2025 Bill 204

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THE LEGISLATIVE ASSEMBLY OF ALBERTA

BILL 204

PUBLIC INTEREST DISCLOSURE (PUBLICLY FUNDED HEALTH ENTITY WHISTLEBLOWER PROTECTION) ACT

MS SWEET

First Reading . . . . . .

Second Reading . . . . . .

Committee of the Whole . . . . . .

Third Reading . . . . . .

Royal Assent . . . . . .

Bill 204
Ms Sweet

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PUBLIC INTEREST DISCLOSURE (PUBLICLY FUNDED HEALTH ENTITY WHISTLEBLOWER PROTECTION) ACT

(Assented to , 2025)

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

Interpretation

1(1) In this Act,

(a) "chief officer" means, with respect to a publicly funded health entity,

(i) the prescribed individual, or

(ii) if no individual has been prescribed, the individual responsible for the administration and operation of the publicly funded health entity;

(b) "disclosure", except where the context requires otherwise, means a disclosure of wrongdoing made in good faith by an employee in accordance with this Act;

(c) "employee" means, as the context requires,

(i) an individual employed by a publicly funded health entity,

(ii) an individual who has suffered a reprisal and is no longer employed by a publicly funded health entity,

(iii) an individual or person or an individual or person within a class of individuals or persons, prescribed in the regulations

as an individual or person to be treated as an employee for the purpose of this Act or a provision of this Act, or

(iv) an individual who currently holds, previously held, or previously held and experienced a reprisal in connection with any of the following roles or entitlements:

(A) an appointment as a member of the medical staff;

(B) an appointment as a member of the professional staff;

(C) privileges with a publicly funded health entity;

(d) "insured services" has the same meaning as in the *Alberta Health Care Insurance Act*;

(e) "medical staff" means a physician appointed by a publicly funded health entity to admit, attend to or treat patients, or who utilizes the resources of the publicly funded health entity in respect of the treatment of patients;

(f) "professional staff" means a health practitioner, other than a physician, who is regulated under a statute governing a health profession and

(i) has been appointed by a publicly funded health entity to admit, attend to or treat patients, or

(ii) utilizes the resources of the publicly funded health entity in respect of the treatment of patients;

(g) "publicly funded health entity" means each of the following:

(i) a provincial health agency;

(ii) a regional health authority;

(iii) a provincial health corporation;

(iv) a subsidiary health corporation;

(v) a health services delivery organization;

(vi) a hospital operator;

(vii) a foundation established under section 23(1)(s) of the *Provincial Health Agencies Act*;

(viii) a health foundation established by a provincial health corporation or continued under section 1.951 of the *Provincial Health Agencies Act*;

(ix) a hospital foundation established by a hospital operator or continued under section 1.97699992 of the *Provincial Health Agencies Act*;

(x) Covenant Health;

(xi) Lamont Health Care Centre;

(xii) any other person or entity that

(A) provides insured services, and

(B) employs one or more employees;

(xiii) any other prescribed publicly funded health entity;

(h) "reprisal" means a measure taken, directed or counselled contrary to section 7(2);

(i) "wrongdoing" means a wrongdoing referred to in section 2.

(2) Unless otherwise provided in this Act or the regulations, or unless the context requires otherwise, words and expressions used in this Act or the regulations have, as the case may be, the same meaning as provided in the *Public Interest Disclosure (Whistleblower Protection) Act* or the *Provincial Health Agencies Act*.

Part 1
Wrongdoings

Wrongdoings to which this Act applies

2(1) This Act applies in respect of the following wrongdoings in or relating to a publicly funded health entity:

(a) a contravention of an Act, a regulation made pursuant to an Act, an Act of the Parliament of Canada or a regulation made pursuant to an Act of the Parliament of Canada;

(b) an act or omission that creates

(i) a substantial and specific danger to the life, health or safety of individuals other than a danger that is inherent in the performance of the duties or functions of an employee, or

(ii) a substantial and specific danger to the environment;

(c) gross mismanagement, including an act or omission that is deliberate and that shows a reckless or wilful disregard for the proper management of

(i) public funds or a public asset,

(ii) the delivery of a public service, including the management or performance of

(A) a contract or arrangement identified or described in the regulations, including the duties resulting from the contract or arrangement or any funds administered or provided under the contract or arrangement, and

(B) the duties and powers resulting from an enactment identified or described in the regulations or any funds administered or provided as a result of the enactment, or

(iii) employees, by a pattern of behaviour or conduct of a systemic nature that indicates a problem in the culture of the organization relating to bullying, harassment or intimidation;

(d) a wrongdoing prescribed in the regulations;

(e) knowingly directing or counselling an individual to commit a wrongdoing mentioned in clauses (a) to (d).

(2) This Act applies only in respect of wrongdoings that occur after the coming into force of this Act.

Part 2
Disclosure Procedures for Publicly Funded Health Entities

Employee may make disclosure

3 An employee may make a disclosure to the employee's designated officer in accordance with the procedures established under this Part.

Disclosure procedures for publicly funded health entities

4 Part 2 of the *Public Interest Disclosure (Whistleblower Protection) Act* applies to a disclosure made under section 3 with the following modifications:

(a) a reference to a "department, public entity or office of the Legislature" or a "department, public entity or office" is to be read as a reference to a "publicly funded health entity";

(b) in section 9(b), the words "subject to section 12" do not apply;

(c) section 12 does not apply.

Part 3
Disclosure to the Commissioner

Disclosure to the Commissioner

5(1) Despite Part 2, an employee may make a disclosure directly to the Commissioner in accordance with this Part.

(2) Part 2.1 of the *Public Interest Disclosure (Whistleblower Protection) Act* applies to a disclosure made under subsection (1) with the following modifications:

(a) a reference to a "department, public entity or office" is to be read as a reference to a "publicly funded health entity";

(b) section 15.1(3) does not apply;

(c) in section 15.1(5), the words "Subject to sections 4.1(3) and 30" are to be read as "Subject to section 30".

Part 4
Investigations by the Commissioner

Investigations by the Commissioner

6(1) The Commissioner may, in accordance with this Part, investigate a disclosure that the Commissioner receives under Part 2 or 3, a complaint of a reprisal that the Commissioner receives under Part 5 or an allegation of wrongdoing received by the Commissioner.

(2) Part 3 of the *Public Interest Disclosure (Whistleblower Protection) Act* applies to an investigation by the Commissioner with the following modifications:

(a) a reference to a "department, public entity or office" or a "department, public entity, office or prescribed service provider" is to be read as a reference to a "publicly funded health entity";

(b) a reference to "departments, public entities, offices or prescribed service providers" is to be read as a reference to "publicly funded health entities";

(c) the following sections do not apply:

(i) section 22(3)(b) and (5)(a) and (c) to (h);

(ii) section 23(1)(a), (b) and (d) and (3)(a) and (c).

Part 5
Reprisals

Reprisal

7(1) This section applies to an employee who has, in good faith,

(a) requested advice about making a disclosure as described in section 8 of the *Public Interest Disclosure (Whistleblower Protection) Act*, whether or not the employee made a disclosure,

(b) made a disclosure under this Act,

(c) co-operated in an investigation under this Act,

(d) declined to participate in a wrongdoing, or

(e) done anything in accordance with this Act.

(2) No person may take or direct, or counsel or direct a person to take or direct, any of the following measures against an employee of a publicly funded health entity for the reason that the employee took an action referred to in subsection (1):

(a) a dismissal, layoff, suspension, demotion or transfer, discontinuation or elimination of a job, change of job location, reduction in wages, change in hours of work or reprimand;

(b) any measure, other than one mentioned in clause (a), that adversely affects the employee's employment or working conditions;

(c) a threat to take any of the measures mentioned in clause (a) or (b).

Complaints of reprisals

8(1) An employee may make a written complaint to the Commissioner if the employee alleges that a reprisal has been taken, directed or counselled against the employee contrary to section 7.

(2) A complaint under this section must be made in the prescribed form.

Managing and investigating complaints of reprisals

9(1) If a complaint is made to the Commissioner under section 8(1), the Commissioner must, subject to the regulations, manage and investigate the complaint in the same manner as a disclosure.

(2) Subject to section 30 of the *Public Interest Disclosure (Whistleblower Protection) Act*, if the Commissioner considers that the investigation or referral of a complaint under this Part is duplicative or may result in a double remedy or payment in respect of the complaint or that the complaint or any part of the complaint would more appropriately be dealt with in another proceeding or under any other procedure under any other Act or collective agreement, the Commissioner may do any of the following:

(a) refer the complaint under this Part to another procedure under any other Act or a collective agreement in respect of the measure alleged to constitute a reprisal;

(b) defer the investigation of the complaint of a reprisal or the issuing of a report under this Part, or the determination of a remedy, pending the resolution of any court proceeding or any procedure under any other Act or a collective agreement in respect of the measure alleged to constitute a reprisal;

(c) discontinue the proceedings under this Part in respect of the complaint following the award of an appropriate remedy or payment in another proceeding or under any other procedure under any other Act or a collective agreement in respect of the measure alleged to constitute a reprisal.

Reasonable human resource management decisions

10 No action lies against a publicly funded health entity or an employee for making a reasonable human resource management decision in good faith.

Referral to Labour Relations Board

11(1) The Commissioner must, subject to and in accordance with subsection (2), refer the results of an investigation of a complaint of a reprisal to the Labour Relations Board.

(2) Sections 27.1 to 27.4 of the *Public Interest Disclosure (Whistleblower Protection) Act* apply to a referral of the results of an investigation of a complaint of a reprisal to the Labour Relations Board with the following modifications:

(a) a reference to a "department, public entity, office, prescribed service provider" is to be read as a reference to a "publicly funded health entity";

(b) a reference to "section 24" is to be read as a reference to section 7 of this Act;

(c) a reference to "section 26" is to be read as a reference to section 9 of this Act;

(d) the following do not apply:

(i) in section 27.1(1), the words "subject to section 26(2) and (4)";

(ii) section 27.1(3)(f)(viii).

Part 6
Collection, Use and Disclosure of Information

Collection, use and disclosure of information

12 Part 4.1 of the *Public Interest Disclosure (Whistleblower Protection) Act* applies to the collection, use and disclosure of information under this Act with the following modifications:

(a) a reference to a "department, public entity, office or prescribed service provider" is to be read as a reference to a "publicly funded health entity";

(b) in section 29(2), the reference to "section 32 or 33" is to be read as a reference to section 14 or 15 of this Act.

Part 7
General Matters

Exemption

13(1) The Commissioner may, in accordance with the regulations, exempt any person, class of persons, publicly funded health entity, information, record or thing from the application of all or any portion of this Act or the regulations.

(2) The Commissioner may impose any terms and conditions the Commissioner considers appropriate on any exemption provided for under subsection (1).

(3) The Commissioner must provide reasons for giving an exemption under this section and must ensure the exemption, including any terms or conditions imposed, and the reasons for giving the exemption are made publicly available.

Chief officer's annual report

14(1) Every chief officer must prepare a report annually on all disclosures made or referred to the designated officer of the publicly funded health entity for which the chief officer is responsible.

(2) The report under subsection (1) must include the following information:

(a) the number of disclosures received by or referred to the designated officer and the number of disclosures acted on, and the number of disclosures not acted on, by the designated officer;

(b) the number of investigations commenced by the designated officer;

(c) in the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and

(i) any recommendations made or corrective measures taken in relation to the wrongdoing, and

(ii) if the publicly funded health entity to which the recommendations relate has not taken corrective measures in relation to the wrongdoing, the reasons provided.

(3) The report under subsection (1) must be included in the annual report of the publicly funded health entity if the annual report is made publicly available, and if the annual report is not made publicly available, the chief officer must make the report under subsection (1) available to the public on request.

Commissioner's annual report

15(1) The Commissioner must report annually to the Legislative Assembly on the exercise and performance of the Commissioner's functions and duties under this Act, setting out the following information:

(a) the number of general inquiries made to the Commissioner relating to this Act;

(b) the number of disclosures received by the Commissioner under this Act, the number of disclosures acted on and the number of disclosures not acted on by the Commissioner;

(c) the number of disclosures referred to a designated officer for investigation in accordance with Part 2 and the number of investigation outcomes, enforcement activities or other follow-up reported concerning those disclosures;

(d) the number of investigations commenced by the Commissioner under this Act;

(e) in the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations made;

(f) the number of recommendations the Commissioner has made, and

(i) whether the publicly funded health entities to which the recommendations relate have fully implemented the recommendations or taken any corrective measures, and

(ii) if the publicly funded health entities to which the recommendations relate have not fully implemented the recommendations or taken any corrective measures, the reasons provided;

(g) the number of complaints of reprisals received by the Commissioner under this Act, the number of reprisals the Commissioner finds to have been taken, directed or counselled contrary to section 7 and a description of the reprisals;

(h) the number of complaints of reprisals with respect to which the Commissioner finds that no reprisal was taken, directed or counselled;

(i) the number of remedial orders made by the Labour Relations Board under section 11, a description of each remedy awarded, the number of referrals for which no remedy was awarded and the reasons why no remedy was awarded;

(j) in the case of a prosecution under this Act, a description of the offence and any penalty imposed in relation to the offence;

(k) whether in the opinion of the Commissioner, there are any systemic problems that may give rise to or have given rise to wrongdoings;

(l) any recommendations for improvement that the Commissioner considers appropriate.

(2) On receiving the report under subsection (1), the Speaker of the Legislative Assembly must lay a copy of it in the Legislative Assembly as follows:

(a) if the Legislative Assembly is sitting at the time the report is received, within 15 days after receiving it;

(b) if the Legislative Assembly is not sitting at the time the report is received, within 15 days after the first day of the sitting that immediately follows the day on which the report is received.

(3) If it is in the public interest to do so, the Commissioner may publish a special report relating to any matter within the scope of the Commissioner's responsibilities under this Act, including a report referring to or commenting on any particular matter investigated by the Commissioner.

Reports at the request of committee or the Lieutenant Governor in Council

16(1) A committee of the Legislative Assembly may, at any time, refer to the Commissioner for investigation and report any petition or matter that is before the committee for consideration that may relate to a wrongdoing to which this Act applies.

(2) The Commissioner must

(a) subject to any special directions of the committee, investigate the petition or matter referred to the Commissioner insofar as it is within the scope of the Commissioner's responsibilities pursuant to this Act, and

(b) make any report to the committee that the Commissioner thinks fit.

(3) The Lieutenant Governor in Council may, at any time, refer to the Commissioner for investigation and report any matter that is within the scope of the Commissioner's responsibilities pursuant to this Act.

(4) The Commissioner must

(a) subject to any special directions of the Lieutenant Governor in Council, investigate the matter referred to the Commissioner insofar as it is within the scope of the Commissioner's responsibilities pursuant to this Act, and

(b) make any report to the Lieutenant Governor in Council that the Commissioner thinks fit.

Regulations

17(1) The Lieutenant Governor in Council may make regulations

(a) prescribing individuals as chief officers for the purpose of section 1(1)(a)(i);

(b) respecting, for the purpose of section 1(1)(c)(iii), individuals or persons or classes of individuals or persons to be treated as employees for the purposes of this Act or any portion of this Act;

(c) designating entities as publicly funded health entities for the purpose of section 1(1)(g)(xiii), and respecting the application of all or any portion of this Act to those publicly funded health entities;

(d) prescribing additional wrongdoings for the purposes of section 2(1)(d);

(e) respecting gross mismanagement, including identifying or describing

(i) public funds, public assets or the delivery of public services to which this Act applies,

(ii) contracts or arrangements to which this Act applies, or

(iii) enactments to which this Act applies;

(f) establishing procedures, including time limits, for receiving, managing and investigating a complaint of a reprisal;

(g) respecting the content to be included in a complaint of a reprisal;

(h) prescribing the form for making a complaint of a reprisal for the purpose of section 8(2);

(i) respecting the powers, duties and procedure, including time limits, that apply in respect of the determination of appropriate remedies for reprisals;

(j) prescribing the circumstances in which the Commissioner is not required to investigate a complaint of a reprisal;

(k) prescribing Acts or regulations to which this Act applies in whole or in part;

(l) respecting the exemption of any person, class of persons, publicly funded health entity, activity, information, record or thing from the application of all or any provision of this Act for the purpose of section 13;

(m) respecting the legal, disciplinary and corrective actions to which a publicly funded health entity, employee, appointee or other person who commits a wrongdoing may or must be subject;

(n) respecting any duties, powers, measures, methods or requirements not fully or not sufficiently provided for in this Act that are considered necessary to ensure that this Act is fully and appropriately implemented;

(o) to remedy any confusion, difficulty, inconsistency or impossibility arising from

(i) the application of the meaning of a word or expression defined in the *Public Interest Disclosure (Whistleblower Protection) Act* or *Provincial Health Agencies Act* and made applicable to this Act under section 1(2), or

(ii) the application of a provision of the *Public Interest Disclosure (Whistleblower Protection) Act* made applicable to this Act;

(p) defining any word or phrase used but not defined in this Act.

(2) A regulation made under this section may apply to all persons, organizations or bodies or to a class of persons, organizations or bodies to which this Act applies, and there may be different regulations for different classes of such persons, organizations or bodies.

Application of regulations under *Public Interest Disclosure (Whistleblower Protection) Act*

18(1) Subject to subsection (2), regulations made under or referred to in the provisions of the *Public Interest Disclosure (Whistleblower Protection) Act* made applicable to this Act apply to this Act.

(2) The Lieutenant Governor in Council may make regulations respecting the application of a regulation referred to in subsection (1), including regulations modifying those regulations for the purposes of this Act.

Review of Act

19 A special committee established by the Legislative Assembly must

(a) within 2 years of the day on which this Act comes into force and every 5 years after that, commence a comprehensive review of this Act, and

(b) within 1 year after the special committee commences the review, submit to the Legislative Assembly a report on that review that includes any amendments recommended by the committee.

Part 8
Offences and Penalties

Offences and penalties

20 Part 7 of the *Public Interest Disclosure (Whistleblower Protection) Act*, except sections 51.1(a), 53 and 53.1, applies to this Act with all necessary modifications.

Act to provide additional remedies

21(1) Subject to subsection (2), the provisions of this Act are in addition to the provisions of any other Act or rule of law pursuant to which any remedy, right of appeal or objection is provided for any individual, or any procedure is provided for inquiry into or investigation of any matter, and nothing in this Act limits or affects any such remedy, right of appeal, objection or procedure.

(2) If an individual may make a disclosure in respect of a wrongdoing or a complaint of a reprisal under both this Act and the *Public Interest Disclosure (Whistleblower Protection) Act*, the individual may only make the disclosure or complaint under one of those Acts.

Legal, disciplinary and corrective action

22 In addition to, and apart from, any sanction provided for by law,

(a) an employee who commits a wrongdoing is subject to appropriate disciplinary action, including termination of employment, and

(b) a publicly funded health entity, employee or other person who commits a wrongdoing is subject to appropriate corrective action.

Part 9
Amendment, Repeals and Coming into Force

Amendment

23(1) This section applies only if Bill 11, the *Health Statutes Amendment Act, 2025 (No. 2)*, introduced on November 24, 2025, receives Royal Assent.

(2) On the later of the day that this Act comes into force and the day that section 1 of Bill 11 comes into force, section 1(1)(d) is repealed and the following is substituted:

(d) "insured services" means each of the following:

(i) insured health services as defined in the *Alberta Health Care Insurance Act*;

(ii) an insured hospital service as defined in the *Alberta Health Care Insurance Act*;

Repeals

24(1) Section 1(1)(g)(ii) is repealed on the coming into force of section 45(2)(f) of the *Health Statutes Amendment Act, 2025*.

(2) Section 1(1)(g)(vii) is repealed on the coming into force of section 45(42)(a)(xiv) of the *Health Statutes Amendment Act, 2025*.

Coming into force

25(1) Section 1(1)(g)(vi) and (ix) comes into force on the coming into force of section 45(15) of the *Health Statutes Amendment Act, 2025*.

(2) Section 1(1)(g)(viii) comes into force on the coming into force of section 45(10) of the *Health Statutes Amendment Act, 2025*.

Record of Debate

Stage	Date	Member	From	To	Total	Cumulative Total