care Facilities

Right to refuse provision of medical assistance in dying or related services

8(1) A practitioner has the right to refuse to provide

- (a) medical assistance in dying, or
- (b) an opinion of a type described in section 4(2)(c).

(2) The operator of a prescribed health care facility has a right to refuse to permit, within the prescribed health care facility, the provision of a health service referred to in subsection (1).

(3) If a practitioner refuses to provide a health service in accordance with subsection (1) or the operator of a prescribed health care facility refuses to permit the provision of a health service in accordance with subsection (2), the practitioner or operator, as the case may be, must, in accordance with the regulations, if any, direct the individual, or their representative, to a resource that the practitioner or operator reasonably believes would provide accurate information about all available medical options.

Health care facility exclusion zone

9(1) In this section, “exclusion zone”, in respect of a prescribed health care facility, means an area that is 150 metres from the legal boundary of the prescribed health care facility as specified in an order made under subsection (3).

(2) If the operator of a prescribed health care facility refuses to permit either of the following to be provided within the prescribed health care facility, the operator must, in accordance with the regulations, if any, provide notice to the Minister of that refusal:

- (a) medical assistance in dying;
- (b) a practitioner’s opinion of a type referred to in section 4(2)(c).

(3) On receiving notice from the operator of a prescribed health care facility in accordance with subsection (2), the Minister must, in accordance with the regulations, if any, establish an exclusion zone in respect of the prescribed health care facility by making an order that specifies

- (a) the legal boundary of the prescribed health care facility,
- (b) the area of the exclusion zone, and
- (c) each health service described in subsection (2) to which the order applies.

(4) The Minister must, as soon as practicable after making an order, make the order publicly available on the website of the Minister's department.

(5) Despite section 4(2) and except as otherwise specified in the regulations, a practitioner must not, within an exclusion zone, provide a health service specified in the order establishing the exclusion zone.

No display nor provision of information within health care facility

10(1) A regulated health professional must not display, nor permit the display of, information on medical assistance in dying in a public manner within a health care facility.

(2) A regulated health professional must not, in the course of providing a health service, provide information about medical assistance in dying to an individual unless the individual, on their own initiative, requests that information from the regulated health professional.

Part 3 Complaints and Discipline

Complaint based on alleged contravention of this Act

11(1) If an individual reasonably believes that any of the following has occurred, the individual may, in accordance with section 54(1) of the *Health Professions Act*, make a complaint to the applicable complaints director as it relates to that belief:

- (a) a practitioner has contravened any of the following:
 - (i) section 4(2) by specifically contravening

- (A) a federal safeguard requirement,
- (B) section 4(2)(a)(i), (b), (c) or (d), or
- (C) section 4(2)(a)(ii), (e) or (f);
- (ii) section 5(2) or (4);
- (iii) section 9(5);
- (b) a regulated health professional has contravened any of the following:
 - (i) section 6;
 - (ii) section 7;
 - (iii) section 10(1) or (2);
- (c) a federal administrative requirement has been contravened by any of the following:
 - (i) a practitioner;
 - (ii) a pharmacist;
 - (iii) a pharmacy technician;
 - (iv) a preliminary assessor.
- (2) A complaint made under subsection (1)
 - (a) is to be treated as if it was a complaint under section 54(1) of the *Health Professions Act*, and
 - (b) for greater certainty, is subject to Part 4 of the *Health Professions Act*.
- (3) A hearing tribunal's finding that a contravention referred to in subsection (1) did occur is to be treated as if it were a finding of unprofessional conduct under the *Health Professions Act*.

Mandatory sanctions for unprofessional conduct

12(1) If, in accordance with section 80(1) of the *Health Professions Act*, a hearing tribunal decides, in relation to a contravention described in section 11(1), that a practitioner's

conduct constitutes unprofessional conduct, the hearing tribunal must make an order that does the following, as applicable:

- (a) if the finding of unprofessional conduct is made in relation to section 11(1)(a)(i)(A) or (B) or (1)(b)(i), cancel the practitioner's practice permit and registration;
- (b) if the finding of unprofessional conduct is made in relation to any other provision of section 11(1) other than those referred to in clause (a) and is
 - (i) the first finding of unprofessional conduct in respect of the practitioner, direct the practitioner to carry out remedial training as specified in the order,
 - (ii) the 2nd finding of unprofessional conduct in respect of the practitioner, impose conditions on the practitioner's practice permit that restrict the practitioner from providing both of the following for a period of 30 days:
 - (A) medical assistance in dying;
 - (B) an opinion of a type described in section 4(2)(c),
- or
- (iii) the 3rd finding of unprofessional conduct in respect of a practitioner, impose conditions on the practitioner's practice permit that restrict the practitioner on a permanent basis from providing both of the following:
 - (A) medical assistance in dying;
 - (B) an opinion of a type described in section 4(2)(c).

(2) An order made under subsection (1) is to be treated as if it was an order made under section 82 of the *Health Professions Act*.

Part 4 General Provisions

Care coordination service

13(1) The care coordination service is established to carry out the following:

- (a) assist practitioners in providing medical assistance in dying or other health services that are directly related to the provision of medical assistance in dying;
- (b) assist individuals in making a request for medical assistance in dying;
- (c) for the purpose of an approval referred to in subsection (6),
 - (i) establish educational training requirements that a practitioner must meet as a condition of the approval,
 - (ii) administer applications for approval, and
 - (iii) establish and maintain a list of approved practitioners;
- (d) carry out any other purpose or matter specified in the regulations.

(2) Unless the Minister makes an order under subsection (3), the Minister

- (a) is responsible for the administration of the care coordination service, and
- (b) must designate an employee of or position with the Minister's department as the head of the care coordination service.

(3) The Minister may, by order,

- (a) delegate the responsibility for the administration of the care coordination service, as specified in the order, and
- (b) appoint an individual or position as the head of the care coordination service, as specified in the order.

(4) The Minister must, as soon as practicable after making an order, make the order publicly available on the website of the Minister's department.

(5) The head of the care coordination service may, in writing, delegate to an individual under the head's supervision or control

- (a) the exercise of a power conferred on the head under subsection (6), or
 - (b) the performance of a duty imposed on the head under subsection (8).
- (6)** The head of the care coordination service may, in accordance with the regulations, if any, approve a practitioner as a provider of
- (a) medical assistance in dying, and
 - (b) an opinion of a type referred to in section 4(2)(c).
- (7)** The Minister may make a written request to the care coordination service for
- (a) records containing non-identifying information or non-identifying information in the custody or under the control of the care coordination service, or
 - (b) reports on the activities of the care coordination service.
- (8)** On receiving a request referred to in subsection (7), the head of the care coordination service must, as soon as practicable, provide the requested records, information or reports, as applicable, to the Minister.

Regulations

- 14** The Lieutenant Governor in Council may make regulations
- (a) prescribing a type of facility as a health care facility for the purpose of section 1(1)(h)(iv);
 - (b) respecting a request for medical assistance in dying for the purpose of section 4(2)(a)(ii);
 - (c) for the purpose of section 5,
 - (i) respecting a practitioner's making of reasonable efforts for the purpose of section 5(2)(a),
 - (ii) for the purpose of section 5(2)(b),
 - (A) prescribing circumstances,

- (B) respecting a practitioner’s making of reasonable efforts, or
 - (C) defining “primary care provider”,
- or
- (iii) respecting the determination referred to in section 5(3);
 - (d) for the purpose of section 8,
 - (i) prescribing types of health care facilities, or
 - (ii) respecting the direction of an individual or their representative for the purpose of section 8(3);
 - (e) for the purpose of section 9,
 - (i) prescribing types of health care facilities,
 - (ii) respecting the providing of a notice for the purpose of section 9(2),
 - (iii) respecting the establishment of an exclusion zone for the purpose of section 9(3), or
 - (iv) specifying exceptions to section 9(5);
 - (f) specifying a purpose or matter for the purpose of section 13(1)(d);
 - (g) respecting the head of the care coordination service’s approval of a practitioner under section 13(6), including the making of an application for approval.

Part 5 Transitional Provisions and Coming into Force

Transitional — existing requests or applications

15 This Act does not apply to any of the following:

- (a) an individual who, before the coming into force of this Act, made a written request for the provision of medical assistance in dying that

- (i) the individual signed and dated, or
 - (ii) another individual signed and dated on the individual's behalf in accordance with subparagraph 241.2(3)(b)(i) of the *Criminal Code*;
- (b) a person, including a regulated health professional, who, before the coming into force of this Act, was in the process of providing, or assisting with the process of providing, any of the following as it relates to a request referred to in clause (a):
- (i) an opinion as to whether the individual meets federal eligibility criteria;
 - (ii) an assessment of whether the federal safeguard requirements have been met;
 - (iii) medical assistance in dying;
- (c) a written request referred to in clause (a).

Coming into force

16 This Act comes into force on Proclamation.

RECORD OF DEBATE

Stage	Date	Member	From	To
		Interventions	From	To
Stage	Date	Member	From	To
		Interventions	From	To
Stage	Date	Member	From	To
		Interventions	From	To
Stage	Date	Member	From	To
		Interventions	From	To
Stage	Date	Member	From	To
		Interventions	From	To