2026 Bill 39

Second Session, 31st Legislature, 5 Charles III

THE LEGISLATIVE ASSEMBLY OF ALBERTA

BILL 39

HEALTH STATUTES AMENDMENT ACT, 2026 (NO. 2)

THE MINISTER OF PRIMARY AND PREVENTATIVE HEALTH SERVICES

First Reading . . . . . .

Second Reading . . . . . .

Committee of the Whole . . . . . .

Third Reading . . . . . .

Royal Assent . . . . . .

BILL 39

2026

HEALTH STATUTES AMENDMENT ACT, 2026 (NO. 2)

(Assented to , 2026)

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

Alberta Health Care Insurance Act

Amends RSA 2000 cA-20

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

NOTE: 1(1) Amends chapter A-20 of the Revised Statutes of Alberta 2000.

(2) Section 1 is amended

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

(d.1) "carrier" means an insurer licensed under the *Insurance Act*;

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

(n.1) "insurer" means

(i) a carrier, or

(ii) an employer, corporation or unincorporated group of persons that administers a self-insurance plan;

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

(x.01) "self-insurance plan" means a contract, plan or arrangement entered into, established, maintained in force or renewed under which coverage is provided

(i) by an employer for all or some of the employer's employees who are residents,

(ii) by a corporation for all or some of its members who are residents, or

(iii) by an unincorporated group of persons or an organization for all or some of its members who are residents;

NOTE: (2) Adds definitions.

(3) Section 2(3)(c) is amended by repealing the portion preceding subclause (i) and substituting the following:

(c) a self-insurance plan established, maintained in force or renewed by an employer, insurer, association or other organization in accordance with section 25.1 under which benefits for health services are paid to or on behalf of all or some of

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

(3) Insured health services do not include any services that a person is eligible for and entitled to under

(c) a contract, program, plan or arrangement established, maintained in force or renewed by an employer, insurer, association or other organization under which benefits for health services are paid to or on behalf of all or some of

(4) Section 17 is amended by adding the following after clause (e):

(f) respecting self-insurance plans and services that can be provided by physicians through the self-insurance plans under section 25.1;

(g) prescribing the information and records that are required to be reported by a physician under section 25.1(1)(d);

(h) prescribing the information and records that are required to be reported by an insurer under section 25.1(1)(e).

NOTE: (4) Adds regulation-making powers.

(5) The following is added after section 25:

Self-insurance plans and services

25.1(1) For the purposes of ensuring the adequate provision of insured health services, the Minister may, in accordance with the regulations, if any, make orders respecting self-insurance plans and the provision of self-insurance plan services by physicians, including

(a) authorizing insurers to offer a self-insurance plan and the services that may or may not be included in that plan,

(b) respecting the provision of self-insurance plan services under section 2(3)(c), including the types or categories of services that can be provided by participating physicians and flexibly participating physicians,

(c) establishing requirements, conditions, restrictions or prohibitions respecting self-insurance plan services or the provision of self-insurance plan services under section 2(3)(c),

(d) any reporting requirements on physicians who are paid by a self-insurance plan, and

(e) any reporting requirements on insurers who offer a self-insurance plan and the services included in that plan.

(2) Physicians who are paid by a self-insurance plan shall maintain the records, information and documents prescribed by

the regulations for the purposes of the provision of self-insurance plan services under section 2(3)(c).

(3) Insurers shall maintain the records, information and documents prescribed by the regulations for the purposes of the provision of self-insurance plan services under section 2(3)(c).

NOTE: (5) Self-insurance plans and services.

(6) Section 26 is amended

(a) by repealing subsection (1)(a), (b) and (c);

(b) in subsection (2) by striking out "An" **and substituting** "Subject to section 25.1, an";

(c) in subsections (3) and (4) by adding "or section 25.1" **after** "subsection (2)".

NOTE: (6) Section 26 presently reads in part:

26(1) In this section,

(a) "carrier" means an insurer licensed under the Insurance Act;

(b) "insurer" means

(i) a carrier, or

(ii) an employer, corporation or unincorporated group of persons that administers a self-insurance plan;

(c) "self-insurance plan" means a contract, plan or arrangement entered into, established, maintained in force or renewed under which coverage is provided

(i) by an employer for all or some of the employer's employees who are residents,

(ii) by a corporation for all or some of its members who are residents, or

(iii) by an unincorporated group of persons for all or some of its members who are residents.

(2) An insurer shall not enter into, issue, maintain in force or renew a contract or initiate or renew a self-insurance plan under which any resident or group of residents is provided with any prepaid basic health services or extended health services or indemnification for all or part of the cost of any basic health services or extended health services.

(3) An insurer that contravenes subsection (2) is guilty of an offence.

(4) Notwithstanding subsection (2), an insurer may enter into, issue, maintain in force or renew a contract or initiate or renew a self-insurance plan under which a resident is indemnified

(7) The following is added to Part 1 after Division 3:

Division 4
Community-based Laboratory Services and Patient Charge Clinics

Community-based laboratory services

44.1(1) In this section,

(a) "community-based laboratory services" means laboratory collection, testing and reporting services provided in community settings to persons who are not patients as defined in section 45(o);

(b) "patient charge clinic" means a clinic, facility or business where regulated members provide

(i) health services that are not insured health services to a person for a charge or fee payable by that person or payable on behalf of that person, or

(ii) a combination of both of the following:

(A) insured health services;

(B) health services that are not insured health services to a person for a charge or fee payable by that person or payable on behalf of that person;

(c) "publicly funded" means funded by the Government of Alberta outside of the Plan.

(2) Subject to subsection (3), community-based laboratory services shall be publicly funded if the services are provided by Alberta Precision Laboratories Ltd. in support of insured health services.

(3) No community-based laboratory services shall be publicly funded if the services are provided in support of a service provided at a patient charge clinic that is not an insured health service.

NOTE: (7) Division 4 Community-based Laboratory Services and Patient Charge Clinics.

Compassionate Intervention Act

Amends SA 2025 cC-21.5

2(1) The *Compassionate Intervention Act* is amended by this section.

NOTE: 2(1) Amends chapter C-21.5 of the Statutes of Alberta, 2025.

(2) Section 1 is amended

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

(e.1) "cancellation application" means an application submitted under section 26.1(2) to cancel an apprehension order and assessment order;

(b) in clause (n) by striking out "a service provider as defined in the *Mental Health Services Protection Act* or other" **and substituting** "an";

(c) in clause (p) by striking out "section 14" **and substituting** "section 14.1";

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

(p.1) "concurrent mental disorder" means a mental disorder as defined in the *Mental Health Act* that is co-occurring with substance use or addiction and that has been determined by a qualified health professional to contribute to or exacerbate the substance use or addiction;

(p.2) "custodian" means a custodian as defined in the *Health Information Act*;

(e) by adding the following after clause (s):

(s.1) "exigent circumstances" means unforeseeable and uncontrollable circumstances that prevent the Commission from exercising its powers or performing its duties and functions under the Act or that pose an imminent threat to the safety of an individual or the public;

(f) by adding the following after clause (aa):

(aa.1) "organization" means an organization as defined in the *Personal Information Protection Act*;

(g) by repealing clause (cc) and substituting the following:

(cc) "personal information" means personal information as defined in the *Personal Information Protection Act* or *Protection of Privacy Act*, or both, as applicable;

(h) in clause (dd) by striking out "completed a certification or program prescribed by the regulations" **and substituting** "completed a certification or program prescribed by the Minister or has other credentials prescribed by the Minister";

(i) in clause (ff) by striking out "or 54(3)(a)" **and substituting** ", 54(3)(a) or 80.2(3)";

(j) by adding the following after clause (gg):

(gg.1) "public body" means a public body as defined in the *Protection of Privacy Act*;

(k) by adding the following after clause (hh):

(hh.1) "qualified health professional" means a qualified health professional as defined in the *Mental Health Act*;

(hh.2) "reconsideration request" means a request submitted under section 26.3 for the reconsideration of a decision to issue an apprehension order and assessment order;

(l) in clause (kk) by adding "or a concurrent mental disorder" **after** "addiction".

NOTE: (2) Section 1 presently reads in part:

1 In this Act,

(n) "community-based service provider" means a service provider as defined in the Mental Health Services Protection Act or other entity designated as a community-based service provider under section 15;

(p) "compassionate intervention facility service provider" means a service provider as defined in the Mental Health Services Protection Act designated as a compassionate intervention facility service provider under section 14;

(cc) "personal information" means information about an identifiable individual;

(dd) "physician member" means a member of the Commission who is a regulated member in good standing with the College of Physicians and Surgeons of Alberta who has completed a certification or program prescribed by the regulations;

(ff) "progress report" means a progress report prepared under section 51(1)(a), 52(2) or 54(3)(a);

(kk) "treatment" includes anything done for a therapeutic, preventive or other health-related

purpose to treat substance use or addiction, including observation, monitoring, assessment, the provision of clinical advice and the prescribing or administering of a drug as defined in the Pharmacy and Drug Act;

(3) Section 6(3) is amended by striking out "section 80(2)" **and substituting** "section 80(3) or (4), which may not be refused".

NOTE: (3) Section 6(3) presently reads:

(3) Unless a treatment team has determined that a minor has capacity, a guardian of the minor or other person specified by the regulations may make a treatment decision on behalf of the minor in accordance with section 81 except in respect of treatment referred to in section 80(2).

(4) The following is added after section 7:

Lawyer and physician members

7.1(1) An active member in good standing with The Law Society of Alberta may be appointed as a lawyer member of the Commission.

(2) A regulated member in good standing with the College of Physicians and Surgeons of Alberta may be appointed as a physician member of the Commission if the regulated member has completed a certification or program prescribed by the Minister by order or has other credentials prescribed by the Minister by order.

NOTE: (4) Lawyer and physician members.

(5) Section 8 is amended

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

General powers and duties of Commission

8(1) The Commission must receive and review applications and reconsideration requests and must conduct reviews, hearings and appeals in accordance with this Act and the regulations.

(b) in subsection (2)

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

(a.1) dismiss cancellation applications and reconsideration requests,

(ii) in clause (b) by adding ", cancel" **after** "issue";

(c) in subsection (3) by striking out the portion preceding clause (a) and substituting the following:

(3) The Commission may require any person, organization, public body or custodian to

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

(3.1) Despite anything to the contrary in this Act, the Commission may correct clerical, typographical, computational, administrative or similar inadvertent errors in a decision or order of the Commission or in another document created by the Commission, and may correct a defect, omission, inaccuracy or inconsistency in a decision or order of the Commission or in another document created by the Commission where the decision, order or other document does not accurately reflect the Commission's evident intent.

NOTE: (5) Section 8 presently reads in part:

8(1) The Commission must receive and review applications and conduct hearings, non-compliance reviews and appeals in accordance with this Act and the regulations.

(2) The Commission may, in accordance with this Act and the regulations,

(b) issue and terminate apprehension orders and assessment orders,

(3) The Commission may require any person, organization as defined in the Personal Information Protection Act, public body as defined in the Protection of Privacy Act or custodian as defined in the Health Information Act to

(6) Section 10 is repealed and the following is substituted:

Practices and procedures

10 Subject to this Act and the regulations, the Commission may make rules governing the practices and procedures applicable to the conduct of its business and proceedings before it, including rules respecting quorum.

NOTE: (6) Section 10 presently reads:

10 Subject to this Act and the regulations, the Commission may make rules of procedure and rules respecting quorum for the conduct of its business and hearings.

(7) Section 12 is amended by adding the following after subsection (5):

(5.1) In accordance with section 79.1 and the regulations, the medical director may issue therapeutic passes that permit clients to temporarily leave a compassionate intervention facility.

NOTE: (7) Medical director may issue therapeutic passes.

(8) Section 13 is amended

(a) in subsection (1)(b) by striking out "the community-based service provider" **and substituting** "treatment teams established by the designated supervisor for the community-based service provider";

(b) by repealing subsection (2);

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

(3.1) In accordance with section 79.1 and the regulations, a designated supervisor may issue therapeutic passes that permit clients to temporarily leave a bed-based community-based service provider facility the designated supervisor is overseeing.

NOTE: (8) Section 13 presently reads in part:

13(1) Each community-based service provider must appoint or designate a designated supervisor to oversee the following in accordance with the regulations, if any:

(b) the preparation of reports by the community-based service provider, including progress reports, discharge reports and non-compliance reports;

(2) A designated supervisor must submit progress reports, discharge reports and non-compliance reports to the statutory director on behalf of the community-based service provider.

(9) Section 14 is repealed and the following is substituted:

Designation of compassionate intervention facilities

14(1) The Minister may, by order, designate a facility or part of a facility as a compassionate intervention facility.

(2) When designating a facility or part of a facility as a compassionate intervention facility, the Minister must designate whether the compassionate intervention facility is a facility for adults or a facility for minors.

Designation of and reporting by compassionate intervention facility service providers

14.1(1) A compassionate intervention facility must be operated by a compassionate intervention facility service provider.

(2) The Minister may, by order, designate a service provider with a licence issued under section 6 of the *Mental Health Services Protection Act* as a compassionate intervention facility service provider.

(3) When designating a service provider as a compassionate intervention facility service provider, the Minister must specify

the compassionate intervention facility or compassionate intervention facilities the service provider must operate.

(4) A compassionate intervention facility service provider must comply with any reporting requirements relating to critical incidents established under the *Mental Health Services Protection Act*.

(5) A compassionate intervention facility service provider must comply with any other reporting, oversight or monitoring requirements established in the regulations.

NOTE: (9) Section 14 presently reads:

14(1) The Minister may designate a facility or part of a facility as a compassionate intervention facility in accordance with the regulations.

(2) The Minister must designate whether a compassionate intervention facility is a facility for adults or a facility for minors in accordance with the regulations.

(3) The Minister may designate a service provider with a licence issued under section 6 of the Mental Health Services Protection Act as a compassionate intervention facility service provider in accordance with the regulations.

(4) A compassionate intervention facility must be operated by a compassionate intervention facility service provider.

(5) A compassionate intervention facility service provider must report any incident causing serious injury or death to a client and must do so in accordance with the regulations, if any.

(6) A compassionate intervention facility service provider must comply with any other reporting, oversight or monitoring requirements established in the regulations.

(10) Section 15 is amended

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

Designation of and reporting by community-based service providers

15(1) The Minister may, by order, designate

(a) a service provider with a licence issued under section 6 of the *Mental Health Services Protection Act* as a bed-based community-based service provider, and

(b) any entity as a non-bed-based community-based service provider.

(1.1) When designating a service provider as a bed-based community-based service provider, the Minister must designate the facility or facilities within which the service provider must operate.

(b) by repealing subsection (3) and substituting the following:

(3) A bed-based community-based service provider must comply with any reporting requirements relating to critical incidents established under the *Mental Health Services Protection Act*.

(3.1) A non-bed-based community-based service provider must notify the Minister, in the form and manner established by the Minister, in respect of a critical incident that causes or threatens to cause serious injury or death to a client, the service provider or any employee, contractor or other person involved in providing treatment to the client as soon as possible and no later than 48 hours of becoming aware of the incident.

NOTE: (10) Section 15 presently reads in part:

15(1) The Minister may, in the regulations, designate

(a) a service provider with a licence issued under section 6 of the Mental Health Services Protection Act and that is eligible under the regulations as a bed-based community-based service provider, and

(b) an entity that is eligible under the regulations as a non-bed-based community-based service provider.

(3) A community-based service provider must report any incident causing serious injury or death to a client and must do so in accordance with the regulations, if any.

(11) Section 17(1) is amended

(a) by striking out "The" **and substituting** "Subject to section 20(1)(a), the";

(b) in clause (a) by striking out "applying to be";

(c) in clause (b)(i) by adding "or the College of Registered Psychiatric Nurses of Alberta" **after** "College of Registered Nurses of Alberta";

(d) in clause (c) by adding "in the course of the police officer's or peace officer's employment" **after** "subject of the application".

NOTE: (11) Section 17(1) presently reads in part:

17(1) The following persons may apply to the Commission for an assessment order by submitting an application for an assessment order to the statutory director in accordance with this section:

(a) an adult family member of the individual who is the subject of the application, including a person applying to be designated as a family member under section 18;

(b) any of the following persons who have provided care to the individual who is the subject of the application related to the individual's substance use or addiction or a health condition exacerbated by the individual's substance use or addiction:

(i) a nurse who is a regulated member in good standing with the College of Registered Nurses of Alberta;

(c) a police officer or peace officer if the officer has had an interaction with the individual who is the subject of the application that the police officer or

peace officer believes was related to the individual's substance use or addiction.

(12) Section 18 is amended

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

(1.1) Notwithstanding section 17(2), a person applying to be designated as a family member must, at the same time, submit an application to the statutory director for an assessment order, but

(a) the Commission must review and make a decision on the application to be designated as a family member before the statutory director reviews the application for an assessment order under section 19(1), and

(b) the person applying to be designated as a family member is, for the purpose of section 22(1)(a), ineligible to apply for the assessment order unless the Commission has granted the person's application to be designated as a family member.

(b) in subsection (2)(a) by striking out "consider" **and substituting** "review";

(c) in subsection (3) by striking out "and to the medical director";

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

(3.1) If a person is designated as a family member, the designation is automatically terminated if

(a) the person's application for an assessment order is rejected or dismissed by the statutory director or dismissed by the Commission,

(b) the person's application for an assessment order is withdrawn under section 26.1(1), or

(c) the person's application for an assessment order is successful but

(i) the resulting apprehension order and assessment order are cancelled under section 26.4 or 26.5,

(ii) the resulting apprehension order or assessment order expires under section 33, or

(iii) the client the assessment order relates to is discharged from a compassionate intervention facility or from the care of the community-based service provider providing treatment to the client, as the case may be, or a discharge order has been issued in respect of the client.

(e) by repealing subsection (4).

NOTE: (12) Section 18 presently reads in part:

(2) A member of the Commission, who must be a lawyer member selected in accordance with the regulations, must, as soon as practicable,

(a) consider the application to be designated as a family member,

(3) The statutory director must, as soon as practicable, provide the Commission's decision and the written reasons for the Commission's decision to the person who applied to be designated as a family member and to the medical director.

(4) A person must apply to be designated as a family member under this section at the same time the person submits an application under section 17, but

(a) the application under this section must be considered and determined first, and

(b) the application under section 17 may only be considered if the person is designated as a family member under this section.

(13) Section 19 is amended

(a) in subsection (1)

(i) by striking out "sections 18(4), 20 and 21" **and substituting** "sections 18(1.1) and 26.1(1)";

(ii) in clause (a) by adding "under section 17(1)" **after** "eligible";

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

(3) If the statutory director collects a record or information pertaining to an individual under the regulations referred to in subsection (2) and the application for an assessment order is rejected under section 22(3), dismissed by the statutory director under the regulations, dismissed under section 25 or withdrawn under section 26.1, or the resulting apprehension order and assessment order are cancelled under section 26.4 or 26.5, the statutory director must notify the individual as soon as practicable that their records or information were collected under the regulations referred to in subsection (2).

NOTE: (13) Section 19 presently reads in part:

19(1) Subject to sections 18(4), 20 and 21, the statutory director must review an application for an assessment order as soon as practicable after receiving it to determine whether

(a) the applicant is eligible to apply for an assessment order,

(14) Section 20 is repealed and the following is substituted:

Suspension of applications and deferral of forwarding applications

20(1) The statutory director may do the following:

(a) suspend the ability of the persons listed in sections 17(1) and 18(1.1) to apply for an assessment order in accordance with the regulations, if any, based on bed availability at compassionate intervention facilities and bed-based community-based service provider facilities;

(b) defer forwarding an application for an assessment order to the Commission under section 22(2) in accordance

with the regulations, if any, based on bed availability at compassionate intervention facilities and bed-based community-based service provider facilities.

(2) The statutory director must defer forwarding an application for an assessment order to the Commission under section 22(2) in the circumstances identified in the regulations.

NOTE: (14) Section 20 presently reads:

20 The statutory director must defer the statutory director's review of an application for an assessment order in accordance with the regulations based on bed availability at compassionate intervention facilities and bed-based community-based service provider facilities.

(15) Section 21 is repealed.

NOTE: (15) Section 21 presently reads:

21(1) The statutory director must defer the statutory director's review of an application for an assessment order in the circumstances identified in the regulations.

(2) The Minister may make regulations respecting the deferral of an application under this section.

(16) Section 22 is amended

(a) in subsection (1)

(i) by striking out "section 19" **and substituting** "section 19(2)";

(ii) in clause (a) by adding "under section 17(1)" **after** "eligible";

(b) in subsection (2)

(i) by striking out "the applicant is eligible to apply and has complied with section 17(3) and that the application

complies with section 17(4)" **and substituting** "the applicant and application comply with subsection (1)";

(ii) **by adding** ", subject to section 20(1)(b) and (2)," **after** "must";

(c) **in subsection (3) by striking out** "the applicant is ineligible to apply or has not complied with section 17(3) or that the application does not comply with section 17(4)" **and substituting** "the applicant or application do not comply with subsection (1)".

NOTE: (16) Section 22 presently reads in part:

22(1) Following the statutory director's review of an application for an assessment order and any records or information collected by the statutory director in accordance with the regulations referred to in section 19, the statutory director must determine whether

(a) the applicant is eligible to apply for an assessment order,

(2) If the statutory director determines that the applicant is eligible to apply and has complied with section 17(3) and that the application complies with section 17(4), the statutory director must

(3) If the statutory director determines that the applicant is ineligible to apply or has not complied with section 17(3) or that the application does not comply with section 17(4), the statutory director must reject the application and provide the applicant with written notice that identifies

(17) **Section 23 is amended by adding** "as part of the application" **after** "provided".

NOTE: (17) Section 23 presently reads:

23 On forwarding an application for an assessment order to the Commission, the statutory director must provide the Commission with copies of all records and information the applicant provided.

(18) Section 25 is amended

(a) in subsection (1) by striking out "and any records or information collected under the regulations referred to in section 19" **and substituting** ", any records or information collected under the regulations referred to in section 19(2) and any records or information produced under section 26.7(1)";

(b) by repealing subsection (5) and substituting the following:

(5) The Commission must, as soon as practicable, provide

(a) written notice of and the written reasons for the Commission's decision to the statutory director, any guardian of the individual who is the subject of the application and the medical director, and

(b) written notice of the Commission's decision to the applicant.

(c) in subsection (6) by striking out "must, as soon as practicable, provide a copy to police officers and peace officers the Commission" **and substituting** "may provide a copy to police officers and peace officers the statutory director";

(d) by repealing subsection (7) and substituting the following:

(7) If the Commission issues an assessment order,

(a) the Commission must, as soon as practicable, provide a copy of the assessment order to the statutory director, and

(b) the statutory director must, as soon as practicable, provide a copy of the assessment order to any guardian of the individual who is the subject of the application and the medical director.

NOTE: (18) Section 25 presently reads in part:

25(1) A lawyer member reviewing an application for an assessment order must determine, based on a review of the application, any information or answers provided by a person under section 8(3) and any records or information collected under the regulations referred to in section 19, whether the individual who is the subject of an application is likely to cause harm as defined in section 2 without intervention.

(5) The Commission must, as soon as practicable,

(a) provide written notice of the Commission's decision to the applicant, any guardian of the individual who is the subject of the application and the statutory director, and

(b) provide written reasons for the Commission's decision to any guardian of the individual who is the subject of the application, the statutory director and the medical director.

(6) If the Commission issues an apprehension order, the Commission must, as soon as practicable, provide a copy of the apprehension order to the statutory director, and the statutory director must, as soon as practicable, provide a copy to police officers and peace officers the Commission considers appropriate.

(7) If the Commission issues an assessment order, the Commission must, as soon as practicable, provide a copy of the assessment order to any guardian of the individual who is the subject of the assessment order, the statutory director and the medical director.

(19) Section 26 is repealed and the following is substituted:

Prioritization and deferral of review

26(1) If the Commission determines that prioritizing the review of applications for assessment orders on a basis other than the time applications are received is warranted as a result of a lack of bed availability at compassionate intervention facilities and bed-based community-based service provider facilities, the Commission may prioritize the review of applications on a different basis, including prioritizing the review of applications based on the likelihood and

imminence of harm being caused by the individual who is the subject of the application and other factors the Commission considers relevant in prioritizing the review of applications.

(2) The Commission must defer the Commission's review of applications for assessment orders in the circumstances identified in the regulations.

(3) The Commission may defer the Commission's review of applications for assessment orders if the Commission determines that a deferral is warranted as a result of a lack of bed availability at compassionate intervention facilities and bed-based community-based service provider facilities or based on other factors that the Commission considers relevant.

Withdrawal of applications and cancellation applications

26.1(1) An applicant may, by giving notice to the statutory director, withdraw an application for an assessment order at any time before the application is forwarded to the Commission under section 22(2)(a).

(2) The following persons may apply to the Commission for the cancellation of an apprehension order and assessment order by submitting an application and any supporting records and information to the statutory director in the form and manner established by the Minister:

(a) the person who submitted the application for the assessment order that led to the issuance of the apprehension order and assessment order;

(b) any guardian of the individual who is the subject of the apprehension order and assessment order.

(3) A person referred to in subsection (2) may submit a cancellation application at any time after an apprehension order and assessment order are issued and before the individual who is the subject of those orders is apprehended or admitted to a compassionate intervention facility, but only if one or more of the following circumstances applies:

(a) new evidence has emerged with respect to whether the individual who is the subject of the apprehension order and assessment order is likely to cause harm as defined

in section 2 without intervention, including evidence demonstrating that the individual is already undergoing treatment or, in the case of a minor, is residing in a secure services facility as defined in the *Child, Youth and Family Enhancement Act*;

(b) new evidence has emerged that the apprehension order or assessment order cannot reasonably be executed before its expiry in the circumstances, including circumstances where the individual who is the subject of the order is deceased, would be incarcerated for the remainder of the order or has become subject to court-imposed conditions that make their apprehension or admission to a compassionate intervention facility impractical or inappropriate;

(c) new evidence has emerged that there are medical circumstances, such as a severe or terminal illness, in which

(i) treatment that the individual who is the subject of the apprehension order and assessment order needs cannot be provided by a compassionate intervention facility or community-based service provider,

(ii) the individual who is the subject of the orders is medically unable to undergo assessment, or

(iii) it is inappropriate, based on compassionate considerations, to provide treatment under this Act to the individual who is the subject of the orders;

(d) other circumstances are present that would make

(i) apprehension of the individual who is the subject of the orders or the admission and assessment of that individual in a compassionate intervention facility impractical or inappropriate, or

(ii) treatment under this Act of the individual who is the subject of the orders impractical or inappropriate.

Review by statutory director

26.2(1) As soon as practicable after receiving a cancellation application under section 26.1, the statutory director must review

the cancellation application and any supporting records and information submitted by the person who submitted the cancellation application and must determine whether

(a) the cancellation application is in the form established by the Minister and is complete,

(b) the person who submitted the cancellation application is eligible to submit the cancellation application, and

(c) the individual who is the subject of the apprehension order and assessment order has been apprehended under the apprehension order or admitted to a compassionate intervention facility.

(2) If the statutory director determines that the requirements in subsection (1)(a) and (b) are met and the individual who is the subject of the apprehension order and assessment order has not been apprehended under the apprehension order or admitted to a compassionate intervention facility, the statutory director must

(a) forward the cancellation application and any supporting records and information provided by the person who submitted the cancellation application to the Commission, and

(b) notify the following that the cancellation application has been forwarded to the Commission:

(i) the person who submitted the cancellation application;

(ii) any guardian of the individual who is the subject of the apprehension order and assessment order, if they are not the person who submitted the cancellation application;

(iii) the person who submitted the application for the assessment order that led to the issuance of the apprehension order and assessment order, if they are not the person who submitted the cancellation application.

(3) If the statutory director determines that the requirements in subsection (1)(a) or (b) are not met or the individual who is the

subject of the apprehension order and assessment order has been apprehended under the apprehension order or admitted to a compassionate intervention facility, the statutory director must not forward the cancellation application to the Commission and must provide the person who submitted the cancellation application with written notice that identifies the following, as applicable:

(a) that the cancellation application was not forwarded to the Commission because

(i) it was not in the form established by the Minister,

(ii) it was incomplete,

(iii) the person who submitted it was ineligible to submit the cancellation application, or

(iv) the individual who is the subject of the apprehension order and assessment order has been apprehended under the apprehension order or admitted to a compassionate intervention facility;

(b) if the cancellation application was not forwarded to the Commission because it was incomplete, why it was incomplete;

(c) if the cancellation application was not forwarded to the Commission because the person who submitted it was ineligible to submit the cancellation application, why the person was ineligible to submit the cancellation application.

Reconsideration requests by statutory director

26.3(1) At any time after an apprehension order and assessment order have been issued in respect of an individual and before the individual who is the subject of those orders is apprehended or admitted to a compassionate intervention facility, the statutory director may submit a request that the Commission reconsider the Commission's decision to issue those orders if one or more of the following circumstances applies:

(a) the statutory director believes that the application for an assessment order that led to the apprehension order and

assessment order being issued was vexatious, frivolous or made for a malicious purpose;

(b) new evidence has emerged with respect to whether the individual who is the subject of the apprehension order and assessment order is likely to cause harm as defined in section 2 without intervention, including evidence demonstrating that the individual is already undergoing treatment or, in the case of a minor, is residing in a secure services facility as defined in the *Child, Youth and Family Enhancement Act*;

(c) the apprehension order or assessment order cannot reasonably be executed before its expiry in the circumstances, including circumstances where the individual who is the subject of the order is deceased, would be incarcerated for the remainder of the order or has become subject to court-imposed conditions that make their apprehension or admission to a compassionate intervention facility impractical or inappropriate;

(d) new evidence has emerged that there are medical circumstances, such as a severe or terminal illness, in which

(i) treatment that the individual who is the subject of the apprehension order and assessment order needs cannot be provided by a compassionate intervention facility or community-based service provider,

(ii) the individual who is the subject of the orders is medically unable to undergo assessment, or

(iii) it is inappropriate, based on compassionate considerations, to provide treatment under this Act to the individual who is the subject of the orders;

(e) other circumstances are present that would make

(i) apprehension of the individual who is the subject of the orders or the admission and assessment of that individual in a compassionate intervention facility impractical or inappropriate, or

(ii) treatment under the Act of the individual who is the subject of the orders impractical or inappropriate.

(2) To submit a reconsideration request, the statutory director must provide the Commission with

(a) the application for an assessment order to which the reconsideration request relates and any supporting records and information provided with that application,

(b) a statement setting out the circumstances that caused the statutory director to submit the reconsideration request, and

(c) any records or information in the statutory director's possession that are relevant to the reconsideration request.

(3) If the statutory director submits a reconsideration request, the statutory director must notify the following that the reconsideration request has been submitted to the Commission:

(a) any guardian of the individual who is the subject of the apprehension order and assessment order;

(b) the person who submitted the application for the assessment order that led to the issuance of the apprehension order and assessment order, if they are not a guardian of the individual who is the subject of the apprehension order and assessment order.

Review of application or reconsideration request

26.4(1) As soon as practicable after the statutory director forwards a cancellation application to the Commission under section 26.2(2), or submits a reconsideration request under section 26.3(1), a member of the Commission, who must be a lawyer member selected in accordance with the regulations,

(a) must review

(i) the application for an assessment order that the cancellation application or reconsideration request relates to and any supporting records and information submitted with the application for an assessment order,

(ii) the apprehension order, the assessment order and the written reasons for the Commission's decision to issue the apprehension order and assessment order,

(iii) any relevant information or answers provided to the Commission under section 8(3),

(iv) any relevant records or information collected under the regulations referred to in section 19(2), and

(v) any relevant records or information produced under section 26.7 or 32,

(b) in the case of a cancellation application, must also review the cancellation application and any supporting records and information submitted by the person who submitted the cancellation application, and

(c) in the case of a reconsideration request, must also review the statement provided under section 26.3(2)(b) and any records or information provided under section 26.3(2)(c).

(2) If the lawyer member is not satisfied, on a balance of probabilities, that the individual who is the subject of the apprehension order and assessment order is likely to cause harm as defined in section 2 without intervention, the lawyer member must cancel the apprehension order and assessment order.

(3) If the lawyer member is satisfied, on a balance of probabilities, that the individual who is the subject of the apprehension order and assessment order is likely to cause harm as defined in section 2 without intervention, the lawyer member may cancel the apprehension order and assessment order, but only if

(a) in the case of a cancellation application, a circumstance identified in section 26.1(3) applies, or

(b) in the case of a reconsideration request, a circumstance identified in section 26.3(1) applies.

(4) The lawyer member may dismiss a cancellation application if a circumstance identified in section 26.1(3) does not apply or if, after considering the circumstances, the lawyer member

determines that the apprehension order and assessment order should remain in place.

(5) The lawyer member may dismiss a reconsideration request if a circumstance identified in section 26.3(1) does not apply or if, after considering the circumstances, the lawyer member determines that the apprehension order and assessment order should remain in place.

Reconsideration of orders without application or reconsideration request

26.5(1) The Commission may, without a cancellation application or reconsideration request, reconsider a decision to issue an apprehension order and assessment order at any time after the orders are issued and before the individual who is the subject of those orders is apprehended or admitted to a compassionate intervention facility if, based on the records and information before the Commission, the Commission considers that reconsideration is warranted.

(2) If the Commission considers that reconsideration is warranted, a member of the Commission, who must be a lawyer member selected in accordance with the regulations,

(a) must review the application for an assessment order that the reconsideration relates to, and

(b) may review any relevant records and information before the Commission.

(3) If the lawyer member is not satisfied, on a balance of probabilities, that the individual who is the subject of the apprehension order and assessment order is likely to cause harm as defined in section 2 without intervention, the lawyer member must cancel the apprehension order and assessment order.

(4) If the lawyer member is satisfied, on a balance of probabilities, that the individual who is the subject of the apprehension order and assessment order is likely to cause harm as defined in section 2 without intervention, the lawyer member may cancel the apprehension order and assessment order, but only if a circumstance identified in section 26.1(3) or 26.3(1)(b) to (e) applies.

Notice of decision

26.6(1) After making a decision under section 26.4(2) to (5) or 26.5(3) or (4), the Commission must, as soon as practicable,

(a) provide a written notice of and written reasons for the Commission's decision to the statutory director,

(b) in the case of a cancellation application, provide a written notice of the Commission's decision to

(i) the person who submitted the cancellation application,

(ii) any guardian of the individual who is the subject of the apprehension order and assessment order, if they are not the person who submitted the cancellation application, and

(iii) the person who submitted the application for the assessment order that led to the issuance of the apprehension order and assessment order, if they are not the person who submitted the cancellation application,

and

(c) in the case of a reconsideration request or the Commission's reconsideration of a decision to issue an apprehension order and assessment order without a cancellation application or reconsideration request, provide a written notice of the Commission's decision to

(i) any guardian of the individual who is the subject of the apprehension order and assessment order, and

(ii) the person who submitted the application for the assessment order that led to the issuance of the apprehension order and assessment order, if they are not a guardian of the individual who is the subject of the apprehension order and assessment order.

(2) If the Commission cancels an apprehension order and assessment order under section 26.4 or 26.5, the statutory director must, as soon as practicable, notify

(a) police officers or peace officers who were provided with the apprehension order, and

(b) the medical director, if they were previously provided with the assessment order.

Production of records or information

26.7(1) A lawyer member reviewing an application for an assessment order, a cancellation application or a reconsideration request, or conducting a reconsideration under section 26.5, may order a person, organization, public body or custodian to produce a record or information to the Commission, including a record or information prescribed by the regulations, that, based on the application for an assessment order, cancellation application or reconsideration request, as the case may be, and other records or information before the lawyer member, the lawyer member has reasonable grounds to believe would disclose information necessary for the Commission to determine whether an apprehension order and assessment order should be issued or should be cancelled, as the case may be.

(2) For the purpose of the statutory director exercising their powers and performing their duties and functions under this Act, the Commission may order a person, organization, public body or custodian to produce a record or information to the statutory director that a lawyer member may order to be produced under subsection (1).

(3) If the Commission or statutory director collect a record or information pertaining to an individual under subsection (1) or (2) and the application for an assessment order to which the record or information relates is dismissed under section 25(3) or the regulations or withdrawn under section 26.1, or the resulting apprehension order and assessment order are cancelled under section 26.4 or 26.5, the Commission or statutory director, as the case may be, must notify the individual as soon as practicable that their records or information were collected under this section.

NOTE: (19) Section 26 presently reads:

26(1) The Commission must defer the Commission's review of an application for an assessment order in the circumstances identified in the regulations.

(2) The Minister may make regulations respecting the deferral of an application under this section.

(20) Section 27 is amended

(a) by renumbering it as section 27(1);

(b) in subsection (1)

(i) by striking out "or dismissed under section 25(3)" **and substituting** ", dismissed under section 25(3) or the regulations or withdrawn under section 26.1";

(ii) in clause (a) by striking out "is the subject" **and substituting** "was the subject";

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

(2) An applicant whose application for an assessment order led to the issuance of an apprehension order and assessment order that were cancelled under section 26.4 or 26.5 may reapply for an assessment order

(a) if new evidence emerges that the individual who was the subject of the orders is likely to cause harm as defined in section 2 without intervention, or

(b) in other circumstances prescribed by the regulations.

NOTE: (20) Section 27 presently reads in part:

27 An applicant whose application for an assessment order has been rejected under section 22(3) or dismissed under section 25(3) may reapply for an assessment order

(a) if new evidence emerges that the individual who is the subject of the application is likely to cause harm as defined in section 2 without intervention, or

(21) Section 30 is amended

(a) in subsection (1)

(i) in clause (a)

(A) in subclause (i) by striking out "an individual" **and substituting** "a client";

(B) in subclause (ii) by striking out "apprehend or re-apprehend the individual" **and substituting** "apprehend the individual or re-apprehend the client";

(C) in subclause (iii) by striking out "individual" **and substituting** "client";

(ii) in clause (b) by striking out "individual" **wherever it occurs and substituting** "client";

(b) in subsection (3)

(i) by striking out "an individual" **and substituting** "a client";

(ii) by striking out "the individual" **wherever it occurs and substituting** "the client";

(iii) by striking out "apprehended individual" **and substituting** "apprehended client".

NOTE: (21) Section 30 presently reads in part:

30(1) An apprehension order is sufficient authority

(a) for a police officer to

(i) apprehend the individual who is the subject of the order, including re-apprehending an individual

(ii) take reasonable measures to apprehend or re-apprehend the individual, including using reasonable force, and

(iii) observe, control and take care of the apprehended individual,

and

(b) for a police officer or peace officer to

(i) detain and convey the apprehended individual to a compassionate intervention facility,

(ii) use reasonable force to detain and convey the individual, and

(iii) observe, control and take care of the individual being detained and conveyed.

(3) A police officer who has apprehended an individual may transfer the individual to another police officer or a peace officer who may detain and convey the individual to a compassionate intervention facility or transfer the apprehended individual to another police officer or peace officer who may do the same.

(22) Section 31 is amended

(a) in subsection (1)

(i) in clause (c) by adding "and" **at the end of subclause (v), striking out** "and" **at the end of subclause (vi) and repealing subclause (vii);**

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

(c.1) for a treatment team to provide treatment referred to in section 80(3) to the client,

(iii) in clause (d)(ii) by adding "or a therapeutic pass granted under section 79.1" **after** "section 79";

(b) in subsections (3) and (4) by adding "or therapeutic pass" **after** "leave of absence".

NOTE: (22) Section 31 presently reads in part:

31(1) An assessment order is sufficient authority

(c) subject to the client's right to refuse treatment under section 80, for a treatment team to

(v) prepare an assessment report,

(vi) observe, control and take care of the client, and

(vii) subject to the regulations, provide treatment to the client the Commission has authorized to be provided to a client who is the subject of an assessment order, including treatment referred to in section 80(2),

(d) for a police officer or peace officer to

(ii) detain the client and convey the client to and from other locations in accordance with a leave of absence from a compassionate intervention facility granted under section 79, and

(3) A police officer or peace officer who is conveying a client to another location in accordance with a leave of absence may transfer the client to another police officer or peace officer who may convey the client to the other location or may transfer the client to another police officer or peace officer who may do the same.

(4) A client must comply with the terms of an assessment order and must remain in the compassionate intervention facility to which the client was admitted unless the client has been granted a leave of absence.

(23) Section 32 is repealed and the following is substituted:

Production of records or information

32(1) If an assessment order has been granted, the Commission may order a person, organization, public body or custodian to produce a record or information to the Commission, including a record or information prescribed by the regulations, that, based on an application for an assessment order and other records or information before the Commission, the Commission has reasonable grounds to believe would disclose information necessary for the Commission to determine whether a care plan order should be issued and what the terms of the care plan order should be.

(2) For the purpose of the statutory director exercising their powers and performing their duties and functions under this Act, the Commission may order any person, organization, public body or custodian to produce to the statutory director any record or information that the Commission may order to be produced to the Commission under subsection (1).

NOTE: (23) Section 32 presently reads:

32(1) If an assessment order has been granted, the Commission may order any person, organization as defined in the Personal Information Protection Act, public body as defined in the Protection of Privacy Act or custodian as defined in the Health Information Act to produce any records to the Commission prescribed by the regulations if, based on an application for an assessment order and the materials before the Commission, the Commission has reasonable grounds to believe that the records would disclose information necessary for the Commission to determine whether a care plan order should be issued.

(2) The Commission may order any person, organization as defined in the Personal Information Protection Act, public body as defined in the Protection of Privacy Act or custodian as defined in the Health Information Act to produce to the statutory director any record that the Commission may order to be produced to the Commission under subsection (1) for the purposes of the statutory director's powers, duties and functions under this Act.

(24) Section 33 is amended by adding the following after subsection (2):

(3) If an apprehension order or assessment order expires without the individual who is the subject of the order being apprehended or admitted to a compassionate intervention facility, the statutory director must, as soon as practicable,

(a) notify the applicant that the apprehension order or assessment order has expired without the individual being apprehended or admitted to a compassionate intervention facility, and

(b) provide the applicant and any guardian of the individual who is the subject of the order with reasons why the individual who is the subject of the order was not apprehended or admitted to a compassionate intervention facility.

NOTE: (24) Establishes rules for statutory director if an apprehension or assessment order expires.

(25) Section 36 is amended

(a) in subsection (1)(d) by adding "subject to the client's right to refuse treatment under section 80," **before** "be provided";

(b) in subsection (2) by striking out "make reasonable efforts to notify any guardian of the minor that the minor has been admitted to the facility as soon as practicable after the minor has been admitted" **and substituting** ", as soon as practicable after the minor has been admitted, notify the statutory director and make reasonable efforts to notify any guardian of the minor that the minor has been admitted to the facility";

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

(4) If an adult has been admitted to a compassionate intervention facility, the adult's treatment team must

(a) notify the statutory director as soon as practicable after the adult has been admitted, and

(b) make reasonable efforts to notify any known guardian of the adult that the adult has been admitted as soon as practicable after the adult has been admitted or as soon as practicable after the existence of a guardian has been identified, as the case may be.

NOTE: (25) Section 36 presently reads in part:

36(1) On arrival at a compassionate intervention facility, each client will

(d) be provided with medical services within the compassionate intervention facility, unless the client is conveyed to a hospital or other facility to receive medical care the client needs, and

(2) If a minor has been admitted to a compassionate intervention facility, the treatment team must make reasonable efforts to notify any guardian of the minor that the minor has been admitted to the facility as soon as practicable after the minor has been admitted.

(4) If an adult has been admitted to a compassionate intervention facility without being apprehended, the adult's treatment team must make reasonable efforts to notify any known guardian of the adult that the adult has been admitted to the facility as soon as practicable after the adult has been admitted or as soon as practicable after the existence of a guardian has been identified, as the case may be.

(26) Section 37(1)(d) is amended by striking out "section 80(2)" **and substituting** "section 80(3) and (4)".

NOTE: (26) Section 37(1)(d) presently reads:

37(1) As soon as practicable after a client has been admitted to a compassionate intervention facility, and on request thereafter, the treatment team must inform the client of

(d) the client's right to refuse treatment, subject to section 80(2),

(27) Section 38 is amended

(a) by striking out "must" **and substituting** "may";

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

(b) any records or information collected under the regulations referred to in section 19(2) and any records or information produced under section 26.7 or 32.

NOTE: (27) Section 38 presently reads in part:

38 On a client being admitted to a compassionate intervention facility, the Commission must provide the medical director with a copy of

(b) any records or information collected under the regulations referred to in section 19 and any records produced under section 32.

(28) Section 39 is amended

(a) in subsection (1)

(i) in clause (b)(ii) by striking out "consideration" **and substituting** "assessment";

(ii) in clause (c) by striking out "medical director and statutory director" **and substituting** "medical director, statutory director and Commission";

(b) in subsection (3) by adding "to the statutory director, medical director and Commission" **after** "submitted";

(c) by repealing subsection (6).

NOTE: (28) Section 39 presently reads in part:

39(1) Within 48 hours of a client being apprehended or admitted to a compassionate intervention facility, whichever occurs first, the treatment team must

(b) prepare a written assessment report that

(ii) includes the treatment team's consideration of the client's likelihood to cause harm as defined in section 2 without intervention, and

(c) submit the assessment report to the medical director and statutory director.

(3) If an assessment report recommends the discharge of a client, the treatment team must prepare a post-discharge

plan under section 67, and that plan must be submitted together with the assessment report.

(6) The statutory director must, as soon as practicable after receiving an assessment report, submit the assessment report to the Commission.

(29) Section 40(3) is repealed and the following is substituted:

(3) The Commission must provide the following to the client, the client's legal counsel, if any, any guardian of the client and the statutory director as soon as practicable and, in any case, before the application is reviewed and a decision is made under this section:

(a) the application and discharge report;

(b) any records collected under the regulations referred to in section 19(2) or produced under section 26.7 or 32.

NOTE: (29) Section 40(3) presently reads:

(3) The statutory director must provide the application and discharge report to the client, the client's legal counsel, if any, and any guardian of the client as soon as practicable and, in any case, before the consideration of the application for a discharge order.

(30) Section 41(1) is amended

(a) by striking out "Within" **and substituting** "Unless a client has been discharged under section 40(9), within";

(b) by striking out "an individual" **and substituting** "a client".

NOTE: (30) Section 41(1) presently reads:

41(1) Within 72 hours of an individual being apprehended or being admitted to a compassionate intervention facility, whichever occurs first, the Commission will convene a hearing panel of 3 members of the Commission in

accordance with the regulations, if any, to consider whether a care plan order should be issued.

(31) Section 42 is amended

(a) in subsection (1)

(i) by striking out "Subject" **and substituting** "Unless a client has been discharged under section 40(9) and subject";

(ii) by striking out "an individual" **and substituting** "a client";

(b) in subsection (3) by striking out "statutory director" **and substituting** "Commission".

NOTE: (31) Section 42 presently reads in part:

42(1) Subject to section 46 or the adjournment of a hearing in response to an application made under section 44(1), a care plan hearing panel must commence a care plan hearing within 72 hours of an individual being apprehended or being admitted to a compassionate intervention facility, whichever occurs first.

(3) Before a care plan hearing, the statutory director must provide the records prescribed by the regulations to the client, the client's legal counsel, if any, and any guardian of the client.

(32) Section 43(2)(e) is amended

(a) by striking out "cross-examine" **and substituting** "question at the hearing";

(b) by striking out "other than" **and substituting** "including".

NOTE: (32) Section 43(2)(e) presently reads:

(2) Subject to subsection (6), the client may

(e) cross-examine any person who makes representations or presents evidence at the hearing, other than a family member submitting a family impact statement or making representations under subsection (4).

(33) Section 45(8)(b) is amended by adding "and the reasons for issuing that order" **after** "section 48".

NOTE: (33) Section 45(8)(b) presently reads:

(8) As soon as practicable after making a decision, the hearing panel must provide in writing to the client, the client's legal counsel, if any, any guardian of the client, the statutory director and the medical director

(b) a copy of the care plan order issued by the panel under section 48.

(34) Section 46 is amended

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

(3.1) If a care plan hearing is deferred under subsection (2), the Commission must, as soon as practicable, notify the client, the client's legal counsel, if any, any guardian of the client and the statutory director in writing.

(b) by repealing subsection (4)(a) and substituting the following:

(a) the Commission must, as soon as practicable, notify the client, the client's legal counsel, if any, any guardian of the client, the statutory director and the medical director in writing that the assessment order has expired, and

NOTE: (34) Section 46 presently reads in part:

(4) If an assessment order expires during the period in which a care plan hearing has been deferred under this section,

(a) the client, any guardian of the client and the statutory director must be notified that the assessment order has expired, and

(35) Section 48 is amended

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

(1.1) The Commission must prepare written reasons for the Commission's decision under subsection (1), including

(a) how the information and evidence before the hearing panel demonstrates that the client is likely to cause harm as defined in section 2 without intervention, and

(b) why the selected type of care plan order is considered appropriate.

(b) in subsection (5)

(i) in clause (b) by striking out "the treatment will be bed-based or non-bed-based treatment" **and substituting** "it is a bed-based community-based care plan order or a non-bed-based community-based care plan order";

(ii) by repealing clause (c);

(iii) in clause (d)(iii) by striking out "section 80(2)" **and substituting** "section 80(3) and (4)".

NOTE: (35) Section 48(5) presently reads in part:

(5) A care plan order must

(b) specify whether the order is a secure care plan order or a community-based care plan order and, in the latter case, whether the treatment will be bed-based or non-bed-based treatment,

(c) provide reasons for the order, including

(i) how the information and evidence before the hearing panel demonstrates that the client is

likely to cause harm as defined in section 2 without intervention, and

(ii) why the selected form of treatment is considered appropriate,

(d) identify the following rights of the client who is the subject of the order:

(iii) the right to refuse treatment, subject to section 80(2);

(36) Section 49 is amended

(a) in subsection (1)

(i) in clause (c)(ii)

(A) in paragraph (A) by striking out "the compassionate" **and substituting** "a compassionate";

(B) in paragraph (B) by striking out "an order granting the client a leave of absence from a compassionate intervention facility" **and substituting** "a leave of absence from a compassionate intervention facility granted under section 79 or a therapeutic pass granted under section 79.1";

(ii) by repealing clause (d)(i) and substituting the following:

(i) re-apprehend a client who is absent from a compassionate intervention facility without a leave of absence granted under section 79 or a therapeutic pass granted under section 79.1;

(b) in subsection (2)

(i) in clause (b)

(A) by repealing subclause (i) and substituting the following:

(i) detain a client who is the subject of a bed-based community-based care plan order,

(B) by striking out "and" **at the end of subclause (iii), adding** "and" **at the end of subclause (iv) and adding the following after subclause (iv):**

(v) convey the client to and from other locations in accordance with a leave of absence from a bed-based community-based service provider facility granted under section 79 or a therapeutic pass granted under section 79.1,

(ii) in clause (c)(i) by striking out "without leave from a bed-based community-based service provider facility" **and substituting** "from a bed-based community-based service provider facility without a leave of absence granted under section 79 or a therapeutic pass granted under section 79.1".

NOTE: (36) Section 49 presently reads in part:

49(1) A secure care plan order is sufficient authority

(c) for a police officer or peace officer to

(ii) convey the client

(A) to the compassionate intervention facility where the client will be held under the secure care plan order, and

(B) to and from other locations in accordance with an order granting the client a leave of absence from a compassionate intervention facility,

(d) for a police officer to

(i) re-apprehend an individual who is absent without leave from a compassionate intervention facility,

(2) A community-based care plan order is sufficient authority

(b) for a police officer or peace officer to

(i) detain the client,

(ii) convey the client to a community-based service provider facility where the client will receive treatment in accordance with the order,

(iii) use reasonable force to detain and convey the client, and

(iv) observe, control and take care of the client being detained or conveyed,

and

(c) for a police officer to

(i) re-apprehend a client who is absent without leave from a bed-based community-based service provider facility,

(37) Section 50 is amended

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

(2.1) For clinical, operational or safety reasons, the medical director may at any time direct

(a) that a client of a compassionate intervention facility be transferred to another compassionate intervention facility, and

(b) that a client of a community-based service provider be transferred to another community-based service provider.

(b) in subsection (3)

(i) by adding "the medical director has directed a transfer under subsection (2.1) or" **after** "after";

(ii) **by striking out** "under sections 52(8)(b), 54(9)(b) or 75(6)(b)";

(iii) **by striking out** "must coordinate any conveyance and" **and substituting** "may convey the client from or to a compassionate intervention facility or community-based service provider facility, as the case requires, or coordinate the conveyance of the client, and must coordinate";

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

(3.1) If a client is transferred

(a) from one compassionate intervention facility to another, the medical director must, as soon as practicable, notify the statutory director, the client's legal counsel, if any, and any guardian of the client, and

(b) from a compassionate intervention facility to a community-based service provider or from one community-based service provider to another, the medical director must, as soon as practicable, notify the statutory director, the client's legal counsel, if any, any guardian of the client, the designated supervisor of the community-based service provider that was providing treatment to the client, if applicable, and the designated supervisor of the community-based service provider to which the client is transferred.

(d) **in subsection (4) by adding** "at the compassionate intervention facility or community-based service provider to which the client is being transferred" **after** "treatment team".

NOTE: (37) Section 50 presently reads in part:

(3) As soon as practicable after a care plan order has been issued under section 48 or amended under sections 52(8)(b), 54(9)(b) or 75(6)(b) in a way that results in the need to transfer a client, the treatment team must coordinate any conveyance and any other transition required to transfer the client from or to a compassionate intervention facility or a community-based service provider facility, as the case may be.

(4) To facilitate the transition of the client, the medical director must provide the treatment team with a copy of the care plan order for the client.

(38) Section 51 is amended

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

Progress and discharge reports

51(1) Before a care plan review hearing or before a treatment team submits an application for a discharge order under section 64, as the case may be, the treatment team for a client must prepare and submit one of the following reports to the medical director, statutory director and, if applicable, the designated supervisor of the community-based service provider providing treatment to the client:

(a) a progress report, in the case of a care plan review hearing;

(b) a discharge report, in the case of an application for a discharge order.

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

(1.1) The reports referred to in subsection (1) must be submitted,

(a) in the case of a progress report, at least 7 days before a care plan review hearing, if possible, and no later than 72 hours before the hearing, in any case, and

(b) in the case of a discharge report, at least 72 hours before the submission of an application for a discharge order under section 64.

(c) in subsection (3) by adding "if discharged" **after** "intervention";

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

(4) As soon as practicable after receiving a progress report, the statutory director must provide the progress report to the Commission.

(5) As soon as practicable and, in any case, at least 48 hours before a care plan review hearing, the Commission must provide the progress report to the client, the client's legal counsel, if any, and any guardian of the client.

NOTE: (38) Section 51 presently reads in part:

51(1) The treatment team for a client must prepare and submit the following reports to the medical director and statutory director at least 72 hours before a care plan review hearing or the submission of an application for a discharge order under section 64, as the case may be:

(a) a progress report, in the case of a care plan review hearing;

(b) a discharge report, in the case of an application for a discharge order.

(3) In preparing a discharge report, the treatment team must include information respecting whether the client is likely to cause harm as defined in section 2 without intervention, including information respecting the factors established in section 3 or 4, as applicable.

(4) The statutory director must provide the progress report or discharge report to the Commission, the client, the client's legal counsel, if any, and any guardian of the client as soon as practicable and, in any case, at least 48 hours before a care plan review hearing.

(39) Section 52 is amended

(a) in subsection (1) by striking out "without leave" **and substituting** "without a leave of absence or therapeutic pass";

(b) in subsection (2) by adding "in accordance with the regulations" **after** "progress report";

(c) in subsection (6) by striking out "Section 26" **and substituting** "Section 26(2)";

(d) by adding the following after subsection (9):

(9.1) If a care plan order is terminated under subsection (8)(d), the client must be immediately discharged from the compassionate intervention facility.

NOTE: (39) Section 52 presently reads in part:

52(1) If a client under a secure care plan order is absent without leave, the treatment team providing treatment to the client must submit a non-compliance report to the medical director in the form established by the Minister.

(2) The treatment team must prepare and submit a progress report, together with the non-compliance report.

(6) Section 26 applies, with necessary modification, to a non-compliance review.

(40) Section 53 is amended

(a) by repealing subsection (2);

(b) in subsection (6) by striking out "must, as soon as practicable, provide a copy of the apprehension order to police officers and peace officers the Commission" **and substituting** "may provide a copy of the apprehension order to police officers and peace officers the statutory director".

NOTE: (40) Section 53 presently reads in part:

(2) If an apprehension order and assessment order have been issued under section 52, the statutory director must, as soon as practicable, provide the client, the client's legal counsel, if any, and any guardian of the client with details on the next steps that will occur.

(6) The statutory director must, as soon as practicable, provide a copy of the apprehension order to police officers and peace officers the Commission considers appropriate.

(41) Section 54 is amended

(a) by repealing subsection (2)(c) and substituting the following:

(c) an absence from bed-based treatment without a leave of absence or therapeutic pass.

(b) in subsection (3) in the portion preceding clause (a) by adding "in accordance with the regulations" **after** "treatment team";

(c) in subsection (7) by striking out "Section 26" **and substituting** "Section 26(2)";

(d) in subsection (10) by striking out "secure care plan order,".

NOTE: (41) Section 54 presently reads in part:

(2) Without limiting the generality of subsection (1), the following shall be considered substantial non-compliance that must be reported in a non-compliance report:

(c) an absence without leave from bed-based treatment.

(3) The designated supervisor must submit one of the following reports, prepared by the treatment team, together with the report of substantial non-compliance:

(a) a progress report, if the treatment team recommends that the care plan order remain in place;

(7) Section 26 applies, with necessary modification, to a non-compliance review.

(10) In making a decision under subsection (9), the lawyer member must consider whether a secure care plan order, bed-based community-based care plan order or non-bed-based community-based care plan order would provide effective treatment to the client in the least restrictive and least intrusive manner.

(42) Section 55 is amended

(a) by repealing subsection (2);

(b) in subsection (6) by striking out "must, as soon as practicable, provide a copy of the apprehension order to police officers and peace officers the Commission" **and substituting** "may provide a copy of the apprehension order to police officers and peace officers the statutory director".

NOTE: (42) Section 55 presently reads in part:

(2) If an apprehension order and assessment order have been issued under section 54, the statutory director must, as soon as practicable, provide the client, the client's legal counsel, if any, and any guardian of the client with details on the next steps that will occur.

(6) The statutory director must, as soon as practicable, provide a copy of the apprehension order to police officers and peace officers the Commission considers appropriate.

(43) Section 56(1) is amended by striking out "or" **at the end of clause (a), adding** "or" **at the end of clause (b) and adding the following after clause (b):**

(c) to consider an application submitted under section 80.2.

NOTE: (43) Section 56(1) presently reads:

56(1) The Commission must convene a care plan review hearing panel of 3 members of the Commission in accordance with the regulations, if any, to review a care plan order issued under this Act

(a) at 6-week intervals from the date of issuance of a care plan order, or

(b) to consider a request for review submitted and not rejected under section 57.

(44) Section 57 is amended

(a) by repealing subsection (2) and substituting the following:

(2) On receiving an application for a review under subsection (1), the statutory director must, as soon as practicable, submit the application

(a) to the Commission for review by a member of the Commission, who must be a lawyer member selected in accordance with the regulations, and

(b) if the request was not made by the client's treatment team, to the client's treatment team.

(b) by adding the following after subsection (7):

(8) The statutory director must notify the client's treatment team as soon as practicable of the lawyer member's decision under subsection (5), and if the request is not rejected, the treatment team must prepare and submit a progress report in accordance with section 51.

NOTE: (44) Section 57(2) presently reads:

(2) On receiving an application for a review under subsection (1), the statutory director must, as soon as practicable, submit the request to the Commission, and a member of the Commission, who must be a lawyer member selected in accordance with the regulations, must review the application.

(45) Section 58 is amended

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

(4) As soon as practicable before a care plan review hearing,

(a) the Commission must provide the record of proceedings from the care plan hearing that led to the care plan order that is being reviewed, the recording of the care plan hearing and the reasons for the care plan order being

reviewed to the client, the client's legal counsel, if any, any guardian of the client and the statutory director, and

(b) if the care plan review hearing relates to an application submitted under section 80.2, the Commission must also provide that application to the client, the client's legal counsel, if any, any guardian of the client and the statutory director.

(b) in subsection (6) by striking out "subsection (4)" **and substituting** "subsection (4)(a), and the application referred to in subsection (4)(b), if applicable".

NOTE: (45) Section 58 presently reads in part:

(4) As soon as practicable before a care plan review hearing, the statutory director must provide the record of proceedings from the care plan hearing that led to the care plan order that is being reviewed, the recording of the care plan hearing and the reasons for the care plan order being reviewed to the client, the client's legal counsel, if any, and any guardian of the client.

(6) If reasonable efforts have been made to provide the client, the client's legal counsel, if any, and any guardian of the client with the record of proceedings, recording and reasons referred to in subsection (4), a care plan review hearing panel may commence a hearing despite those things not being provided.

(46) Section 59(2)(e) is repealed and the following is substituted:

(e) question at the hearing any person who presents evidence at the hearing.

NOTE: (46) Section 59(2)(e) presently reads:

(2) Subject to subsection (5), the client may

(e) cross-examine any person who presents evidence at a hearing.

(47) Section 61(2)(a) is amended by adding "and in the case of a care plan review hearing to consider an application under section 80.2, the application submitted under that section" **after** "51(4)".

NOTE: (47) Section 61(2)(a) presently reads:

(2) The hearing panel must consider

(a) the progress report provided under section 51(4),

(48) Section 62 is amended

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

(1.1) If the client's care plan order was amended or renewed under section 61(4), the Commission must, as soon as practicable, provide the statutory director with a copy of the amended or renewed care plan order.

(b) in subsection (2)(c) by striking out "any guardian of the client and the statutory director" **and substituting** "and any guardian of the client".

NOTE: (48) Section 62(2)(c) presently reads:

(2) The statutory director must, as soon as practicable,

(c) if the care plan order relating to the client has been amended or renewed, provide the client, the client's legal counsel, if any, any guardian of the client and the statutory director with a copy of the amended or renewed care plan order.

(49) Section 64 is amended

(a) in subsection (1)(a) by adding "if discharged" **after** "intervention";

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

(2) An application for a discharge order must contain a discharge report prepared and submitted in accordance with section 51 and the regulations.

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

(4) The Commission must provide the application and discharge report to the client, the client's legal counsel, if any, and any guardian of the client as soon as practicable and, in any case, before a decision is made under section 65.

NOTE: (49) Section 64 presently reads in part:

64(1) A treatment team for a client who is the subject of a care plan order must apply, in accordance with the regulations, for a discharge order by submitting an application to the statutory director and the medical director or the designated supervisor of the community-based service provider providing treatment to the client under the care plan order, as the case may be,

(a) if the treatment team has reasonable grounds to believe that the client is no longer likely to cause harm as defined in section 2 without intervention, or

(2) An application for a discharge order must contain a discharge report prepared in accordance with the regulations.

(4) The statutory director must provide the application and discharge report to the client, the client's legal counsel, if any, and any guardian of the client as soon as practicable and, in any case, at least 48 hours before the consideration of an application for a discharge order.

(50) Section 65(4) and (5) are amended by adding "if discharged" **after** "intervention".

NOTE: (50) Section 65(4) and (5) presently read:

(4) If the lawyer member determines, on a balance of probabilities, that the client is no longer likely to cause harm

as defined in section 2 without intervention, the Commission must issue a discharge order.

(5) If the lawyer member determines, on a balance of probabilities, that the client is still likely to cause harm as defined in section 2 without intervention, the care plan order relating to the client remains in place.

(51) Section 68(3) is amended

(a) by striking out "statutory director" **and substituting** "Commission";

(b) by renumbering clause (a) as clause (a.1) and adding the following before clause (a.1):

(a) the notice of appeal,

NOTE: (51) Section 68(3) presently reads in part:

(3) The statutory director must, as soon as practicable, provide the client, the client's legal counsel, if any, and any guardian of the client with

(a) the record of proceedings from the hearing or process that led to the decision or order being appealed,

(52) Section 69 is amended by adding the following after subsection (2):

(3) If the Commission dismisses an appeal under subsection (2), the Commission must, as soon as practicable, provide written reasons for the Commission's decision to the client, the client's legal counsel, if any, any guardian of the client, the statutory director and the medical director or designated supervisor of the community-based service provider providing treatment to the client, as the case may be.

NOTE: (52) Adds duty to provide written reasons to persons following appeal dismissal.

(53) Section 72(2) is repealed and the following is substituted:

(2) The Commission must, at least 48 hours before an appeal hearing, notify the medical director or designated supervisor of the community-based service provider providing treatment to the client, as the case may be, of the date, time and place of the appeal hearing.

NOTE: (53) Section 72(2) presently reads:

(2) The medical director or designated supervisor of the community-based service provider providing treatment to the client under the care plan order, as the case may be, must be notified of the date, time and place of an appeal hearing at least 48 hours before the appeal hearing.

(54) Section 73(2)(c) and (3)(a)(ii) are amended by adding "respecting" **after** "including".

NOTE: (54) Section 73(2)(c) and (3)(a)(ii) presently read:

(2) Subject to subsection (4), a client may

(c) make oral representations to the hearing panel, including the client's preferred outcome of the hearing, and

(3) Subject to subsection (4), a guardian may,

(a) if the guardian is the appellant,

(ii) make oral representations to the hearing panel, including the guardian's preferred outcome of the hearing,

(55) Section 74(5) is repealed and the following is substituted:

(5) An appeal panel must

(a) issue a written decision respecting an application for the adjournment of a hearing, or respecting an adjournment on its own motion, and provide the written decision to

the client, the client's legal counsel, if any, any guardian of the client and the statutory director,

(b) issue written reasons for the panel's decision and provide those written reasons to the client, the client's legal counsel, if any, any guardian of the client and the statutory director, and

(c) notify the client, the client's legal counsel, if any, any guardian of the client, the statutory director and the medical director or designated supervisor of the community-based service provider providing treatment to the client under the care plan order, as the case may be, when the hearing will recommence.

NOTE: (55) Section 74(5) presently reads:

(5) An appeal panel must

(a) issue a written decision with reasons respecting an application for the adjournment of a hearing and provide those reasons to the client, the client's legal counsel, if any, any guardian of the client and the statutory director, and

(b) notify the client, the client's legal counsel, if any, any guardian of the client, the statutory director and the medical director or designated supervisor of the community-based service provider providing treatment to the client under the care plan order, as the case may be, when the hearing will recommence.

(56) Section 79 is amended

(a) in subsection (5)

(i) by striking out "a police officer or peace officer" **and substituting** "a police officer, a peace officer or the treatment team";

(ii) by adding "or bed-based community-based service provider facility, as the case may be" **after** "compassionate intervention facility";

(b) in subsection (6) by adding "bed-based" **after** "or a".

NOTE: (56) Section 79 presently reads in part:

(5) If a leave of absence is granted, a police officer or peace officer may convey the client to another location in accordance with the leave of absence and then back to the compassionate intervention facility.

(6) If a client fails to return to a compassionate intervention facility or a community-based service provider facility after a leave of absence has expired, this shall be treated as an absence without leave under section 52 or substantial non-compliance with a community-based care plan order under section 54, as the case may be.

(57) The following is added after section 79:

Therapeutic passes

79.1(1) A client may temporarily leave a compassionate intervention facility or bed-based community-based service provider facility if a therapeutic pass is issued to the client by the medical director or designated supervisor of the community-based service provider, as the case may be.

(2) A therapeutic pass may be applied for, granted, amended or revoked in accordance with the regulations.

(3) A therapeutic pass provides the authorities established by the regulations.

(4) If a therapeutic pass is granted, a police officer, a peace officer or the treatment team may convey the client to another location in accordance with the therapeutic pass and then back to the compassionate intervention facility or community-based service provider facility, as the case may be.

(5) If a client fails to return to a compassionate intervention facility or a community-based service provider facility after a

therapeutic pass has expired, this shall be treated as an absence without leave under section 52 or substantial non-compliance with a community-based care plan order under section 54, as the case may be.

NOTE: (57) Therapeutic passes.

(58) Section 80 is repealed and the following is substituted:

Right to refuse treatment

80(1) In this section and sections 80.1 and 80.2, "category of drugs" means a category of drugs as described in the regulations.

(2) Subject to subsections (3) and (4), a client who has capacity has the right to refuse treatment.

(3) A client does not have the right to refuse the following forms of treatment:

(a) to be observed, monitored and assessed by a treatment team;

(b) to be provided with clinical advice.

(4) Subject to the regulations, a client does not have the right to refuse to be administered a Schedule 1 drug within the meaning of the *Pharmacy and Drug Act* or a drug specified by the regulations if

(a) the client's treatment team has received the Commission's authorization under section 80.1 or 80.2 for the administration of the drug, or a category of drugs that includes that drug, to the client, and

(b) the drug is administered by a regulated member of a regulated profession under the *Health Professions Act* that is authorized under that Act to administer the drug.

Application for authorization

80.1(1) When an assessment report is submitted by a treatment team under section 39(1)(c), a qualified health professional who is a member of that treatment team may, at the same time the assessment report is submitted, submit an application, in the form

established by the Minister, for authorization for a drug or a category of drugs to be administered to a client by a regulated member of a regulated profession under the *Health Professions Act* without that client's consent in accordance with section 80(4).

(2) The application must

(a) identify the drug or category of drugs that the qualified health professional is seeking authorization to be administered to the client without the client's consent,

(b) identify the nature of the proposed treatment,

(c) identify the rationale for seeking the Commission's authorization for the administration of the drug or category of drugs to the client without the client's consent,

(d) identify the clinical rationale for the authorization being applied for, and

(e) include any supporting information prescribed by the regulations.

(3) The application will be considered as part of the care plan hearing relating to the client, and the hearing panel may authorize the administration of a drug or category of drugs to a client without that client's consent as part of the care plan order for the client if the hearing panel is satisfied that the following criteria are met:

(a) the client has been appropriately assessed by the qualified health professional;

(b) the administration of the drug or category of drugs identified in the application is medically necessary and likely to provide a benefit in relation to the client's substance use or addiction or a concurrent mental disorder;

(c) the potential benefits of administering the drug or category of drugs identified in the application outweigh the risk of harms;

(d) the administration of the drug or category of drugs identified in the application represents the least restrictive and least intrusive option available.

(4) Notwithstanding the requirements for informed consent in standards of practice of regulated professions established under section 3(1) of the *Health Professions Act*, a regulated member of a regulated profession under the *Health Professions Act* may provide treatment without consent in accordance with this section, including administering a drug as authorized by the Commission under this section.

Application after care plan order

80.2(1) If a qualified health professional determines after a care plan order has been issued for a client that the administration of a Schedule 1 drug or a drug specified by the regulations is medically necessary and likely to provide a benefit in relation to the client's substance use or addiction or a concurrent mental disorder, the qualified health professional may submit an application to the Commission, in the form established by the Minister, for authorization for the administration of a drug or category of drugs to a client by a regulated member of a regulated profession under the *Health Professions Act* without that client's consent in accordance with section 80(4).

(2) The application must identify and include the things set out in section 80.1(2).

(3) A progress report prepared in accordance with the regulations must be submitted with the application.

(4) The application will be considered by a care plan review hearing panel convened in accordance with section 56(1), and the hearing panel may authorize the administration of a drug or category of drugs to a client without that client's consent as part of an amended care plan order for the client if the hearing panel is satisfied that the criteria set out in section 80.1(3) are met.

(5) Notwithstanding the requirements for informed consent in standards of practice of regulated professions established under section 3(1) of the *Health Professions Act*, a regulated member of a regulated profession under the *Health Professions Act* may provide treatment without consent in accordance with this

section, including administering a drug as authorized by the Commission under this section.

NOTE: (58) Section 80 presently reads:

80(1) Subject to subsection (2), a client who has capacity has the right to refuse treatment.

(2) A client does not have the right to refuse the following forms of treatment:

(a) to be observed, monitored and assessed by a treatment team;

(b) to be provided with clinical advice;

(c) subject to the regulations, to be administered a Schedule 1 drug within the meaning of the Pharmacy and Drug Act or any other drug specified in the regulations, if

(i) authorized by the Commission in the client's assessment order or care plan order,

(ii) administered by a regulated member of a regulated profession under the Health Professions Act that is authorized under that Act to administer the drug, and

(iii) administered for the purpose of treating the client's substance use or addiction.

(3) Notwithstanding the requirements for informed consent in standards of practice of regulated professions established under section 3(1) of the Health Professions Act, a regulated member of a regulated profession under the Health Professions Act may provide treatment without consent in accordance with this section, including administering a drug as authorized by the Commission under this section.

(59) Section 81 is amended

(a) in subsection (1) by striking out "section 80(2)" **and substituting** "section 80(3) and (4)";

(b) by repealing subsection (3)(a);

(c) in subsection (4) by striking out "section 80(2)" **and substituting** "section 80(3) and (4)";

(d) in subsection (7) by striking out "section 80(2)" **and substituting** "section 80(3) or (4)".

NOTE: (59) Section 81 presently reads in part:

81(1) If a treatment team determines that an adult client lacks capacity, the following may make treatment decisions on behalf of the client, subject to section 80(2) and subsection (5):

(3) For the purposes of subsection (1)(c), the family member that may make a treatment decision on behalf of an adult client must be determined by applying the following order:

(a) the adult's guardian, if any;

(4) Unless a treatment team has determined that a minor has capacity, the following may make treatment decisions on behalf of a minor, subject to section 80(2) and subsection (5):

(7) If a person making a treatment decision on behalf of the client does not consent to a treatment, the treatment must not be provided to the client unless the treatment cannot be refused under section 80(2).

(60) Section 83 is repealed and the following is substituted:

Codes, standards, rules and guidelines

83(1) A code, standard or rule or guidelines that apply to treatment teams, compassionate intervention facility service providers or community-based service providers may be established in the regulations.

(2) The regulations may adopt or incorporate, in whole or in part or with modifications, a code, standard or rule or guidelines developed by the Minister, including a code, standard or rule or guidelines established by the Minister under subsection (5).

(3) A code, standard or rule or guidelines may be adopted or incorporated under subsection (2) as the code, standard or rule or guidelines read on a specific date or as amended from time to time.

(4) Where a code, standard or rule or guidelines are adopted or incorporated by a regulation made under subsection (2), the Minister shall ensure that a copy of the code, standard or rule or guidelines is readily available to the public.

(5) The Minister may, in accordance with the regulations, if any, establish and amend a code, standard or rule or guidelines that apply to treatment teams, compassionate intervention facility service providers and community-based service providers.

(6) As soon as practicable after establishing or amending a code, standard or rule or guidelines, the Minister must make the code, standard or rule or guidelines or the amendment, as the case may be, readily available to the public.

(7) A treatment team, compassionate intervention facility service provider or community-based service provider must comply with any code, standard or rule that applies to them.

(8) The *Regulations Act* does not apply to a code, standard or rule or guidelines established by the Minister under subsection (5).

NOTE: (60) Section 83 presently reads:

83(1) Rules, standards and codes that apply to treatment teams, compassionate intervention facility service providers and community-based service providers may be established in the regulations.

(2) A treatment team, compassionate intervention facility service provider and community-based service provider must comply with any rules, standards or codes that apply to them.

(61) Section 87 is amended

(a) in subsection (5)

(i) by striking out "organization as defined in the *Personal Information Protection Act*, a public body as defined in the *Protection of Privacy Act* or a custodian as defined in the *Health Information Act*" **and substituting** "organization, public body or custodian";

(ii) by striking out "by the Commission";

(iii) by striking out "under section 32" **and substituting** "or information under section 26.7 or 32";

(iv) by adding "or information" **after** "the records";

(b) in subsection (6)

(i) by striking out "organization as defined in the *Personal Information Protection Act*, public body as defined in the *Protection of Privacy Act* or custodian as defined in the *Health Information Act*" **and substituting** "organization, public body or custodian";

(ii) by adding "or information" **after** "produce records";

(iii) by adding "26.7(2) or" **after** "section" **wherever it occurs;**

(iv) by adding "indirectly" **before** "collect";

(c) in subsection (7)

(i) by adding "an inspector appointed under section 89," **after** "Advocate,";

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

(v) records or information collected under section 26.7 or 32,

NOTE: (61) Section 87 presently reads in part:

(5) A person, an organization as defined in the Personal Information Protection Act, a public body as defined in the Protection of Privacy Act or a custodian as defined in the Health Information Act who is ordered by the Commission to produce records under section 32 must disclose the records

to the Commission or statutory director, as specified in the order.

(6) If the Commission orders any person, organization as defined in the Personal Information Protection Act, public body as defined in the Protection of Privacy Act or custodian as defined in the Health Information Act to produce records to the statutory director under section 32(2), the statutory director may, for the purposes referred to in section 32(2), collect individually identifying health information and personal information respecting a client without the client's consent and disclose that information to the Commission.

(7) The statutory director, the Commission, the medical director, a treatment team, a designated supervisor, the Mental Health Patient Advocate, the Minister and the Minister's representative may indirectly or directly collect, use and disclose individually identifying health information and personal information about an individual without that individual's consent for the following purposes:

(a) to enable each person to exercise that person's powers and perform that person's duties and functions under this Act respecting

(v) records collected under section 32,

(62) Section 89 is repealed and the following is substituted:

Monitoring and inspections

89(1) The Minister may appoint inspectors for the purposes of monitoring and ensuring compliance with this Act, the regulations and orders issued under this Act.

(2) For the purposes of monitoring and ensuring compliance with this Act, the regulations and orders issued under this Act, an inspector may, subject to subsection (3), at any reasonable time, enter, without a warrant, a compassionate intervention facility or facility of a community-based service provider to conduct an inspection.

(3) An inspector must give at least 2 hours' notice of the time and place of the inspection to the operator of the facility that will be the subject of an inspection under subsection (2).

(4) Subject to subsection (5), where an inspector has reasonable grounds to believe that a person has contravened this Act, the regulations or an order issued under this Act and that evidence of the contravention will be found in or on any premises or place, the inspector may, at any reasonable time, enter, without a warrant, the premises or place to conduct an investigation.

(5) An inspector shall not enter

(a) any area reserved for the exclusive use of a client of a compassionate intervention facility or a community-based service provider to conduct an investigation except with a warrant obtained under section 89.2 or the consent of the client, the client's legal counsel, if any, or a guardian of the client, or

(b) a private dwelling to conduct an inspection or investigation except with the consent of the occupant of the private dwelling or a warrant obtained under section 89.2.

(6) For the purposes of subsection (5), an area reserved for the exclusive use of a client of a compassionate intervention facility or a community-based service provider is not a private dwelling.

(7) On entering any premises or place, an inspector must carry identification in the form established by the Minister and present it on request to the owner, operator or occupant of the premises or place that is the subject of the inspection or investigation.

(8) An inspector may require any person to provide access to or assist the inspector with obtaining access to a facility, premises or place for the purposes of an inspection or investigation.

(9) An inspector may exercise any other powers and has any other duties established by the regulations.

Obstructing an inspection or investigation

89.1 No person shall hinder, obstruct or interfere with or attempt to hinder, obstruct or interfere with an inspector conducting an inspection or investigation, or provide an inspector

with false information on matters relevant to an inspection or investigation.

Warrant

89.2 Where a justice of the peace or judge of the Court of Justice is satisfied by information on oath by an inspector that there are reasonable grounds to believe that a person has contravened this Act, the regulations or an order issued under this Act, and that evidence of that offence is likely to be found, the justice of the peace or the judge of the Court of Justice may issue a warrant to authorize an inspector to do either or both of the following:

(a) enter and search any place or premises named in the warrant;

(b) seize and remove anything that may be evidence of a contravention of the Act, regulations or order.

Inspector orders

89.3(1) Where an inspector is of the opinion that this Act, the regulations or an order issued under this Act have been or are being contravened, an inspector may, in writing, do one or more of the following:

(a) order a compassionate intervention facility service provider, community-based service provider or any other person to take measures specified in an order within the period specified in the order;

(b) order the service provider or any other person to do one or more of the following, either permanently or for the period specified in the order:

(i) cease the contravention as specified in the order;

(ii) stop any activity as specified in the order.

(2) Where, in the opinion of the inspector, it is necessary, the inspector may issue the order orally.

(3) As soon as is reasonably possible after issuing an oral order under subsection (2), the inspector shall serve a written version of the order in accordance with subsection (6).

(4) The inspector may post or direct that an order issued under subsection (1) or a notice of the requirements of an order issued under subsection (2) be posted in a particular place.

(5) An order must contain the reasons for making it.

(6) Not more than 48 hours after issuing an order, the inspector shall cause a copy of it to be served on the person to whom it is directed.

Notice to Minister

89.4 Where an inspector is of the opinion that a compassionate intervention facility service provider or community-based service provider has contravened this Act, the regulations or an order issued under this Act, the inspector may provide a report to the Minister with the inspector's recommendations, which may include a recommendation to revoke the service provider's designation as a compassionate intervention facility service provider or community-based service provider, as the case may be.

Service of notice or order

89.5 When an order is issued under section 89.3, that order may be served

(a) by personal service,

(b) by any form of mail that requires a receipt for delivery signed by the person to whom the order is directed or by a person on behalf of that person, or

(c) in any manner provided for by the regulations.

NOTE: (62) Section 89 presently reads:

89(1) The Minister may, in accordance with the regulations,

(a) enter, without a warrant, any compassionate intervention facility or community-based service provider facility, or any other premises used by a compassionate intervention facility service provider or community-based service provider other than a private dwelling, for oversight, monitoring and compliance purposes, including for the purposes of conducting investigations under this Act, and

(b) require any person to provide access to or otherwise assist the Minister with obtaining access to a premises.

(2) The Minister may exercise other oversight, monitoring and compliance powers, including investigative and enforcement powers, established by the regulations.

(63) Section 90(1) is amended by adding the following after clause (k):

(l) an inspector appointed under section 89.

NOTE: (63) Adds persons protected from liability while carrying out duties or exercising powers under this enactment.

(64) Section 93 is amended

(a) in clause (a) by striking out "sections 1(dd) and" **and substituting** "section";

(b) by repealing clauses (g) to (j);

(c) in clause (o)

(i) in subclause (i) by adding "cancellation applications, reconsideration requests," **after** "family member,";

(ii) in subclause (iv) by adding "reviewing a cancellation application or reconsideration request, conducting a reconsideration under section 26.5," **after** "assessment order,";

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

(o.1) respecting the suspension of the ability to apply for an assessment order under section 20(1)(a), including respecting

(i) the information respecting bed availability that the statutory director must receive and consider before suspending the ability to apply for an assessment order,

(ii) the circumstances in which the statutory director must end a suspension period,

(iii) the order in which applications received during a suspension period must be reviewed, and

(iv) notice requirements relating to a suspension period and the end of a suspension period;

(e) by repealing clauses (p) and (q) and substituting the following:

(p) respecting the deferral of forwarding an application for an assessment order to the Commission under section 20(1)(b), including respecting

(i) the information respecting bed availability that the statutory director must receive and consider before deferring forwarding an application to the Commission,

(ii) the circumstances in which the statutory director must proceed to forward an application to the Commission,

(iii) the maximum period in which forwarding an application may be deferred before forwarding the application to the Commission,

(iv) what must occur if an application is not forwarded to the Commission before the maximum period expires,

(v) the circumstances in which an application must be dismissed following a deferral, and

(vi) notice requirements respecting a deferral;

(q) respecting the deferral of forwarding an application for an assessment order to the Commission under section 20(2), including respecting

(i) the circumstances in which the statutory director must defer forwarding an application for an assessment order to the Commission,

(ii) the circumstances in which the statutory director must proceed to forward an application to the Commission,

(iii) the order in which applications that were not forwarded to the Commission must be forwarded to the Commission,

(iv) the maximum period in which forwarding an application may be deferred before forwarding the application to the Commission,

(v) what must occur if an application is not forwarded to the Commission before the maximum period expires, and

(vi) notice requirements respecting a deferral;

(q.1) respecting the administration of deferrals under section 20(1)(b) and (2), including respecting applicable timelines, roles and responsibilities;

(f) in clause (s) by striking out "and" **at the end of subclause (iii), adding** "and" **at the end of subclause (iv) and adding the following after subclause (iv):**

(v) notice requirements respecting a deferral;

(g) in clause (w) by adding ", cancellation" **after** "amendment";

(h) in clause (aa)

(i) by adding "or information" **after** "records";

(ii) by adding "26.7 or" **after** "section";

(i) by repealing clauses (rr) and (ss) and substituting the following:

(rr) respecting leaves of absence and therapeutic passes, including respecting applications for a leave of absence

or therapeutic pass, the granting, amending, revoking and extending of a leave of absence, the granting, amending and revoking of a therapeutic pass, records relating to a leave of absence or therapeutic pass, notice relating to a leave of absence or therapeutic pass and the authorities provided by a leave of absence or therapeutic pass;

(ss) respecting the administration of drugs to a client without consent, including

(i) respecting the meaning of the term "category of drugs" for the purposes of sections 80, 80.1 and 80.2,

(ii) respecting a client's right to refuse to be administered a drug,

(iii) specifying drugs for the purpose of section 80(4), and

(iv) prescribing information that must be included with an application under section 80.1 or 80.2;

(j) by repealing clause (uu) and substituting the following:

(uu) establishing a code, standard or rule or guidelines that apply to treatment teams, compassionate intervention facility service providers or community-based service providers;

(uu.1) adopting or incorporating, in whole or in part or with modifications, a code, standard or rule or guidelines developed by the Minister;

(uu.2) respecting the establishment or amendment of a code, standard or rule or guidelines by the Minister;

(k) by repealing clause (bbb) and substituting the following:

(bbb) respecting the powers and duties of an inspector for the purpose of section 89(9) and service of an inspector's order under section 89.5;

NOTE: (64) Section 93 presently reads in part:

93 The Minister may make regulations

(a) prescribing certifications and programs for the purposes of sections 1(dd) and 12(2);

(g) designating or respecting the designation of

(i) facilities or parts of facilities as compassionate intervention facilities, and

(ii) service providers as compassionate intervention service providers;

(h) designating or respecting the designation of whether a compassionate intervention facility is a facility for adults or a facility for minors;

(i) respecting eligibility to be designated as a community-based service provider;

(j) designating community-based service providers and whether a community-based service provider is a bed-based community-based service provider or a non-bed-based community-based service provider;

(o) respecting rules and procedures for the conduct of the Commission's business and hearings, including respecting

(i) the receipt and administration of applications for assessment orders, applications to be designated as a family member, requests for the review of care plan orders, applications for a discharge order and appeals,

(iv) how a member of the Commission will be selected for the purposes of considering an application to be designated as a family member, reviewing an application for an assessment order, reviewing an application for a discharge order, conducting a non-compliance review, reviewing an application for the review of a care plan order or reviewing an appeal,

(p) respecting the deferral of the review of an application for an assessment order by the statutory director under section 20, including respecting

(i) the information respecting bed availability the statutory director must receive before deferring an application,

(ii) the circumstances in which the statutory director must proceed to review an application,

(iii) the order in which deferred applications must be reviewed, and

(iv) notice requirements respecting a deferral;

(q) respecting the deferral of the review of an application for an assessment order by the statutory director under section 21, including respecting

(i) the circumstances in which an application may be deferred,

(ii) the circumstances in which the statutory director must proceed to review an application,

(iii) the maximum period in which an application may be deferred before being considered, and

(iv) what must occur if an application is not considered before the maximum period expires;

(s) respecting the deferral of the review of an application for an assessment order by the Commission under section 26, including respecting

(iii) the maximum period in which an application may be deferred before being considered, and

(iv) what must occur if an application is not considered before the maximum period expires;

(w) respecting procedures relating to the issuance, renewal, amendment or termination of apprehension orders, assessment orders and care plan orders;

(aa) prescribing records that the Commission may order the production of under section 32;

(rr) respecting leaves of absence including respecting applications for leave, the granting, amending, revoking and extending of a leave of absence, records relating to a leave of absence, notice relating to a leave of absence and the authorities provided by a leave of absence;

(ss) respecting the administration of drugs for the purposes of section 80(2);

(uu) establishing and respecting rules, standards and codes that apply to treatment teams, compassionate intervention facility service providers and community-based service providers for the purposes of this Act;

(bbb) respecting the Minister's powers respecting oversight, monitoring and compliance, including regulations providing and respecting the power to

(i) access a compassionate intervention facility, facility of a compassionate intervention facility service provider or facility of a community-based service provider for oversight, monitoring and compliance purposes,

(ii) require the production of, to examine, to make copies of and to remove any records,

(iii) inspect and take samples of any material, product or thing, to perform tests and to take photographs or make recordings,

(iv) access electronic data processing equipment at or in respect of any premises and to direct any person to assist the inspector with the use of the equipment,

(v) make inquiries of any person and to demand a response from that person,

(vi) order a compassionate intervention facility service provider, community-based service provider or any other person to take measures as specified in an order within the period specified in the order, and

(vii) apply for court orders in support of the exercise of the Minister's powers;

Health Professions Act

Amends RSA 2000 cH-7

3(1) The *Health Professions Act* is amended by this section.

NOTE: 3(1) Amends chapter H-7 of the Revised Statutes of Alberta 2000.

(2) Section 1.95(3) and (4)(b) are amended by striking out "Minister of Primary and Preventative Health Services" **and substituting** "Minister".

NOTE: (2) Section 1.95(3) and (4)(b) presently read:

1.95(3) An order made under section 1.93 of this Act, including Ministerial Order No. 31/2025 made by the Minister of Primary and Preventative Health Services, is deemed to be a provision of this Act.

(4) For greater certainty, subsection (1) applies to

(b) an order made under section 1.93 of this Act, including Ministerial Order No. 31/2025 made by the Minister of Primary and Preventative Health Services.

(3) Section 40(2)(c) is amended by striking out "set out in the regulations" **and substituting** "provided for in the standards of practice".

NOTE: (3) Section 40(2)(c) presently reads:

(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

(c) to suspend the practice permit of the regulated member until the member has successfully completed the continuing competence requirements set out in the regulations or is enrolled in a program of studies provided for in the regulations or in a substantially equivalent program, or

(4) Section 51(1)(a) is repealed and the following is substituted:

(a) is one or more of the following:

(i) an approved hospital as defined in the *Provincial Health Agencies Act*;

(ii) a continuing care home as defined in the *Continuing Care Act*;

(iii) a correctional institution as defined in the *Corrections Act*;

(iv) a facility as defined in the *Mental Health Act*;

(v) a diagnostic or treatment centre made available under section 49(1)(b) of the *Mental Health Act*;

(vi) a facility that provides care, treatment or shelter and is funded, wholly or partly, by the Department of Children and Family Services;

(vii) a premises where a child care program as defined in the *Early Learning and Child Care Act* is offered or provided;

(viii) an institution or facility operated by or approved by the Minister,

or

NOTE: (4) Section 51(1)(a) presently reads:

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 Provincial Health Agencies Act, a continuing care home as defined in the Continuing Care 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, or

(5) Section 132.1 is amended by striking out "Minister of Health" **and substituting** "Minister".

NOTE: (5) Section 132.1 presently reads:

132.1 Before the council approves or removes the approval from a program of study or an educational course under section 3, the council must consult with the Minister of Health and the Minister of Advanced Education and must consider the comments received from those Ministers.

Health Statutes Amendment Act, 2025

Amends SA 2025 c10

4(1) The *Health Statutes Amendment Act, 2025* is amended by this section.

NOTE: 4(1) Amends chapter 10 of the Statutes of Alberta, 2025.

(2) Section 45(45) is repealed.

NOTE: (2) Section 45(45) presently reads:

(45) Section 26 is amended by striking out "or regional health authority".

(3) Section 47(2)(b) and (h), (4)(d) to (g), (5), (7)(b), (26)(c), (28), (29), (30), (32)(a) and (33) to (42) are repealed.

NOTE: (3) Section 47 presently reads in part:

(2) Section 1(1) is amended

(b) in clause (p) by striking out "9 or 16" and substituting "16";

(h) by repealing clause (kk);

(4) Section 5 is amended

(d) by repealing subsection (5) and substituting the following:

(5) If the Board is satisfied that the appellant or the Minister, or both, have not made a reasonable effort to resolve the matter in dispute, it may refer the matter to the Minister for further consideration and redetermination.

(e) in subsection (6)

(i) by striking out "Where the Board" and substituting "If the Board";

(ii) by striking out "regional health authority" wherever it occurs and substituting "Minister";

(f) by repealing subsections (7) and (8) and substituting the following:

(7) The Board shall provide the appellant and the Minister an opportunity to appear and make representations orally, in writing or both.

(8) The appellant and the Minister may be represented by counsel.

(g) in subsection (11)

(i) by striking out "of the regional health authority";

(ii) by striking out "and the regional health authority" and substituting "and the Minister".

(5) Sections 8 and 9 are repealed.

(7) Section 14 is amended

(b) in subsection (3) by adding "and" at the end of clause (a) and repealing clause (b).

(26) Section 58.1(c) is amended

(c) by repealing subclause (v) and substituting the following:

(v) a hospital operator other than a hospital operator that is a provincial health agency or provincial health corporation;

(28) Section 62(8) is repealed and the following is substituted:

(8) The Minister shall

(a) maintain a record of all orders issued under subsection (4)(a), (b) or (c), and

(b) subject to subsection (8.1), publish the orders or make the orders publicly available.

(8.1) An order published or made publicly available must not include individually identifying health information within the meaning of the Health Information Act.

(29) Section 63 is amended

(a) in subsection (3)

(i) by striking out "a regional health authority" and substituting "the Crown in right of Alberta";

(ii) by striking out "the regional health authority" and substituting "the Crown in right of Alberta";

(b) in subsection (4)

(i) by striking out "a regional health authority" and substituting "the Crown in right of Alberta";

(ii) by striking out "by the regional health authority" and substituting "by the Crown in right of Alberta";

(iii) by striking out "the secretary of the regional health authority" and substituting "an employee of the Government";

(c) in subsection (7) by striking out "regional health authority" and substituting "Crown in right of Alberta";

(d) in subsections (8) and (9) by striking out "a regional health authority" and substituting "the Crown in right of Alberta".

(30) Sections 64(1) and (2) and 65(1) and (2) are amended by striking out "regional health authority" and substituting "Minister".

(32) Section 66.1(1) is amended

(a) by repealing clause (b);

(33) Section 66.2(1) is amended by striking out ", a regional health authority".

(34) Section 74 is amended by striking out the portion preceding clause (a) and substituting the following:

74 The Minister may publish the following documents in the manner the Minister considers appropriate:

(35) In this subsection and in subsections (36) to (42), "former Act" means the Public Health Act as it read immediately before the coming into force of this section.

(36) On the coming into force of this section,

(a) a decision referred to in section 5(1)(b) of the former Act is deemed to be a decision of the Minister,

(b) a regional health authority must, as soon as practicable, provide the Minister with any existing notice of appeal served on the regional health authority in accordance with section 5(3) of the former Act, and

(c) an appeal commenced under the former Act continues under section 5 of the Public Health Act as it reads on the coming into force of this section.

(37) On the coming into force of this section, an appointment made under section 9 of the former Act that was in effect immediately before the coming into force of this section continues in effect as if it were made by the Minister under section 16 of the Public Health Act.

(38) On the coming into force of this section, an order made by a regional health authority under section 52.2 of the former Act that was in effect immediately before the coming into force of this section continues in effect as if it were made by the Minister under section 52.2 of the Public Health Act as it reads on the coming into force of this section.

(39) On the coming into force of this section, a regional health authority must, as soon as practicable, provide the Minister with the record of all orders issued as referred to in section 62(8) of the former Act.

(40) On the coming into force of this section, any debt owing to a regional health authority under section 63 of the former Act becomes a debt owing to the Crown in right of Alberta under section 63 of the Public Health Act as it reads on the coming into force of this section.

(41) On the coming into force of this section, a notice of health hazard

(a) filed under section 64 of the former Act that was in effect immediately before the coming into force of this section continues in effect as if it were filed by the Minister under section 64 of the Public Health Act as it reads on the coming into force of this section, and

(b) submitted by a regional health authority under section 65 of the former Act that was in effect immediately before the coming into force of this section continues in effect as if it were submitted by the Minister under section 65 of the Public Health Act as it reads on the coming into force of this section.

(42) On the coming into force of this section,

(a) an application to the Court of King's Bench by a regional health authority under section 66.2 of the former Act made before the coming into force of this section that was not decided on the coming into force of this section continues as if it were made by the Minister, and

(b) an order made by the Court of King's Bench under section 66.2 of the former Act that was in effect immediately before the coming into force of this section continues in effect and

(i) a reference in the order to a regional health authority is deemed to be a reference to the Minister, and

(ii) the order may be enforced by the Minister.

Health Statutes Amendment Act, 2025 (No. 2)

Amends SA 2025 c21

5(1) The *Health Statutes Amendment Act, 2025 (No. 2)* is amended by this section.

NOTE: 5(1) Amends chapter 21 of the Statutes of Alberta, 2025.

(2) Section 16(3) is repealed.

NOTE: (2) Section 16(3) presently reads:

(3) Section 5(1) is amended by striking out "and" at the end of clause (a) and adding the following after clause (a):

(a.1) a notice of administrative penalty issued under section 72.1, and

Labour Relations Code

Amends RSA 2000 cL-1

6(1) The *Labour Relations Code* is amended by this section.

NOTE: 6(1) Amends chapter L-1 of the Revised Statutes of Alberta 2000.

(2) Section 1(1) is amended by adding the following after clause (o):

(o.1) "functional group" means a functional group established by the regulations made under section 58.9;

NOTE: (2) Adds definition.

(3) Section 35.1(2) is repealed and the following is substituted:

(2) Subsection (1) does not apply in respect of a bargaining unit for a functional group.

NOTE: (3) Section 35.1(2) presently reads:

(2) Subsection (1) does not apply in respect of a region-wide functional bargaining unit established under section 162.1 and the regulations under that section.

(4) Section 48(1) is amended by adding the following after clause (e):

(f) a provincial health agency, or

(g) a provincial health corporation.

NOTE: (4) Adds to definition of governing body.

(5) The following is added after section 58.7:

Division 9.2
Public Health Care Bargaining

Bargaining units for functional groups

58.8 A bargaining unit for the employees of a regional health authority, provincial health agency or provincial health corporation shall consist of all employees of that regional health authority, provincial health agency or provincial health corporation, respectively, who are represented by a bargaining agent and employed in the same functional group.

Regulations

58.9 The Lieutenant Governor in Council may make regulations respecting the establishment of functional groups for the purposes of section 58.8.

Provisions re Provincial Health Agencies Act

58.91(1) In this section,

(a) "current bargaining agent" means a certified bargaining agent under this Act that was a successor bargaining agent;

(b) "current employer" means an employer under this Act that was a successor employer;

(c) "current unit or bargaining unit" means a unit or bargaining unit under this Act that was a successor bargaining unit;

(d) "successor bargaining agent" means a successor bargaining agent as defined in Part 3, Division 4 of the *Provincial*

Health Agencies Act as it read immediately before the coming into force of this section;

(e) "successor bargaining unit" means a successor bargaining unit as defined in Part 3, Division 4 of the *Provincial Health Agencies Act* as it read immediately before the coming into force of this section;

(f) "successor employer" means a successor employer as defined in Part 3, Division 4 of the *Provincial Health Agencies Act* as it read immediately before the coming into force of this section;

(g) "transitional period" means transitional period as defined in Part 3, Division 4 of the *Provincial Health Agencies Act* as it read immediately before the coming into force of this section.

(2) On the expiry of the transitional period,

(a) a successor bargaining agent continues as the current bargaining agent for the employees of the current employer in the current unit or bargaining unit,

(b) a successor bargaining unit continues as the current unit or bargaining unit for the employees of the current employer in the same functional group,

(c) a certificate granted by the Board to a successor bargaining agent under section 5.097 of the *Provincial Health Agencies Act* as it read immediately before the coming into force of this section continues as a certificate under this Act with respect to the current bargaining agent and the current unit or bargaining unit in respect of which the successor bargaining agent was certified, and

(d) a collective agreement entered into between a successor bargaining agent and a successor employer during the transitional period continues as a collective agreement between the current bargaining agent and the current employer.

NOTE: (5) Division 9.2 Public Health Care Bargaining.

(6) Sections 73(a.1) and 74(a.1) are amended by striking out "or (i)" **and substituting** ", (i) or (j)".

NOTE: (6) Sections 73(a.1) and 74(a.1) presently read in part:

73 An employee, bargaining agent or person acting on behalf of a bargaining agent is entitled to strike or cause a strike if

(a.1) in the case of an employee and bargaining agent referred to in section 95.2(1)(a), (a.1), (b), (b.1), (d), (d.1), (e), (f), (g), (g.1), (h) or (i),

74 An employer or employers' organization is entitled to cause a lockout if

(a.1) in the case of an employer referred to in section 95.2(1)(a), (a.1), (b), (b.1), (d), (d.1), (e), (f), (g), (g.1), (h) or (i),

(7) Part 2.1 is repealed.

NOTE: (7) Part 2.1 presently reads:

Part 2.1

Special Provisions Regarding Regional Health Authorities

162.1(1) The Lieutenant Governor in Council may make regulations

(a) providing for the establishment of region wide functional bargaining units as bargaining units for the purposes of this Act for all regional health authorities and their employees who are represented by a bargaining agent;

(b) governing the manner in which a bargaining agent and a receiving collective agreement are selected for each of the region wide functional bargaining units, whether with or without a vote of employees, including, without limitation, regulations

(i) establishing types of collective agreements from which the receiving collective agreement for a region wide functional bargaining unit will be selected;

(ii) respecting the manner of determining from which type of collective agreement the receiving collective agreement for a region wide functional bargaining unit will be selected;

(iii) respecting the manner of determining which trade unions are eligible trade unions for the purposes of a vote by employees to select a bargaining agent for a region wide functional bargaining unit, and respecting the circumstances under which such a vote may or must be conducted;

(iv) respecting the conduct of votes on any issue related to the selection of a bargaining agent or a receiving collective agreement;

(c) providing for the continuation of existing collective agreements;

(d) requiring employers and bargaining agents selected under this Part to bargain collectively in good faith and to make every reasonable effort to negotiate amendments to the receiving collective agreements selected under this Part so that the receiving collective agreements will contain terms and conditions of employment for all employees in the region wide functional bargaining unit, and governing the means by which that is to be accomplished, including, without limitation, the method by which contentious issues between the parties are to be resolved;

(e) authorizing the Board to hear and determine a complaint that a party has failed to comply with a regulation under clause (d) and to remedy that failure in the same manner as it may remedy a failure to comply with section 60;

(f) authorizing the Board to make binding determinations as to terms and conditions to be included in a receiving collective agreement where the parties are unwilling or unable to do so;

(g) authorizing the Board to deem affiliated local unions of the same parent trade union to be one trade union for the purposes of this Part;

(h) requiring affiliated local unions of the same parent trade union to act as a single trade union for the purposes of this Act and to adopt rules and procedures for that purpose;

(i) authorizing the Board to do anything that a trade union, employer or employers' organization is required to do under the regulations or by the Board and fails or refuses to do;

(j) providing for any transitional matters the Lieutenant Governor in Council considers necessary to ensure the transition from the implementation of this Part to collective bargaining under this Act generally.

(2) A power or duty conferred on the Board in regulations under this section shall be construed as being in addition to the other powers and duties of the Board under this Act and not as limiting those powers and duties unless the contrary intention is expressly stated in the regulations or arises by necessary implication.

(3) The Board may hear any matter or conduct any business under this Part through the chair or a vice chair sitting alone.

(4) Where this Act or the regulations provide that the Board may do anything or exercise any power on the application of any person or body, the Board may, for the purposes of this Part and the regulations, also exercise that power on its own motion.

(5) Regulations under this section may be expressed to come into force on a date before the date on which they are filed, but not earlier than April 1, 2003.

162.2(1) In this section, "prescribed entity" means a regional health authority, the Alberta Mental Health Board, the Alberta Cancer Board or any other entity.

(2) Notwithstanding any other enactment or the terms of any collective agreement, the Lieutenant Governor in Council may make regulations providing that, in the circumstances and subject to the terms and conditions set out in the regulations, employees of a prescribed entity are not entitled to severance pay, termination pay or other compensation as a result of a change in governance or restructuring of the prescribed entity.

(8) This section comes into force on January 1, 2027.

NOTE: (8) Coming into force.

Mental Health Act

Amends RSA 2000 cM-13

7(1) The *Mental Health Act* is amended by this section.

NOTE: 7(1) Amends chapter M-13 of the Revised Statutes of Alberta 2000.

(2) Section 1(1) is amended

(a) in clause (c)(i) by striking out "a health services sector" **and substituting** "the mental health and addiction health services sector";

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

(j) "patient" means a person admitted to a facility for the purpose of receiving diagnostic or treatment services under this Act;

NOTE: (2) Section 1(1) presently reads in part:

1(1) In this Act,

(c) "board" means

(i) the hospital operator, with respect to a health services sector in an approved hospital that is designated in whole or in part as a facility, or

(j) "patient" means a person who is admitted to a facility as an in-patient, or as an out-patient for diagnosis or treatment services, or both;

(3) Section 14(1)(c) is amended by striking out "provide the patient" **and substituting** "provide the formal patient".

NOTE: (3) Section 14(1)(c) presently reads in part:

14(1) When 2 admission certificates or 2 renewal certificates are issued with respect to a patient,

(c) the board shall provide the patient, the patient's guardian, if any, one person designated by the patient and, unless the patient objects on reasonable grounds, the patient's nearest relative with

(4) Section 17 is amended

(a) in subsection (7)(n)(i) and (q)(i) by striking out "patient or the patient's legal representative" **and substituting** "person to whom the health information relates or the person's legal representative";

(b) in subsection (9) by striking out "patient" **wherever it occurs and substituting** "person".

NOTE: (4) Section 17 presently reads in part:

(7) The Minister, a person authorized by the Minister, a board, an employee of a board or a qualified health professional may disclose any health information relating to

a person receiving diagnostic and treatment services in a centre

(n) to a person conducting an investigation, a hearing tribunal or the council of the dental profession under the Health Professions Act if

(i) an officer of the College of Dental Surgeons of Alberta makes a written request for it and the disclosure is consented to by the patient or the patient's legal representative, or

(q) to an investigator or a hearing tribunal of the psychology profession under the Health Professions Act if

(i) an officer of the College of Alberta Psychologists makes a written request for it and the disclosure is consented to by the patient or the patient's legal representative, or

(9) The person in charge of a diagnostic and treatment centre shall, after the discharge of a patient from the centre for the purpose of transferring the patient to another centre or hospital inside or outside Alberta, a nursing home outside Alberta or a continuing care home, forward to that other centre, hospital, nursing home or continuing care home copies of the appropriate records of diagnostic and treatment services provided in respect of that patient for the use of that other centre, hospital, nursing home or continuing care home.

(5) Section 48 is amended

(a) by adding the following before subsection (1):

Delegation

48(0.1) In this section, "hospital staff" means hospital staff as defined in the *Provincial Health Agencies Act*.

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

(2.1) A board referred to in section 1(1)(c)(i) may in writing delegate any of the powers, duties or functions conferred or

imposed on the board under this Act or the regulations to the hospital operator of any other health services sector in the approved hospital.

(c) by repealing subsection (3) and substituting the following:

(3) A board may in writing delegate any of the powers, duties or functions conferred or imposed on the board under this Act or the regulations to any of its employees or persons engaged for services by the board.

(4) A delegation under subsection (2.1) may include the power to subdelegate to any hospital staff of the hospital operator in the approved hospital unless the power to subdelegate is limited in the delegation.

NOTE: (5) Section 48 presently reads in part:

(3) A board may delegate to any employees or other persons on the staff of the facility any of its powers and duties under this Act or the regulations.

(6) This section comes into force on Proclamation.

NOTE: (6) Coming into force.

Pharmacy and Drug Act

Amends RSA 2000 cP-13

8(1) The *Pharmacy and Drug Act* is amended by this section.

NOTE: 8(1) Amends chapter P-13 of the Revised Statutes of Alberta 2000.

(2) Section 1(1)(j) is amended

(a) by repealing subclause (vi);

(b) by striking out "or" **at the end of subclause (vii) and by adding the following after subclause (viii):**

(ix) a facility that provides care, treatment or shelter and is funded, wholly or partly, by the Department of Children and Family Services, or

(x) a provider of a child care program as defined in the *Early Learning and Child Care Act* at the premises where the child care program is offered or provided;

NOTE: (2) Section 1(1)(j) presently reads in part:

1(1) In this Act,

(j) "institution pharmacy" means a pharmacy that is operated by

(vi) a facility as defined in section 1(1)(f.1)(ii) and (iii) of the Protection for Persons in Care Act,

Protection for Persons in Care Act

Amends SA 2009 cP-29.1

9(1) The *Protection for Persons in Care Act* is amended by this section.

NOTE: 9(1) Amends chapter P-29.1 of the Statutes of Alberta, 2009.

(2) Section 1(1) is amended

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

(d.1) "compliance officer" means an individual designated as a compliance officer under section 6.1;

(b) by repealing clause (f.1);

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

(k.1) "personal employee information" means personal employee information as defined in the *Personal Information Protection Act*;

(d) by repealing clause (l) and substituting the following:

(l) "personal information" means personal information as defined in the *Protection of Privacy Act*;

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

(m) "service provider" means a person or entity prescribed in the regulations as a service provider.

NOTE: (2) Section 1(1) presently reads in part:

1(1) In this Act,

(f.1) "facility" means

(i) a facility designated under the Mental Health Act,

(ii) a facility that provides care, treatment or shelter and that is funded, wholly or partly, by the Department of Children's Services, or

(iii) the premises where a child care program that is licensed under the Early Learning and Child Care Act is offered or provided;

(l) "personal information" means information about an identifiable individual;

(m) "service provider" means

(i) a lodge accommodation as defined in the Alberta Housing Act,

(ii) a hospital operator under the Provincial Health Agencies Act,

(iii) a facility,

(iv) a continuing care home as defined in the Continuing Care Act,

(v) a hostel or other establishment operated to provide accommodation and maintenance for unemployed or indigent persons, or

(vii) any person designated by the regulations as a service provider.

(3) Section 4(2) is amended by striking out "and an investigator" **and substituting** ", investigator and compliance officer".

NOTE: (3) Section 4(2) presently reads:

(2) The Director has all the powers of a complaints officer and an investigator under this Act.

(4) The following is added after section 6:

Compliance officers

6.1 The Minister may designate one or more individuals as compliance officers for the purposes of this Act.

NOTE: (4) Compliance officers.

(5) Section 12 is repealed and the following is substituted:

Duties and powers of an investigator

12(1) If a report of abuse is referred to an investigator by a complaints officer under section 11(5) or by the Director after a review referred to in section 11(4)(b), for the purpose of conducting an investigation, an investigator may do the following:

(a) subject to subsection (2), enter the premises of a service provider, with the permission of the person in charge of the premises, at any reasonable hour;

(b) access and examine any record or thing that could be relevant to the investigation and that is under the custody

or control of a service provider or any other person, including a record containing personal information, personal employee information, health information or financial information;

(c) remove for examination, copying or testing a record or thing that the investigator believes may be relevant to the investigation;

(d) by written notice, direct a service provider to provide a record or thing to the investigator in the manner and by the date set out in the notice;

(e) use data storage, information processing or data retrieval devices or systems used in connection with the operations of a service provider;

(f) question any person on any matter that the investigator believes may be relevant to the investigation;

(g) question an employee of a service provider, during the employee's regular hours of work or otherwise, without the service provider being present;

(h) photograph or otherwise record anything on the premises that the investigator believes may be relevant to the investigation;

(i) by written notice, direct a person to create a report from a record or thing that the investigator believes may be relevant to an investigation, in the manner and by the date set out in the notice.

(2) Before entering a private dwelling or a part of premises used as a private dwelling for the purposes of subsection (1)(a), an investigator shall obtain consent to enter the private dwelling from the occupant or the legal representative of the occupant of the private dwelling or the part of the premises used as a private dwelling.

NOTE: (5) Section 12 presently reads:

12(1) If a report of abuse is referred to an investigator by a complaints officer under section 11(5) or by the Director after a review referred to in section 11(4)(b), for the purpose

of conducting an investigation an investigator may, subject to subsection (2), enter the premises of a service provider, with the permission of the person in charge of the premises, at any reasonable hour, and may

(a) interview the client or any person who can provide any information relevant to the investigation,

(b) access all records that could be relevant to the investigation that are under the custody or control of the service provider or any other person, including records containing personal information, health information or financial information, for the purpose of inspecting them, making copies of them or taking extracts from them,

(c) require the production for examination of any equipment and temporarily remove the equipment for the purpose of examining or testing the equipment, and

(d) photograph or otherwise record anything in the premises that the investigator considers would be of assistance.

(2) Before entering a private dwelling or a part of premises used as a private dwelling to carry out the powers described in subsection (1), an investigator shall

(a) obtain the consent of the occupant or the legal representative of the occupant of the private dwelling or the part of the premises used as a private dwelling, or

(b) obtain an order from the Court.

(6) Section 13 is amended

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

Application to Court by investigator

13(1) An investigator may apply to the Court for an order if

(a) permission is refused or cannot be reasonably obtained under section 12(1)(a),

(b) the occupant or legal representative referred to in section 12(2) refuses to permit the investigator to enter the private dwelling or the part of the premises used as a private dwelling,

(c) the person in charge of the premises or the occupant or legal representative referred to in section 12(2), as the case may be, obstructs the investigator in the exercising of the investigator's powers described in section 12(1)(b) to (i), or

(d) the investigator is of the opinion that requesting permission to enter the premises from the person in charge under section 12(1)(a), or consent to enter the private dwelling or the part of the premises used as a private dwelling from the occupant or legal representative of the occupant under section 12(2), might compromise the purpose of the investigation.

(b) in subsection (2)

(i) in clauses (a) and (b) by striking out "12(1)" **and substituting** "12(1)(b) to (i)";

(ii) in clause (c) by striking out "records or other documents" **and substituting** "record or thing".

NOTE: (6) Section 13 presently reads in part:

13(1) An investigator may apply to the Court for an order if

(a) permission is refused or cannot be reasonably obtained under section 12(1),

(b) the occupant or legal representative referred to in section 12(2)(a) refuses to permit the investigator to enter the private dwelling or the part of the premises used as a private dwelling,

(c) after permitting the investigator to enter the premises under section 12(1) or the private dwelling or the part of the premises used as a private

dwelling under section 12(2), the person in charge or the occupant or legal representative of the occupant, as the case may be, obstructs the investigator in the exercising of the investigator's powers described in section 12(1), or

(d) the investigator is of the opinion that requesting permission to enter the premises from the person in charge under section 12(1), or consent to enter the private dwelling or the part of the premises used as a private dwelling from the occupant or legal representative of the occupant under section 12(2)(a), might compromise the purpose of the investigation.

(2) On being satisfied that there are reasonable grounds to believe that a client has been abused or is being abused, the Court may make an order

(a) directing the person in charge to permit the investigator to enter the premises to carry out the powers referred to in section 12(1),

(b) directing the occupant or legal representative of the occupant to permit the investigator to enter the private dwelling or the part of the premises used as a private dwelling to carry out the powers referred to in section 12(1),

(c) directing a person to produce to the investigator any records or other documents relevant to the investigation,

(7) Section 15(1) is amended by striking out "section 14(2)" **and substituting** "section 14(2) and any evidence or information collected by the investigator or Director in accordance with this Act and the regulations relating to the report of abuse".

NOTE: (7) Section 15(1) presently reads in part:

15(1) After reviewing a report submitted under section 14(2), the Director shall

(8) Section 17 is repealed and the following is substituted:

Appeal panel

17(1) A complainant, service provider, client or individual involved may appeal the Director's decision under section 15 by serving the Minister with a notice of appeal, in the form and manner determined by the Minister, within 15 days after being notified of the decision.

(2) The Minister shall, within 30 days after being served with the notice of appeal, appoint an appeal panel in accordance with the regulations, if any, that consists of 3 individuals, unless otherwise specified in the regulations.

(3) The Minister shall designate one of the members of the appeal panel as chair.

(4) Members of the appeal panel who are not employees of the Government may be paid remuneration, and may receive reasonable travelling and living expenses while away from their ordinary places of residence in the course of their duties as members of the appeal panel, at the rates prescribed by the Minister.

(5) The Minister may set the time within which the appeal panel is to hear an appeal and render a decision, and the Minister may extend that time.

(6) An appeal under this section must be based solely on

(a) the decision of the Director under section 15 and any information the Director collected in accordance with this Act and the regulations relating to the report of abuse, and

(b) the final report prepared and submitted by the investigator under section 14(2) and any evidence the investigator collected in accordance with this Act and the regulations relating to the report of abuse.

(7) For greater certainty, a party to an appeal shall not introduce or seek to introduce the following as evidence in the appeal:

(a) witness testimony;

(b) any other information or evidence that is not referred to in subsection (6)(a) or (b).

(8) The standard of review to be applied by the appeal panel when making a decision under this section is reasonableness.

(9) An appeal panel that hears an appeal under this section may confirm, reverse or vary the Director's decision.

(10) A decision of the appeal panel is final.

(11) A service provider or an individual involved who fails to comply with a Director's decision confirmed or varied by an appeal panel is guilty of an offence.

NOTE: (8) Section 17 presently reads:

17(1) A complainant, service provider, client or individual involved may appeal the Director's decision by serving the Minister with a notice of appeal within 15 days after being notified of the decision.

(2) The Minister shall, within 30 days after being served with the notice of appeal, appoint an appeal panel consisting of 3 individuals to hear the appeal.

(3) The Minister shall designate one of the members of the appeal panel as chair.

(4) Members of the appeal panel who are not employees of the Government may be paid remuneration, and may receive reasonable travelling and living expenses while away from their ordinary places of residence in the course of their duties as members of the appeal panel, at the rates prescribed by the Minister.

(5) The Minister may set the time within which the appeal panel is to hear an appeal and render a decision and the Minister may extend that time.

(6) An appeal panel that hears an appeal under this section may confirm, reverse or vary the Director's decision.

(7) A decision of the appeal panel is final.

(8) A service provider or an individual involved who fails to comply with a Director's decision confirmed or varied by an appeal panel is guilty of an offence.

(9) Section 18(3) is repealed and the following is substituted:

(3) No service provider or individual employed or engaged for services by a service provider shall take adverse action against an individual because that individual has

(a) complied with inquiries made by a complaints officer,

(b) cooperated with an investigator conducting an investigation, or

(c) cooperated with the Director or a compliance officer in the exercise of the Director or compliance officer's duties under this Act.

NOTE: (9) Section 18(3) presently reads:

(3) No service provider or individual employed by or engaged for services by a service provider shall take adverse action against an individual because that individual has complied with inquiries made by a complaints officer or has assisted an investigator in conducting an investigation.

(10) The following is added after section 20:

Duties and powers of a compliance officer

20.1(1) A compliance officer may conduct an inspection for the purposes of assessing whether a service provider or individual involved has complied with

(a) a Director's decision under section 15 or an appeal panel's decision under section 17, if requested by the Director to do so, or

(b) a Minister's order under section 19, if requested by the Minister or Director to do so.

(2) In conducting an inspection, a compliance officer may do the following:

(a) review any written submissions a service provider or individual involved provided to the Director, appeal panel or Minister, as the case may be;

(b) subject to subsection (3), enter the premises of a service provider, with the permission of the person in charge of the premises, at any reasonable hour;

(c) access and examine any record or thing that could be relevant to the inspection and that is under the custody or control of a service provider or any other person, including a record containing personal information, personal employee information, health information or financial information;

(d) remove for examination, copying or testing a record or thing that the compliance officer believes may be relevant to the inspection;

(e) by written notice, direct a service provider to provide a record or thing to the compliance officer in the manner and by the date set out in the notice;

(f) use data storage, information processing or data retrieval devices or systems used in connection with the operations of a service provider;

(g) question any person on any matter that the compliance officer believes may be relevant to the inspection;

(h) question an employee of a service provider, during the employee's regular hours of work or otherwise, without the service provider being present;

(i) photograph or otherwise record anything on the premises that the compliance officer believes may be relevant to the inspection;

(j) by written notice, direct a person to create a report from a record or thing that the compliance officer believes may be relevant to the inspection, in the manner and by the date set out in the notice.

(3) Before entering a private dwelling or a part of premises used as a private dwelling for the purposes of subsection (2)(b), a compliance officer shall obtain consent to enter the private dwelling from the occupant or the legal representative of the occupant of the private dwelling or the part of the premises used as a private dwelling.

Application to Court by compliance officer

20.2(1) A compliance officer may apply to the Court for an order if

(a) permission is refused or cannot be reasonably obtained under section 20.1(2)(b),

(b) the occupant or legal representative referred to in section 20.1(3) refuses to permit the compliance officer to enter the private dwelling or the part of the premises used as a private dwelling,

(c) the person in charge of the premises or the occupant or legal representative referred to in section 20.1(3), as the case may be, obstructs the compliance officer in the exercising of the compliance officer's powers described in section 20.1(2)(c) to (j), or

(d) the compliance officer is of the opinion that requesting permission to enter the premises from the person in charge under section 20.1(2)(b), or consent to enter the private dwelling or the part of the premises used as a private dwelling from the occupant or legal representative of the occupant under section 20.1(3), might compromise the purpose of the inspection.

(2) If the Court determines that it is necessary for a compliance officer to enter the premises or private dwelling to conduct an inspection, the Court may make an order

(a) directing the person in charge to permit the compliance officer to enter the premises to carry out the powers referred to in section 20.1(2)(c) to (j),

(b) directing the occupant or legal representative of the occupant to permit the compliance officer to enter the private dwelling or the part of the premises used as a

private dwelling to carry out the powers referred to in section 20.1(2)(c) to (j),

(c) directing a person to produce to the compliance officer any record or thing relevant to the inspection,

(d) directing any peace officer to assist the compliance officer in enforcing the order, and

(e) addressing any other matter as the Court considers appropriate for the purpose of assisting the compliance officer in carrying out the inspection.

(3) An application under subsection (1) may be made ex parte if the Court considers it appropriate.

Compliance officer's report

20.3 A compliance officer shall prepare and submit to the Director a report respecting the results of an inspection that includes

(a) any instances of non-compliance with the decision or order identified by the compliance officer, and

(b) if the compliance officer has identified instances of non-compliance,

(i) a recommendation, with reasons for the recommendation, that before the Director takes action under section 20.4(4) to enforce the decision or order, the Director provide guidance or clarification to the service provider or individual involved with respect to the duties of the service provider or individual involved, including the specific guidance or clarification that should be provided, or

(ii) a recommendation, with reasons for the recommendation, that the Director take action under section 20.4(4) to enforce the decision or order, if the compliance officer considers the action necessary.

Duties of Director — assessments of compliance

20.4(1) On receipt of a report from a compliance officer, the Director shall

(a) based on the report and any information collected by the Director in accordance with this Act and the regulations relating to the instance of non-compliance, determine whether the service provider or individual involved has failed to comply with a decision or order referred to in section 20.1(1), and

(b) consider any recommendation included in the report.

(2) After considering a recommendation referred to in section 20.3(b)(i), the Director may, before taking action, provide the guidance or clarification the Director considers appropriate to the service provider or individual involved with respect to the duties of the service provider or individual involved.

(3) A service provider or individual involved must comply with any guidance or clarification provided by the Director.

(4) After considering a recommendation referred to in section 20.3(b)(ii), the Director may do the following:

(a) provide written notice to the service provider or individual involved, in the form and manner determined by the Director, that the Director will be applying for an order under clause (b) if the service provider or individual involved does not comply with the decision or order within the period specified by the Director in the notice;

(b) apply to the Court for an order requiring the service provider or individual involved to comply with the decision or order.

(5) For the purposes of subsection (4)(b), the Court may impose any terms and conditions on an order that the Court considers appropriate.

(6) A decision of the Director under this section is final.

Additional inspections and reassessment of compliance

20.5(1) If a Director provides guidance or clarification to a service provider or individual involved in accordance with section 20.4(2), a compliance officer may, if requested by the Director, conduct an inspection in accordance with section 20.1 for the following purposes:

(a) assessing whether the service provider or individual involved has complied with the guidance or clarification provided;

(b) reassessing whether the service provider or individual involved has complied with the Director's decision under section 15, the appeal panel's decision under section 17 or the Minister's order under section 19, as the case may be.

(2) Sections 20.2 to 20.4 apply with respect to an inspection conducted under this section.

NOTE: (10) Duties and powers of a compliance officer; application to Court by compliance officer; compliance officer's report; duties of Director — assessments of compliance; additional inspections and reassessment of compliance.

(11) Section 21 is repealed and the following is substituted:

Collection, use and disclosure of information

21(1) The Minister, the Director, a complaints officer, an investigator, a compliance officer or an appeal panel may

(a) collect personal information, personal employee information, health information or financial information for the purposes of exercising or performing their powers, duties and functions under this Act and the regulations, and

(b) use or disclose personal information, personal employee information, health information or financial information collected under this Act or the regulations if

(i) in the opinion of the Minister, Director, complaints officer, investigator, compliance officer or appeal panel, as the case may be, the use or disclosure of the information is necessary for the purposes of exercising or performing their powers, duties and functions under this Act and the regulations, or

(ii) the use or disclosure of the information is for the purposes of providing support to a Minister of the Crown in administering and enforcing an enactment the Minister is responsible for that regulates, funds or licenses a service provider whose information is being used or disclosed.

(2) A public body as defined in the *Access to Information Act*, a custodian as defined in the *Health Information Act* or an organization as defined in the *Personal Information Protection Act* may disclose personal information, personal employee information, health information or financial information to the following persons:

(a) a complaints officer for the purposes of section 11;

(b) an investigator for the purposes of section 12 or 19;

(c) the Director for the purposes of section 15 or 20.4;

(d) the Minister for the purposes of section 19 or 20;

(e) a compliance officer for the purposes of sections 20.1 and 20.5.

NOTE: (11) Section 21 presently reads:

21(1) The Minister, the Director, a complaints officer, an investigator or an appeal panel

(a) may collect personal information, health information and financial information for the purposes of reviewing a report of abuse or conducting an investigation with respect to a report of abuse, and

(b) may use or disclose personal information, health information or financial information if the use or disclosure is necessary for the administration of this Act, and specifically,

(i) if the use or disclosure is necessary for the purposes of making an inquiry under section 11(2), conducting an investigation under section 12 or 19, making a decision under

section 15 or conducting an appeal under section 17, or

(ii) if the disclosure is for the purposes of section 11(7).

(2) A custodian within the meaning of the Health Information Act may disclose health information to a complaints officer under section 11, to an investigator under section 12 or 19 or to the Minister under section 19 for the purposes of an investigation under this Act.

(3) The Minister, the Director, a complaints officer, an investigator or an appeal panel may access, collect or obtain from any person personal information, health information or financial information about a client who is the subject of a report of abuse for the purposes of making an inquiry under section 11(2), conducting an investigation under section 12 or 19, making an application to the Court under section 13, making a decision under section 15 or conducting an appeal under section 17.

(4) A public body, a custodian or an organization may disclose personal information, health information or financial information about a client to a complaints officer for the purposes of responding to an inquiry under section 11(2), to an investigator for the purposes of an investigation under section 12 or 19, to the Director for the purposes of making a decision under section 15, to an appeal panel for the purposes of conducting an appeal under section 17 or to the Minister for the purposes of an investigation under section 19.

(12) Section 23 is repealed and the following is substituted:

Immunity

23 No action lies and no proceeding may be brought against the Crown, the Minister, the Director, a complaints officer, an investigator, a compliance officer or a committee, body or person referred to in section 22, or a person acting on behalf of them, for anything done or omitted to be done in good faith

(a) in the exercise or intended exercise of a power under this Act, or

(b) in the performance or intended performance of a duty under this Act.

NOTE: (12) Section 23 presently reads:

23 No action lies against the Minister, the Director, a complaints officer or an investigator or any person acting under the authority of the Minister, the Director, a complaints officer, an investigator or a committee, body or person to whom a report of abuse is referred under section 22, or a member or former member of or person employed or engaged by the committee, body or person, for anything done or omitted to be done in good faith in exercising powers or authority or carrying out duties, responsibilities or functions under this Act.

(13) Section 24(2) is amended by striking out "17(8)" **and substituting** "17(11)".

NOTE: (13) Section 24(2) presently reads in part:

(2) A person who is guilty of an offence under section 7(5), 10(5), 15(2), 17(8), 18(4) or 19(5) is liable

(14) Section 25(3) is amended by striking out "17(8)" **and substituting** "17(11)".

NOTE: (14) Section 25(3) presently reads:

(3) A prosecution under section 10(5), 15(2), 17(8), 18(4) or 19(5) may not be commenced more than one year after the date on which the offence was committed.

(15) Section 26(a) is repealed and the following is substituted:

(a) prescribing persons and entities or classes of persons or entities as service providers for the purposes of section 1(1)(m);

NOTE: (15) Section 26(a) presently reads:

26 The Lieutenant Governor in Council may make regulations

(a) designating a person or classes of persons as service providers under this Act;

(16) Section 27 is amended by adding the following after clause (b):

(b.1) respecting the appointment of an appeal panel for the purposes of section 17(2), including regulations respecting

(i) the manner of appointing the members of the appeal panel,

(ii) the composition and number of members of the appeal panel, and

(iii) the qualifications and requirements that must be met by a person to be a member of the appeal panel;

NOTE: (16) Adds regulation-making power.

(17) Subsections (2)(b) and (e) and (15) come into force on Proclamation.

NOTE: (17) Coming into force.

Provincial Health Agencies Act

Amends RSA 2000 cP-32.5

10(1) The *Provincial Health Agencies Act* is amended by this section.

NOTE: 10(1) Amends chapter P-32.5 of the Revised Statutes of Alberta 2000.

(2) Section 1.9769994(3) is amended by striking out "section 54(2)" **and substituting** "section 53(2)".

NOTE: (2) Section 1.9769994(3) presently reads:

> *(3) The sector Minister may, if a hospital operator fails to comply with a request made under subsection (1), suspend or cancel the payment of a grant to the hospital operator under section 54(2) of the Alberta Health Care Insurance Act.*

(3) Section 26 is repealed and the following is substituted:

Non-application of PSER Act

26 The *Public Service Employee Relations Act* does not apply to a provincial health agency or provincial health corporation.

NOTE: (3) Section 26 presently reads:

> *26 The Public Service Employee Relations Act does not apply to a provincial health agency or regional health authority.*

(4) Subsection (3) comes into force on Proclamation.

NOTE: (4) Coming into force.

Public Health Act

Amends RSA 2000 cP-37

11(1) The *Public Health Act* is amended by this section.

NOTE: 11(1) Amends chapter P-37 of the Revised Statutes of Alberta 2000.

(2) Section 1(1) is amended

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

(gg.1) "primary care provincial health agency" means the provincial health agency for the primary care health services sector;

(b) by repealing clause (kk).

NOTE: (2) Section 1(1) presently reads in part:

1(1) In this Act,

(kk) "regional health authority" means a regional health authority under the Provincial Health Agencies Act;

(3) The following is added before section 3:

Definition

2.1 In this Part, "decision" means

(a) an order issued under section 62,

(b) a notice of administrative penalty issued under section 72.1,

(c) a decision to issue or to cancel, suspend or refuse to issue a licence, permit or other approval provided for in the regulations, or

(d) any other decision in respect of which an appeal to the Board is permitted under the regulations.

NOTE: (3) Definition.

(4) Section 4(1) is repealed and the following is substituted:

Duties of Board

4(1) The Board shall, in accordance with section 4.1, hear appeals under sections 5 and 5.1.

NOTE: (4) Section 4(1) presently reads:

4(1) The Board shall hear appeals pursuant to section 5.

(5) The following is added after section 4:

Appeal to Board

4.1(1) A person who is directly affected by a decision may appeal the decision to the Board.

(2) A person referred to in subsection (1) shall commence the appeal by serving a notice of appeal in the prescribed form on the Board within 10 days after receiving notice of the decision.

(3) Notice under subsection (2) is sufficiently served if it is

(a) sent by registered mail to the Board, or

(b) served by electronic means on the Board at the electronic address provided by the Board, where the electronic means provides

(i) the sender with confirmation that transmission to the electronic address of the recipient of the notice was successfully completed, and

(ii) the recipient with the notice in a form that is usable for subsequent reference.

(4) The Board shall, if it is satisfied that the person making the appeal is directly affected by the decision, hear the appeal within 30 days after receiving the notice of appeal.

(5) Notwithstanding subsections (2) and (4), the Board may, if it considers it appropriate to do so, extend the time within which an appeal must be commenced under subsection (2) or within which the Board must hear the appeal under subsection (4).

(6) For the purposes of conducting an appeal under this Part, the Board has all of the powers, privileges and immunities of a commissioner appointed under the *Public Inquiries Act*.

NOTE: (5) Appeal to Board.

(6) Section 5 is repealed and the following is substituted:

Appeal of regional health authority decisions

5(1) In this section, "regional health authority decision" means a decision made by

(a) a regional health authority,

(b) an executive officer appointed by the regional health authority under section 9(1), or

(c) an employee or agent of the regional health authority.

(2) Notwithstanding section 4.1(4), if the Board receives a notice of appeal with respect to a regional health authority decision and the Board is satisfied that the appellant or the regional health authority, or both, have not made a reasonable effort to resolve the matter in dispute, it may refer the matter to the regional health authority for further consideration and redetermination.

(3) If the Board refers a matter to the regional health authority under subsection (2), the Board may prescribe a period within which the regional health authority must deal with the matter and may give the regional health authority any other directions it considers appropriate.

(4) In conducting an appeal of a regional health authority decision,

(a) the appellant and the regional health authority may appear and make representations orally, in writing or both, and

(b) the appellant and the regional health authority may be represented by counsel.

(5) In addition to subsection (4), if the regional health authority decision was made by an executive officer appointed under section 9(1) or an employee or agent of the regional health authority,

(a) the executive officer, employee or agent may appear and make representations orally, in writing or both, and

(b) the executive officer, employee or agent may be represented by counsel.

(6) The Board may confirm, reverse or vary the regional health authority decision and shall give written notice of its decision to the appellant and the regional health authority.

Appeal of ministerial decisions

5.1(1) In this section, "ministerial decision" means a decision made by

(a) the Minister,

(b) a public health investigator,

(c) a medical officer of health, or

(d) an executive officer designated under section 16(3).

(2) Notwithstanding section 4.1(4), if the Board receives a notice of appeal with respect to a ministerial decision and the Board is satisfied that the appellant or the Minister, or both, have not made a reasonable effort to resolve the matter in dispute, it may refer the matter to the Minister for further consideration and redetermination.

(3) If the Board refers a matter to the Minister under subsection (2), the Board may prescribe a period within which the Minister must deal with the matter and may give the Minister any other directions it considers appropriate.

(4) In conducting an appeal of a ministerial decision,

(a) the appellant and the Minister may appear and make representations orally, in writing or both, and

(b) the appellant and the Minister may be represented by counsel.

(5) In addition to subsection (4), if the ministerial decision was made by a medical officer of health or an executive officer designated under section 16(3),

(a) the medical officer of health or executive officer may appear and make representations orally, in writing or both, and

(b) the medical officer of health or executive officer may be represented by counsel.

(6) In addition to subsection (4), if the ministerial decision was made by a public health investigator,

(a) the public health investigator may appear and make representations orally, in writing or both, and

(b) the public health investigator may be represented by counsel.

(7) The Board may confirm, reverse or vary the ministerial decision and shall give written notice of its decision to the appellant and the Minister.

NOTE: (6) Section 5 presently reads:

5(1) In this section, "decision" means

(a) an order issued under section 62, and

(b) a decision to issue or to cancel, suspend or refuse to issue a licence, permit or other approval provided for in the regulations, and any other decision in respect of which an appeal to the Board is permitted under the regulations.

(2) A person who is directly affected by a decision may appeal the decision to the Board.

(3) A person referred to in subsection (2) shall commence the appeal by serving a notice of appeal in the prescribed form on the Board and the Minister within 10 days after receiving notice of the decision.

(3.1) Notice under subsection (3) is sufficiently served if it is left at an office of the Board or the Minister.

(4) Subject to subsections (5) and (6), the Board shall, if it is satisfied that the person making the appeal is directly affected by the decision, hear the appeal within 30 days after receiving the notice of appeal.

(5) Where the Board is satisfied that the appellant and the regional health authority, or either of them, have not made a reasonable effort to resolve the matters in dispute between them, it may refer the matter to the regional health authority for further consideration and redetermination.

(6) Where the Board refers a matter to the regional health authority under subsection (5), the Board may prescribe a time period within which the regional health authority must deal with the matter and may give to the regional health authority any other directions it considers appropriate.

(7) The Board shall provide the appellant, the regional health authority and, in a case where the decision or order appealed from was made by an employee or agent of the regional health authority, that employee or agent, an opportunity to appear and make representations orally or in writing, or both orally and in writing.

(8) The appellant, the regional health authority and, where the decision or order appealed from was made by an employee or agent of the regional health authority, that employee or agent, may be represented by counsel.

(9) Notwithstanding subsections (3) and (4), the Board may, if it considers it appropriate to do so, extend the time within which an appeal may be taken under subsection (3) or within which the Board must act under subsection (4).

(10) For the purposes of conducting an appeal under this section, the Board has all of the powers, privileges and immunities of a commissioner appointed under the Public Inquiries Act.

(11) The Board may confirm, reverse or vary the decision of the regional health authority and shall give written notice of its decision to the appellant and the regional health authority.

(7) Section 5 is repealed and the following is substituted:

Appeal of primary care provincial health agency decisions

5(1) In this section, "provincial health agency decision" means a decision made by

(a) the primary care provincial health agency,

(b) an executive officer appointed by the primary care provincial health agency under section 9(1), or

(c) an employee or agent of the primary care provincial health agency.

(2) Notwithstanding section 4.1(4), if the Board receives a notice of appeal with respect to a provincial health agency decision and the Board is satisfied that the appellant or the primary care provincial health agency, or both, have not made a reasonable effort to resolve the matter in dispute, it may refer the matter to the primary care provincial health agency for further consideration and redetermination.

(3) If the Board refers a matter to the primary care provincial health agency under subsection (2), the Board may prescribe a period within which the primary care provincial health agency must deal with the matter and may give the primary care provincial health agency any other directions it considers appropriate.

(4) In conducting an appeal of a provincial health agency decision,

(a) the appellant and the primary care provincial health agency may appear and make representations orally, in writing or both, and

(b) the appellant and the primary care provincial health agency may be represented by counsel.

(5) In addition to subsection (4), if the provincial health agency decision was made by an executive officer appointed under section 9(1) or an employee or agent of the primary care provincial health agency,

(a) the executive officer, employee or agent may appear and make representations orally, in writing or both, and

(b) the executive officer, employee or agent may be represented by counsel.

(6) The Board may confirm, reverse or vary the provincial health agency decision and shall give written notice of its decision to the appellant and the primary care provincial health agency.

NOTE: (7) Section 5 presently reads:

5(1) In this section, "decision" means

(a) an order issued under section 62, and

(b) a decision to issue or to cancel, suspend or refuse to issue a licence, permit or other approval provided for in the regulations, and any other decision in respect of which an appeal to the Board is permitted under the regulations.

(2) A person who is directly affected by a decision may appeal the decision to the Board.

(3) A person referred to in subsection (2) shall commence the appeal by serving a notice of appeal in the prescribed form on the Board and the Minister within 10 days after receiving notice of the decision.

(3.1) Notice under subsection (3) is sufficiently served if it is left at an office of the Board or the Minister.

(4) Subject to subsections (5) and (6), the Board shall, if it is satisfied that the person making the appeal is directly affected by the decision, hear the appeal within 30 days after receiving the notice of appeal.

(5) Where the Board is satisfied that the appellant and the regional health authority, or either of them, have not made a reasonable effort to resolve the matters in dispute between them, it may refer the matter to the regional health authority for further consideration and redetermination.

(6) Where the Board refers a matter to the regional health authority under subsection (5), the Board may prescribe a

time period within which the regional health authority must deal with the matter and may give to the regional health authority any other directions it considers appropriate.

(7) The Board shall provide the appellant, the regional health authority and, in a case where the decision or order appealed from was made by an employee or agent of the regional health authority, that employee or agent, an opportunity to appear and make representations orally or in writing, or both orally and in writing.

(8) The appellant, the regional health authority and, where the decision or order appealed from was made by an employee or agent of the regional health authority, that employee or agent, may be represented by counsel.

(9) Notwithstanding subsections (3) and (4), the Board may, if it considers it appropriate to do so, extend the time within which an appeal may be taken under subsection (3) or within which the Board must act under subsection (4).

(10) For the purposes of conducting an appeal under this section, the Board has all of the powers, privileges and immunities of a commissioner appointed under the Public Inquiries Act.

(11) The Board may confirm, reverse or vary the decision of the regional health authority and shall give written notice of its decision to the appellant and the regional health authority.

(8) Section 6 is amended by striking out "An appeal taken pursuant to section 5" **and substituting** "The commencement of an appeal under this Part".

NOTE: (8) Section 6 presently reads:

6 An appeal taken pursuant to section 5 does not operate as a stay of the decision appealed from except so far as the chair or vice-chair of the Board so directs.

(9) Section 8 is repealed.

NOTE: (9) Section 8 presently reads:

8 The order disestablishing a health unit may contain any provisions the Lieutenant Governor in Council considers necessary

(a) to provide for the transfer of the assets and property of the local board of the health unit to a regional health authority under the Provincial Health Agencies Act,

(b) to provide for the assumption of liabilities and obligations of the local board of the health unit by a regional health authority under the Provincial Health Agencies Act, and

(c) to facilitate the taking over of the affairs of the health unit by a regional health authority under the Provincial Health Agencies Act.

(10) Section 9 is amended

(a) in subsection (1) by striking out "one or more persons as medical officers of health and";

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

Appointment of executive officers

9(1) The primary care provincial health agency shall appoint one or more persons as executive officers for the purpose of carrying out this Act and the regulations.

(c) by repealing subsections (2) and (3);

(d) in subsection (4) by striking out "A medical officer of health and an executive officer" **and substituting** "An executive officer".

NOTE: (10) Section 9 presently reads:

9(1) A regional health authority shall appoint one or more persons as medical officers of health and one or more persons as executive officers for the regional health

authority for the purpose of carrying out this Act and the regulations.

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

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

(4) A medical officer of health and an executive officer appointed under this section must have the qualifications, if any, set out in the regulations.

(11) Section 14 is amended

(a) by repealing subsection (3)(b) and substituting the following:

(b) the regional health authority that appointed the executive officer under section 9(1), if applicable, and

(b) in subsection (4) by striking out "the Chief Medical Officer has" **and substituting** "the Chief Medical Officer and a Deputy Chief Medical Officer have".

NOTE: (11) Section 14 presently reads in part:

(3) Where the Chief Medical Officer decides to act under subsection (2), the Chief Medical Officer shall forthwith give a notice in writing setting out the reasons why the Chief Medical Officer has so decided to

(b) where applicable, the regional health authority by whom the medical officer or executive officer is employed or for whom the medical officer of health or executive officer acts as agent, and

(4) Notwithstanding anything in this section, the Chief Medical Officer has all the power and authority conferred on a medical officer of health or an executive officer under

this Act and the regulations and may exercise that power and authority for any purpose under this Act or the regulations.

(12) Section 14(3)(b) is repealed and the following is substituted:

(b) the primary care provincial health agency, if the executive officer was appointed under section 9(1), and

NOTE: (12) Section 14(3)(b) presently reads:

(3) Where the Chief Medical Officer decides to act under subsection (2), the Chief Medical Officer shall forthwith give a notice in writing setting out the reasons why the Chief Medical Officer has so decided to

(b) where applicable, the regional health authority by whom the medical officer or executive officer is employed or for whom the medical officer of health or executive officer acts as agent, and

(13) Section 18.2(1) is amended by adding "and Childcare" **after** "Education" **wherever it occurs.**

NOTE: (13) Section 18.2(1) presently reads:

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

(14) Section 58.1(c)(v) is repealed and the following is substituted:

(v) a hospital operator other than a hospital operator that is a provincial health agency or provincial health corporation;

NOTE: (14) Section 58.1(c)(v) presently reads:

58.1 In this Part,

(c) "public body" means

(v) the board of a hospital other than a hospital that is owned and operated by a regional health authority;

(15) Section 62(8) is repealed and the following is substituted:

(8) A regional health authority

(a) shall maintain a record of every order issued under subsection (4) by an executive officer appointed under section 9(1), and

(b) may publish the orders or make the orders publicly available.

(8.1) The Minister

(a) shall maintain a record of every order issued under subsection (4) by a medical officer of health or an executive officer designated under section 16(3), and

(b) may publish the orders or make the orders publicly available.

(8.2) An order published or made publicly available under subsection (8) or (8.1) must not include individually identifying health information within the meaning of the *Health Information Act*.

NOTE: (15) Section 62(8) presently reads:

(8) A regional health authority shall maintain a record of all orders issued under subsection (4)(a), (b) or (c) and shall make the record available for inspection by the public

during the business hours of the main office of the regional health authority.

(16) Section 62(8) is repealed and the following is substituted:

(8) The primary care provincial health agency

(a) shall maintain a record of every order issued under subsection (4) by an executive officer appointed under section 9(1), and

(b) may publish the orders or make the orders publicly available.

NOTE: (16) Section 62(8) presently reads:

(8) A regional health authority shall maintain a record of all orders issued under subsection (4)(a), (b) or (c) and shall make the record available for inspection by the public during the business hours of the main office of the regional health authority.

(17) Section 63 is amended

(a) by repealing subsection (3) and substituting the following:

(3) If an executive officer appointed under section 9(1) issues an order under section 62 and that order is carried out under section 62.1, the expenses incurred by the regional health authority with respect to carrying out the order constitute a debt owing to the regional health authority by the person to whom the order is directed.

(b) by repealing subsection (3) and substituting the following:

(3) If an executive officer appointed under section 9(1) issues an order under section 62 and that order is carried out under section 62.1, the expenses incurred by the primary care provincial health agency with respect to carrying out the order

constitute a debt owing to the primary care provincial health agency by the person to whom the order is directed.

(c) in subsection (4) by striking out "Where a regional health authority carries out an order under section 62.1 and the person to whom the order is directed" **and substituting** "If the person referred to in subsection (3)";

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

(4) If the person referred to in subsection (3) fails, within 60 days after a demand for payment, to pay the expenses incurred by the primary care provincial health agency, the primary care provincial health agency may transmit to the clerk of the municipality in which the land concerned is located a statement setting out

(a) the amount of the expenses,

(b) the name of the registered owner of the land to which the order relates, and

(c) the location of the land to which the order relates.

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

(4.1) If a medical officer of health or an executive officer designated under section 16(3) issues an order under section 62 and that order is carried out under section 62.1, the expenses incurred by the Crown in right of Alberta with respect to carrying out the order constitute a debt owing to the Crown in right of Alberta by the person to whom the order is directed.

(4.2) If the person referred to in subsection (4.1) fails, within 60 days after a demand for payment, to pay the expenses incurred by the Crown in right of Alberta, the Minister may transmit to the clerk of the municipality in which the land concerned is located a statement setting out

(a) the amount of the expenses,

(b) the name of the registered owner of the land to which the order relates, and

(c) the location of the land to which the order relates.

(f) in subsection (5) by adding "or (4.2)" **after** "subsection (4)";

(g) in subsection (7) by adding "with respect to a statement referred to in subsection (4)" **after** "subsection (5)";

(h) by repealing subsection (7) and substituting the following:

(7) Any amount collected by the municipality under subsection (5) with respect to a statement referred to in subsection (4) shall be paid to the primary care provincial health agency.

(i) by adding the following after subsection (7):

(7.1) Any amount collected by the municipality under subsection (5) with respect to a statement referred to in subsection (4.2) shall be paid to the Crown in right of Alberta.

(j) in subsection (8)

(i) by adding "or the Crown in right of Alberta" **after** "regional health authority";

(ii) by striking out "a regional health authority" **and substituting** "the primary care provincial health agency";

(k) in subsection (9)

(i) by adding "or the Crown in right of Alberta" **after** "regional health authority";

(ii) by striking out "a regional health authority" **and substituting** "the primary care provincial health agency".

NOTE: (17) Section 63 presently reads in part:

(3) The expenses incurred by a regional health authority in carrying out an order under section 62.1 constitute a debt owing to the regional health authority from the person to whom the order is directed.

(4) Where a regional health authority carries out an order under section 62.1 and the person to whom the order is directed fails, within 60 days after a demand for payment, to pay the expenses incurred by the regional health authority, the secretary of the regional health authority may transmit to the clerk of the municipality in which the land concerned is located a statement setting out

(a) the amount of the expenses,

(b) the name of the registered owner of the land to which the order relates, and

(c) the location of the land to which the order relates.

(5) On receipt of a statement under subsection (4), the municipality shall place the amount of the expenses incurred in carrying out the order on the tax roll as an additional tax against the land concerned and that amount

(a) forms a lien on the land in favour of the municipality, and

(b) is, for all purposes, deemed to be taxes imposed and assessed on land and in arrears under the Municipal Government Act from the date the amount was placed on the tax roll, and that Act applies to the enforcement, collection and recovery of the amount.

(7) Any amount collected by the municipality by virtue of subsection (5) shall be paid to the regional health authority.

(8) Where an amount recovered under this section by a regional health authority from a person other than the registered owner of the land to which the order relates is, as between that person and the registered owner, the responsibility of the registered owner, that person is entitled to recover the amount from the registered owner or to deduct the amount from any other amount due from that person to the registered owner.

(9) Where an amount recovered under this section by a regional health authority from the registered owner of land is, as between the registered owner and another person, the responsibility of that other person, the registered owner is

entitled to recover the amount from that other person or to deduct the amount from any other amount due from the registered owner to that other person.

(18) Section 64 is amended

(a) in subsection (1)

(i) by adding "by an executive officer appointed under section 9(1)" **after** "section 62";

(ii) by striking out "regional health authority" **and substituting** "primary care provincial health agency";

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

(1.1) When an order is issued under section 62 by a medical officer of health or an executive officer designated under section 16(3), the Minister may cause to be filed with the Registrar of Land Titles a notice of health hazard against the registration of any person as transferee or owner of, or of any instrument affecting, the land that is the subject of the order, unless the instrument or certificate of title is expressed to be subject to that notice.

(c) in subsection (2)

(i) by striking out "from the regional health authority requesting cancellation or withdrawal" **and substituting** "requesting cancellation or withdrawal from the regional health authority or the Minister, as the case may be";

(ii) by striking out "regional health authority" **and substituting** "primary care provincial health agency".

NOTE: (18) Section 64 presently reads in part:

64(1) When an order is issued under section 62, the regional health authority may cause to be filed with the Registrar of Land Titles a notice of health hazard against the registration of any person as transferee or owner of, or of any instrument affecting, the land that is the subject of the

order, unless the instrument or certificate of title is expressed to be subject to that notice.

(2) A notice of health hazard registered under this section does not lapse and shall not be cancelled or withdrawn except on the receipt by the Registrar of a notice in writing from the regional health authority requesting cancellation or withdrawal.

(19) Section 65 is amended

(a) in subsection (1)

(i) by adding "by an executive officer appointed under section 9(1)" **after** "section 62";

(ii) by striking out "regional health authority" **and substituting** "primary care provincial health agency";

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

(1.1) When an order is issued under section 62 by a medical officer of health or an executive officer designated under section 16(3) in respect of patented land as defined in the *Metis Settlements Act*, the Minister may submit a notice of health hazard to the Registrar of the Metis Settlements Land Registry and the Registrar shall record the notice against the Metis title register for the land that is subject to the order.

(c) in subsection (2)

(i) by striking out "from the regional health authority requesting cancellation" **and substituting** "requesting cancellation from the regional health authority or the Minister, as the case may be";

(ii) by striking out "regional health authority" **and substituting** "primary care provincial health agency".

NOTE: (19) Section 65 presently reads in part:

65(1) When an order is issued under section 62 in respect of patented land as defined in the Metis Settlements Act, the regional health authority may submit a notice of health

hazard to the Registrar of the Metis Settlements Land Registry and the Registrar shall record the notice against the Metis title register for the land that is subject to the order.

(2) A notice of health hazard recorded under this section does not lapse and shall not be cancelled except on the receipt by the Registrar of the Metis Settlements Land Registry, of a notice in writing from the regional health authority requesting cancellation.

(20) Section 66(1)(s) is amended by striking out "section 5(1)(b)" **and substituting** "section 2.1(d)".

NOTE: (20) Section 66(1)(s) presently reads:

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

(s) specifying additional decisions for the purposes of section 5(1)(b) that may be appealed to the Board under that section;

(21) The following is added after section 66:

Transitional regulations

66.01(1) In this section, "Act amendment" means an amendment to this Act enacted by

(a) the *Health Statutes Amendment Act, 2025*,

(b) the *Health Statutes Amendment Act, 2025 (No. 2)*, or

(c) the *Health Statutes Amendment Act, 2026 (No. 2)*.

(2) The Lieutenant Governor in Council may make regulations

(a) respecting the transition to this Act of anything relating to, arising from or provided for by an Act amendment;

(b) remedying any confusion, difficulty, inconsistency or impossibility resulting from an Act amendment.

(3) A regulation made under subsection (2) may be made retroactive to the extent set out in the regulation.

(4) A regulation made under subsection (2) is repealed 5 years after the regulation comes into force or on the date specified in the regulation, whichever is earlier.

(5) The repeal of a regulation under subsection (4) does not affect anything done, incurred or acquired under the authority of the regulation before the repeal of the regulation.

(6) A regulation made under subsection (2) that is in force on or after the repeal of this section remains in force until it is repealed in accordance with subsection (4).

(7) A regulation may not be made under subsection (2) extending the 5-year period set out in subsection (4).

(8) This section is repealed 5 years after this section comes into force, but the repeal does not affect anything done, incurred or acquired under the authority of a regulation made under subsection (2) before the repeal of this section.

NOTE: (21) Transitional regulations.

(22) Section 66.1(1)(b) is repealed.

NOTE: (22) Section 66.1(1)(b) presently reads:

66.1(1) No action for damages may be commenced against

(b) a regional health authority or a member, employee or agent of a regional health authority,

(23) Section 66.2(1) is amended by striking out "a regional health authority" **and substituting** "the primary care provincial health agency".

NOTE: (23) Section 66.2(1) presently reads:

66.2(1) The Court of King's Bench may, on application by the Minister, a regional health authority or, in the case of section 59, 60 or 61, an executive officer, make any order it considers necessary to enforce this Act.

(24) Section 74 is repealed and the following is substituted:

Publishing reports

74(1) A regional health authority may publish, in the manner it considers appropriate, a report arising from an inspection made under this Part by an executive officer appointed under section 9(1).

(2) The Minister may publish, in the manner the Minister considers appropriate, a report arising from an inspection made under this Part by a medical officer of health or an executive officer designated under section 16(3).

NOTE: (24) Section 74 presently reads:

74 A regional health authority or the Minister may publish the following documents in the manner the regional health authority or the Minister, as the case may be, considers appropriate:

(a) a report arising from an inspection under this Part;

(b) an order issued under section 62.

(25) Section 74 is repealed and the following is substituted:

Publishing reports

74(1) The primary care provincial health agency may publish, in the manner it considers appropriate, a report arising from an inspection made under this Part by an executive officer appointed under section 9(1).

(2) The Minister may publish, in the manner the Minister considers appropriate, a report arising from an inspection made under this Part by a medical officer of health or an executive officer designated under section 16(3).

NOTE: (25) Section 74 presently reads:

74 A regional health authority or the Minister may publish the following documents in the manner the regional health authority or the Minister, as the case may be, considers appropriate:

(a) a report arising from an inspection under this Part;

(b) an order issued under section 62.

(26) Section 74.1(1) is amended by adding "or 5.1" **after** "section 5".

NOTE: (26) Section 74.1(1) presently reads:

74.1(1) Subject to section 29(2.12) and (2.13), and notwithstanding any other provision in this Act, the Lieutenant Governor in Council may by order reverse or vary any decision of any decision maker under this Act, except a decision made by the Board under section 5.

(27) Subsections (2), (7), (10)(b), (12), (16), (17)(b), (d), (h), (j)(ii) and (k)(ii), (18)(a)(ii) and (c)(ii), (19)(a)(ii) and (c)(ii), (22), (23) and (25) come into force on Proclamation.

NOTE: (27) Coming into force.

(28) Subsections (3), to the extent that it enacts section 2.1(b) of the *Public Health Act*, and (6), to the extent that it enacts section 5.1(1)(b) and (6) of the *Public Health Act*, come into force on January 1, 2027.

NOTE: (28) Coming into force.

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

Stage	Date	Member	From	To

		Interventions	From	To