2025 Bill 11

Second Session, 31st Legislature, 4 Charles III

THE LEGISLATIVE ASSEMBLY OF ALBERTA

BILL 11

HEALTH STATUTES AMENDMENT ACT, 2025 (NO. 2)

THE MINISTER OF PRIMARY AND PREVENTATIVE HEALTH SERVICES

First Reading . . . . . .

Second Reading . . . . . .

Committee of the Whole . . . . . .

Third Reading . . . . . .

Royal Assent . . . . . .

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2025

HEALTH STATUTES AMENDMENT ACT, 2025 (NO. 2)

(Assented to , 2025)

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.

(2) The following heading is added before section 1:

Part 1
Health Care Insurance

(3) Section 1 is amended

(a) by striking out "In this Act" **and substituting** "In this Part";

(b) in clause (b)

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

(i) insured health services;

(ii) in subclause (ii) by striking out "insured services" **and substituting** "insured health services";

Explanatory Notes

Alberta Health Care Insurance Act

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

(2) Part 1 Health Care Insurance.

(3) Section 1 presently reads in part:

1 In this Act,

(b) "basic health services" means the following classes of goods and services:

(i) insured services;

(ii) those services that are provided by a dentist in the field of oral and maxillofacial surgery and are specified as basic health services in the regulations but are not within the definition of insured services;

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

(l.1) "flexibly participating physician" means a physician who provides insured health services and non-Plan services;

(d) in clause (n) by striking out "insured services" **wherever it occurs and substituting** "insured health services";

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

(n) "insured health services" means the insured health services specified in section 2(2);

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

(o.1) "non-participating dentist" means a dentist who provides non-Plan services and does not provide insured health services;

(o.2) "non-participating physician" means a physician who provides non-Plan services and does not provide insured health services;

(o.3) "non-Plan services" means the services described in section 2(2)(a), (b) and (c) when they are not provided under the Plan as insured health services;

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

(s.1) "participating dentist" means a dentist who provides insured health services and does not provide any non-Plan services;

(s.2) "participating physician" means a physician who provides insured health services and does not provide any non-Plan services;

(h) by adding the following after clause (w):

(w.1) "regulations" means the regulations made under this Part, unless the context otherwise requires;

(n) "insured services" means

(i) all services provided by physicians that are medically required,

(ii) those services that are provided by a dentist in the field of oral and maxillofacial surgery and are specified in the regulations, and

(iii) any other services that are declared to be insured services pursuant to section 2,

but does not include any services that a person is eligible for and entitled to under any Act of the Parliament of Canada or under the Workers' Compensation Act or any law of any jurisdiction outside Alberta relating to workers' compensation;

(x) "resident" or "resident of Alberta" means a person lawfully entitled to be or to remain in Canada, who makes the person's home and is ordinarily present in Alberta and any other person deemed by the regulations to be a resident, but does not include a tourist, transient or visitor to Alberta.

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

(x) "resident" means a person who is

(i) lawfully entitled to be or remain in Canada and makes the person's home and is ordinarily present in Alberta, or

(ii) deemed by the regulations to be a resident,

but does not include a tourist, transient or visitor to Alberta or a person assumed under the *Health Insurance Premiums Act* no longer to be a resident;

(4) Section 2 is amended by striking out "insured services" **and substituting** "insured health services".

(5) Section 2 is repealed and the following is substituted:

Insured health services

2(1) In this section,

(a) "employee" means an individual employed to do work who receives or is entitled to wages and includes a former employee;

(b) "employer" means a person who employs an employee and includes a former employer.

(2) Subject to subsection (3), the following are insured health services:

(a) all services provided by physicians that are medically required;

(b) services provided by dentists in the field of oral and maxillofacial surgery that are specified in the regulations;

(c) other services declared to be insured health services in the regulations.

(4) Section 2 presently reads:

2 The Lieutenant Governor in Council may by regulation declare any basic health services referred to in section 1(b)(ii), (iii), (iv) or (v) to be insured services for the purposes of the Plan.

(5) Section 2 presently reads:

2 The Lieutenant Governor in Council may by regulation declare any basic health services referred to in section 1(b)(ii), (iii), (iv) or (v) to be insured services for the purposes of the Plan.

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

(a) an Act of the Parliament of Canada,

(b) the *Workers' Compensation Act* or a law of any jurisdiction outside Alberta relating to workers' compensation, or

(c) a contract, program, plan or arrangement established, maintained in force or renewed by an employer and under which benefits for health services are paid to or on behalf of all or some of its employees who are residents.

(6) The heading preceding section 3 is repealed and the following is substituted:

Division 1
Alberta Health Care Insurance Plan

(7) Section 3(1) is amended

(a) by striking out "this Act" **and substituting** "this Part";

(b) by striking out "of Alberta".

(8) Section 4 is amended

(a) in subsections (1), (2), (2.1), (2.4) and (4) by striking out "this Act" **wherever it occurs and substituting** "this Part";

(b) in subsection (5) by striking out "is a resident if the certificate was in effect" **and substituting** "in respect of whom the certificate was issued is a resident if the certificate was not expired".

(6) The heading preceding section 3 presently reads:

Part 1
Health Care Insurance

(7) Section 3(1) presently reads:

3(1) The Minister shall, in accordance with this Act and the regulations, administer and operate on a non-profit basis a plan to provide benefits for basic health services to all residents of Alberta.

(8) Section 4 presently reads in part:

4(1) Subject to this Act and the regulations, the Minister shall pay benefits in respect of health services provided to residents.

(2) All claims for benefits are subject to assessment and approval by the Minister and the amount of the benefits to be paid and the person to whom the benefits are to be paid shall be determined in accordance with this Act and the regulations.

(2.1) The Minister is not bound by a claim for benefits submitted, or by information provided in respect of a claim for benefits, by or on behalf of any person and shall assess a claim for benefits in accordance with this Act and the regulations notwithstanding the claim for benefits submitted or information provided.

(2.4) An assessment of a claim under subsection (2) is, subject to being varied or vacated on appeal under subsection (6), valid and

(9) Section 6 is amended by striking out "insured services" **wherever it occurs and substituting** "insured health services".

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

Payment of benefits

6(1) No physician, dentist or person referred to in section 20.1 may receive the payment of benefits from the Minister for insured health services provided in Alberta to a resident unless the insured health services were provided by a participating physician, participating dentist or flexibly participating physician.

(2) No resident may receive the payment of benefits from the Minister for insured health services provided in Alberta to the resident by a physician or dentist unless the insured health services were provided by a participating physician, participating dentist or flexibly participating physician.

binding notwithstanding any error, defect or omission in the assessment or in any proceeding under this Act relating to it.

(4) A claim for benefits is not payable under this Act until the information required under this Act and the regulations is provided to the Minister and the Minister is satisfied that

(5) For the purposes of subsection (4), a certificate of registration under the Health Insurance Premiums Act is proof, in the absence of evidence to the contrary, that the person is a resident if the certificate was in effect at the time the service was provided to that person.

(9) Section 6 presently reads:

6(1) No physician, dentist or person referred to in section 20.1 may receive the payment of benefits from the Minister for insured services provided in Alberta to a resident unless the physician or dentist was opted into the Plan when the insured services were provided.

(2) No resident may receive the payment of benefits from the Minister for insured services provided in Alberta to the resident by a physician or dentist unless the physician or dentist who provided the insured services was opted into the Plan when the insured services were provided.

(3) Notwithstanding subsections (1) and (2), the Minister may pay benefits for insured services provided in Alberta to a resident by a physician or dentist who was opted out of the Plan if the insured services were provided in an emergency.

(10) Section 6 presently reads:

6(1) No physician, dentist or person referred to in section 20.1 may receive the payment of benefits from the Minister for insured services provided in Alberta to a resident unless the physician or dentist was opted into the Plan when the insured services were provided.

(2) No resident may receive the payment of benefits from the Minister for insured services provided in Alberta to the resident by a physician or dentist unless the physician or dentist who provided the insured services was opted into the Plan when the insured services were provided.

(3) Notwithstanding subsections (1) and (2), the Minister may pay benefits for insured health services provided in Alberta to a resident in an emergency by a flexibly participating physician, non-participating physician or non-participating dentist.

(11) Section 7 is amended

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

Participation in Plan by dentists

7(1) Subject to subsection (2), every dentist is deemed to be a participating dentist.

(b) in subsection (2)

(i) by striking out "opt out of the Plan" **and substituting** "elect to practise as a non-participating dentist";

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

(a) notifying the Minister in writing of the following:

(i) that the dentist is electing to practise as a non-participating dentist;

(ii) the effective date of the election,

(iii) by striking out "opting out" **wherever it occurs and substituting** "election";

(c) in subsection (3)

(i) by striking out "opt out of the Plan" **and substituting** "elect to practise as a non-participating dentist";

(ii) in clause (a) by striking out "opted-out practice" **and substituting** "practising as a non-participating dentist";

(iii) in clause (b) by striking out "opting out" **and substituting** "election";

(d) in subsection (4)

(3) Notwithstanding subsections (1) and (2), the Minister may pay benefits for insured services provided in Alberta to a resident by a physician or dentist who was opted out of the Plan if the insured services were provided in an emergency.

(11) Section 7 presently reads:

7(1) Subject to this section, every dentist is deemed to have opted into the Plan.

(2) A dentist may opt out of the Plan by

(a) notifying the Minister in writing indicating the effective date of the opting out,

(b) publishing a notice of the proposed opting out in a newspaper having general circulation in the area in which the dentist practises, and

(c) posting a notice of the proposed opting out in a part of the dentist's office to which patients have access

at least 30 days prior to the effective date of the opting out.

(3) A dentist who has not previously practised in Alberta may opt out of the Plan prior to commencing practice by

(a) notifying the Minister in writing indicating the date on which the dentist will commence opted-out practice, and

(b) publishing a notice of the proposed opting out in a newspaper having general circulation in the area in which the dentist intends to practise.

(4) A dentist who has opted out of the Plan shall

(a) post a notice in a part of the dentist's office to which patients have access advising patients of the dentist's opted-out status, and

(b) ensure that each patient is advised in person of the dentist's opted-out status before any service is provided to the patient.

(5) A dentist who has opted out of the Plan may opt into the Plan by notifying the Minister in writing at least 30 days prior to the effective date of the opting in.

(i) by striking out "A dentist who has opted out of the Plan" **and substituting** "A non-participating dentist";

(ii) in clauses (a) and (b) by striking out "opted-out status" **and substituting** "status as a non-participating dentist";

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

(5) A non-participating dentist may elect to practise as a participating dentist by notifying the Minister in writing at least 30 days prior to the effective date of the election.

(12) Section 8 is repealed and the following is substituted:

Participation in Plan by physicians

8(1) Subject to subsection (2), every physician is deemed to be a participating physician.

(2) A physician may elect to practise as a flexibly participating physician or non-participating physician.

(3) A physician who makes an election under subsection (2) must notify the Minister in writing of the following:

(a) that the physician is electing to practise as a flexibly participating physician or non-participating physician;

(b) the effective date of the election.

(4) For greater certainty, a physician who elects to practise as a flexibly participating physician is not required to notify the Minister under subsection (3) of

(a) the specific services the physician intends to provide as non-Plan services or as insured health services, or

(b) the specific circumstances under which the physician intends to provide non-Plan services or insured health services.

(5) A flexibly participating physician may decide on a case-by-case basis whether to provide a service described in

(12) Section 8 presently reads:

8(1) Subject to this section, every physician is deemed to have opted into the Plan.

(2) A physician may opt out of the Plan by

(a) notifying the Minister in writing indicating the effective date of the opting out,

(b) publishing a notice of the proposed opting out in a newspaper having general circulation in the area in which the physician practises, and

(c) posting a notice of the proposed opting out in a part of the physician's office to which patients have access

at least 180 days prior to the effective date of the opting out.

(3) A physician who has not previously practised in Alberta may opt out of the Plan prior to commencing practice by

(a) notifying the Minister in writing indicating the date on which the physician will commence opted-out practice, and

(b) publishing a notice of the proposed opting out in a newspaper having general circulation in the area in which the physician intends to practise.

(4) A physician who has opted out of the Plan shall

section 2(2)(a), (b) or (c) as a non-Plan service or an insured health service.

(6) A flexibly participating physician may elect to practise as a participating physician or non-participating physician by notifying the Minister in writing of the effective date of the election.

(7) A non-participating physician may elect to practise as a participating physician or flexibly participating physician by notifying the Minister in writing of the effective date of the election.

(8) A notification under subsection (3), (6) or (7) must be made in advance of the effective date of the election.

Ministerial orders re provision of non-Plan services or insured health services

8.1(1) For the purposes of ensuring the adequate provision of insured health services, the Minister may make orders respecting the provision of non-Plan services or insured health services by flexibly participating physicians and non-participating physicians, including orders

(a) restricting the types of services, including services in particular practice areas or specialties, that flexibly participating physicians or non-participating physicians may provide as non-Plan services,

(b) establishing

(i) circumstances in which flexibly participating physicians or non-participating physicians may provide non-Plan services or in which flexibly participating physicians may provide insured health services, or

(ii) conditions that flexibly participating physicians or non-participating physicians must meet to provide non-Plan services or that flexibly participating physicians must meet to provide insured health services,

(c) prohibiting flexibly participating physicians or non-participating physicians from providing services in

(a) post a notice in a part of the physician's office to which patients have access advising patients of the physician's opted-out status, and

(b) ensure that each patient is advised in person of the physician's opted-out status before any service is provided to the patient.

(5) A physician who has been opted out of the Plan for a continuous period of at least one year may opt into the Plan by notifying the Minister in writing at least 30 days prior to the effective date of the opting in.

(6) A physician who has been opted out of the Plan for a continuous period of less than one year may apply to the Minister to opt into the Plan.

(7) An application under subsection (6) must be in a form acceptable to and contain the information required by the Minister.

(8) In making a decision on an application under subsection (6), the Minister shall take into consideration the factors, if any, that are set out in the regulations.

particular practice areas or specialties or in particular circumstances as non-Plan services, or

(d) establishing other requirements, conditions, restrictions or prohibitions respecting the provision of non-Plan services or insured health services.

(2) An order made under subsection (1) must not take effect until at least 90 days after the Minister makes the order unless the Minister is of the opinion that a shorter period is appropriate in the circumstances or necessary for the adequate provision of insured health services.

(3) An order made under subsection (1) must be published as soon as practicable on the website of the Minister's department.

Provision of non-Plan services

8.2(1) A flexibly participating physician or non-participating physician must, before providing a non-Plan service to a patient, provide the patient with the following information:

(a) the status of the physician as a flexibly participating physician or non-participating physician;

(b) the nature of the non-Plan service;

(c) the amount the flexibly participating physician or non-participating physician will charge the patient for providing the non-Plan service;

(d) that the patient is required to pay the amount referred to in clause (c) to the flexibly participating physician or non-participating physician to receive the non-Plan service;

(e) that the patient is not entitled to receive the payment of benefits from the Minister for the non-Plan service;

(f) that the patient may, if entitled to receive insured health services under this Part, receive the non-Plan service as an insured health service from a participating physician or flexibly participating physician.

(2) A flexibly participating physician or non-participating physician must not provide a non-Plan service to a patient unless

(a) the physician provides the patient with the information required under subsection (1), and

(b) the patient, in writing,

(i) acknowledges receipt of the information,

(ii) agrees to receive the non-Plan service from the physician, and

(iii) agrees to pay the amount charged by the physician to provide the non-Plan service.

(3) A flexibly participating physician or non-participating physician must maintain records with respect to each patient to whom the physician proposes to provide a non-Plan service, including

(a) records respecting the matters referred to in subsection (2)(b), and

(b) any other records, information or documents prescribed by the regulations.

Requirement to keep records, information and documents

8.3(1) A flexibly participating physician must

(a) maintain records, information and documents respecting the provision of non-Plan services and insured health services in accordance with this Part and the regulations, and

(b) ensure that the required records, information and documents are maintained separately with respect to the non-Plan services and insured health services that the physician provides.

(2) A non-participating physician must maintain records, information and documents respecting the provision of non-Plan services in accordance with this Part and the regulations.

Request for records, information and documents by Minister

8.4(1) The Minister may require a flexibly participating physician or non-participating physician to provide the Minister,

in accordance with the regulations, with records, information and documents respecting the provision of non-Plan services or insured health services.

(2) The Minister may require a flexibly participating physician or non-participating physician to provide records, information and documents that include personal information as defined in the *Protection of Privacy Act* or individually identifying health information within the meaning of the *Health Information Act*.

Review

8.5 The Minister may conduct a review of sections 8 to 8.4 after the date on which the provisions come into force.

(13) Section 9 is amended

(a) in subsection (1) by striking out "insured services" **wherever it occurs and substituting** "insured health services";

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

Extra billing

9(1) A participating physician, participating dentist or flexibly participating physician who provides insured health services to a person shall not charge or collect from any person an amount in addition to the benefits payable by the Minister for the insured health services.

(c) in subsection (1.1) by striking out "insured service" **wherever it occurs and substituting** "insured health service";

(d) in subsection (2)(c) by striking out "have opted out of the Plan" **and substituting** "be practising as a non-participating physician or non-participating dentist".

(14) Section 10 is amended by striking out "insured services" **wherever it occurs and substituting** "insured health services".

(13) Section 9 presently reads in part:

9(1) No physician or dentist who is opted into the Plan who provides insured services to a person shall charge or collect from any person an amount in addition to the benefits payable by the Minister for those insured services.

(1.1) No person referred to in section 20.1 shall charge or collect from any person an amount for an insured service in addition to the benefits payable by the Minister for that insured service.

(2) If a physician or dentist contravenes subsection (1), the Minister may,

(c) in the case of a 3rd or subsequent contravention, order that, after a date specified in the order, the physician or dentist is deemed to have opted out of the Plan for the period specified in the order.

(14) Section 10 presently reads:

10 If a physician or dentist who is opted out of the Plan provides insured services in Alberta in an emergency to a resident in respect of whom benefits may be paid and the physician, dentist or resident is paid benefits with respect to those insured services, the physician or dentist shall not charge or collect from any person an amount in addition to those benefits.

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

Emergency services

10 If a flexibly participating physician, non-participating physician or non-participating dentist provides the services described in section 2(2)(a), (b) or (c) in Alberta in an emergency to a resident in respect of whom benefits may be paid and the physician, dentist or resident is paid benefits with respect to the provision of those services, the physician or dentist shall not charge or collect from any person an amount in addition to those benefits.

(16) Section 11 is amended

(a) in subsection (1) by striking out "insured service" **wherever it occurs and substituting** "insured health service";

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

Other prohibited fees

11(1) No person shall charge or collect from any person

(a) an amount for goods or services that are provided as a condition to receiving an insured health service provided by a participating physician, participating dentist or flexibly participating physician, or

(b) an amount the payment of which is a condition to receiving an insured health service provided by a participating physician, participating dentist or flexibly participating physician,

where the amount is in addition to the benefits payable by the Minister for the insured health service.

(c) in subsection (2)

(i) by striking out "or the *Hospitals Act*";

(ii) by striking out "insured service" **and substituting** "insured health service".

(15) Section 10 presently reads:

10 If a physician or dentist who is opted out of the Plan provides insured services in Alberta in an emergency to a resident in respect of whom benefits may be paid and the physician, dentist or resident is paid benefits with respect to those insured services, the physician or dentist shall not charge or collect from any person an amount in addition to those benefits.

(16) Section 11 presently reads in part:

11(1) No person shall charge or collect from any person

(a) an amount for any goods or services that are provided as a condition to receiving an insured service provided by a physician or dentist who is opted into the Plan, or

(b) an amount the payment of which is a condition to receiving an insured service provided by a physician or dentist who is opted into the Plan

where the amount is in addition to the benefits payable by the Minister for the insured service.

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

(17) Section 12 is amended

(a) in subsection (1) by striking out "insured services" **wherever it occurs and substituting** "insured health services";

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

Prohibition on receiving benefits

12(1) A participating physician, participating dentist or flexibly participating physician who provides insured health services to a person in circumstances where the physician knows or ought reasonably to know that the person is being charged an amount in contravention of section 11 shall not receive the payment of benefits from the Minister for those insured health services.

(c) in subsection (1.1) by striking out "insured services" **wherever it occurs and substituting** "insured health services".

(18) The following is added after section 12:

Prohibitions re submission of claims

12.1(1) No person shall, with respect to the submission of a claim for benefits, provide information that the person knows or ought reasonably to know is incomplete, erroneous or false.

(2) No person shall submit a claim for benefits if the person knows or ought reasonably to know that

(a) the information provided with respect to the claim is incomplete, erroneous or false, or

(b) no benefit is payable in respect of the claim or a benefit is payable in an amount other than the amount claimed.

Prohibition on causing or contributing to contravention or failure to comply

12.2 No person shall commit an act or omission or make a statement or representation that the person knows or ought reasonably to know that, if acted or relied on by another person, may

(17) Section 12 presently reads in part:

12(1) A physician or dentist who is opted into the Plan and provides insured services to a person in circumstances where the physician or dentist knows or ought reasonably to know that the person is being charged an amount in contravention of section 11 shall not receive the payment of benefits from the Minister for those insured services.

(1.1) A person referred to in section 20.1 who employs or has entered into a service agreement with a physician who provides insured services to a person in circumstances where the person referred to in section 20.1 knows or ought reasonably to know that a person is being charged an amount in contravention of section 11 shall not receive the payment of benefits from the Minister for those insured services.

(18) Prohibitions re submission of claims; prohibition on causing or contributing to contravention or failure to comply.

(a) cause that other person or another person to contravene or fail to comply with this Division or the regulations made under this Division, or

(b) contribute to that other person or another person contravening or failing to comply with this Division or the regulations made under this Division.

(19) The following is added after section 13:

Minister's right to recover amounts re flexibly participating physicians or non-participating physicians or dentists

13.1(1) The Minister may act under subsection (2) if a flexibly participating physician, non-participating physician or non-participating dentist receives the payment of benefits in contravention of section 6(1).

(2) If subsection (1) applies, the Minister may recover the benefits by one or more of the following means:

(a) by withholding the amount of the benefits from any benefits payable to the flexibly participating physician;

(b) by civil action as though the amount of the benefits were a debt owing to the Crown in right of Alberta;

(c) under an agreement between the Minister and the flexibly participating physician, non-participating physician or non-participating dentist that provides for the repayment of the amount of the benefits.

(3) The Minister shall reimburse a person in respect of whom benefits may be paid for any amounts recovered under this section that were paid by the person and have not been previously reimbursed.

(20) Section 14(1) is amended

(a) in clause (a) by striking out "$10 000" **and substituting** "$50 000";

(b) in clause (b) by striking out "$20 000" **and substituting** "$100 000".

(19) Minister's right to recover amounts re flexibly-participating physicians or non-participating physicians or dentists.

(20) Section 14(1) presently reads:

14(1) A person who contravenes section 9, 10, 11 or 12 is guilty of an offence and liable to a fine of not more than

(a) $10 000 for the first offence, and

(b) $20 000 for the 2nd and each subsequent offence.

(21) Section 15 is amended

(a) in subsection (1) by striking out "insured services" **wherever it occurs and substituting** "insured health services";

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

Duty to advise

15(1) Prior to providing non-Plan services in Alberta to a resident in respect of whom benefits may be paid, a flexibly participating physician, non-participating physician or non-participating dentist shall advise the resident of that fact and that the resident is not entitled to be reimbursed from the Plan for the cost of any non-Plan services provided by the physician or dentist.

(c) in subsection (2) by striking out "insured services" **and substituting** "insured health services".

(22) Section 16 is amended

(a) in subsection (1)

(i) in clause (b) by striking out "this Act" **and substituting** "this Part";

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

(c.01) declaring any basic health services referred to in section 1(b)(ii), (iii), (iv) or (v) to be insured health services;

(iii) in clause (e) by striking out "of Alberta";

(iv) in clause (g)(i) by striking out "insured service" **and substituting** "insured health service";

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

(k) prescribing records, information and documents for the purposes of section 8.2(3)(b);

(21) Section 15 presently reads in part:

15(1) Prior to providing insured services in Alberta to a resident in respect of whom benefits may be paid, a physician or dentist who is opted out of the Plan shall advise the resident of that fact and that the resident is not entitled to be reimbursed from the Plan for the cost of any insured services provided by the physician or dentist.

(2) This section does not apply when the insured services are provided in an emergency.

(22) Section 16 presently reads in part:

16(1) The Lieutenant Governor in Council may make regulations

(b) deeming persons to be residents for the purposes of this Act;

(e) prescribing the waiting period for a person who is or becomes a resident of Alberta and in respect of which the costs of any health services provided during that period to that person are not payable as benefits;

(g) providing, for the purpose of removing doubt, that

(i) any service is or is not a basic health service, extended health service or insured service, or

(k) respecting the factors to be taken into consideration by the Minister in dealing with applications under section 8(6);

(p) providing, without limiting the meaning of "residents' or practitioners' registration information" in section 22, that certain information relating to the registration or enrolment of residents or practitioners obtained under this Act or the

(k.1) respecting records, information and documents for the purposes of sections 8.2 and 8.3, including requirements relating to maintaining the records, information and documents separately for the purposes of section 8.3(1)(b);

(k.2) respecting the records, information and documents the Minister may require flexibly participating physicians and non-participating physicians to provide for the purposes of section 8.4, including regulations respecting the time at which and the form and manner in which the records, information and documents must be provided;

(vi) by adding the following after clause (n.6):

(n.7) respecting the information, including personal information, that may be disclosed under section 20.31, including the types of information that may be disclosed;

(n.8) respecting the disclosure of information under section 20.31, including regulations respecting

(i) the form and manner of disclosure, and

(ii) the disclosure of information in partial or redacted form;

(n.9) establishing criteria that must be met to exclude the disclosure of information under section 20.31(2);

(vii) in clause (p) by striking out "this Act" **and substituting** "this Part";

(b) in subsection (2) by striking out "(n.6)" **and substituting** "(n.9)".

(23) Section 18 is amended

(a) by repealing subsections (1) to (3) and substituting the following:

Health Insurance Premiums Act is included in the meaning of "residents' or practitioners' registration information" in section 22;

(2) A regulation made under subsection (1)(n.2) to (n.6) may apply to all persons, organizations or bodies to which this section applies or to a class of persons, organizations or bodies to which this section applies, and there may be different regulations for different classes of such persons, organizations or bodies.

(23) Section 18 presently reads in part:

18(1) The Minister may, with respect to any claim for benefits that has been assessed under section 4(2), reassess the claim if the payment or rejection of the claim was made in error or as a result of erroneous or false information provided by the resident, practitioner

Reassessment of claims

18(1) The Minister may reassess, in accordance with this section, any claim for benefits that has been assessed under section 4(2) if the Minister is of the opinion that no benefit is payable in respect of the claim or a benefit is payable in an amount other than the amount claimed.

(2) For the purposes of subsection (1), the circumstances in which no benefit is payable in respect of a claim or a benefit is payable in an amount other than the amount claimed include the following:

(a) the payment or rejection of the claim was made in error or as a result of incomplete, erroneous or false information provided to the Minister with respect to the claim;

(b) the Minister is of the opinion that

(i) the claim relates to a health service of a kind that the practitioner concerned has provided to the practitioner's patients with a frequency that, in the circumstances, is unjustifiable,

(ii) the total amount of benefits paid for the service was, in the circumstances, greater compensation to the practitioner or person referred to in section 20.1 for that service than it should have been, taking into account the amount that would have been reasonable compensation for the service provided, in view of the time and degree of skill involved in providing the service,

(iii) the service provided was, in the circumstances, inappropriate or unnecessary,

(iv) the service provided could have been replaced by another professionally acceptable service for which a lower rate of benefits was payable,

(v) in the case of a service provided by a physician, the service was not medically required, or

(vi) the service was not provided in accordance with

or person referred to in section 20.1 concerned or by any other person acting on behalf of the resident, practitioner or person referred to in section 20.1 concerned.

(2) The Minister may, with respect to any claim for benefits, reassess the claim when, in the opinion of the Minister, a reassessment is appropriate in the circumstances, including when

(a) the claim relates to a health service of a kind that the practitioner concerned has provided to the practitioner's patients with a frequency that, in the circumstances, is unjustifiable,

(b) the total amount of benefits paid for the service was, in the circumstances, greater compensation to the practitioner or person referred to in section 20.1 for that service than it should have been,

(c) the service provided was, in the circumstances, inappropriate or unnecessary,

(d) the service provided could have been replaced by another professionally acceptable service for which a lower rate of benefits was payable, or

(e) in the case of a service provided by a physician, the service was not medically required.

(3) In reassessing claims pursuant to subsection (2), the Minister shall have regard to all the circumstances that, without limitation, may include

(a) normal patterns of practice in Alberta of practitioners of the same profession who carry on similar types of practice in similar circumstances;

(b) accepted standards of practice in Alberta of the profession of the practitioner concerned;

(c) in cases referred to in subsection (2)(b), the amount that would have been reasonable compensation for the service provided, in view of the time and degree of skill involved in providing the service.

(A) the normal patterns of practice in Alberta of practitioners of the same profession who carry on similar types of practice in similar circumstances, or

(B) accepted standards of practice in Alberta of the profession of the practitioner concerned.

(b) in subsection (4) by striking out "under subsection (2)";

(c) in subsection (4.2) by striking out "this Act" **and substituting** "this Part";

(d) in subsection (4.3) by striking out "under subsection (1) or (2)";

(e) in subsection (4.4) by striking out "subsection (8)" **and substituting** "subsection (9)";

(f) in subsection (4.5)

(i) by striking out "under subsection (1) or (2)";

(ii) by striking out "subsection (8)" **and substituting** "subsection (9)";

(iii) by striking out "this Act" **and substituting** "this Part";

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

(5) When the Minister reassesses a claim, the Minister may make any appropriate adjustments to the amounts paid with respect to the claim, and

(a) if the amounts paid were in excess of the benefits payable under the adjustment, recover the excess amount from the person to whom the benefits are payable

(i) by withholding an amount equivalent to the excess from any benefits payable to the person,

(ii) by proceedings on a certificate registered with the Court of King's Bench under subsection (5.2), or

(4) When reassessing a claim under subsection (2), the Minister may

(a) establish a committee to prepare a report or make recommendations respecting the reassessment and may select and appoint persons from the roster established under subsection (4.1) as members of the committee, and

(b) have regard to any report or recommendations of the committee.

(4.2) The Minister is not bound by a claim for benefits submitted, or by information provided in respect of a claim for benefits, by or on behalf of any person and shall reassess a claim for benefits in accordance with this Act and the regulations notwithstanding the claim for benefits submitted or information provided.

(4.3) When reassessing claims under subsection (1) or (2), the Minister may select a random sample of claims for reassessment and apply a statistical methodology, including extrapolation based on the reassessment of the random sample of claims, to the population of claims from which the sample was drawn.

(4.4) No appeal under subsection (8) shall be allowed by reason only that the amount under appeal was determined from a random sample of claims and by the application of a statistical methodology, including extrapolation, to the population of claims from which the sample was drawn.

(4.5) A reassessment of a claim under subsection (1) or (2) is, subject to being varied or vacated on appeal under subsection (8), valid and binding notwithstanding any error, defect or omission in the reassessment or in any proceeding under this Act relating to it.

(5) When the Minister reassesses claims pursuant to subsection (1) or (2), the Minister may make any appropriate adjustment in the amounts paid with respect to the claim and

(a) if the amounts paid were in excess of the benefits payable under the adjustment, recover the excess from the resident, practitioner or person referred to in section 20.1, as the case may be,

(i) by withholding from any benefits payable to the resident, practitioner or person referred to in section 20.1, as the case may be, an amount equivalent to the excess,

(iii) under an agreement between the Minister and the person providing for the payment of the excess amount,

or

(b) if the amounts paid were less than the benefits payable under the adjustment, pay the amount of the deficiency to the person to whom the benefits are payable.

(h) in subsection (5.1)

(i) by striking out "resident, practitioner or person referred to in section 20.1" **and substituting** "person to whom the benefits are payable";

(ii) in clause (a) by striking out "subsection (8)" **and substituting** "subsection (9)";

(i) in subsection (5.2) by striking out "resident, practitioner or person referred to in section 20.1" **and substituting** "person to whom the benefits are payable";

(j) by repealing subsections (7) and (8) and substituting the following:

(7) If the Minister reassesses a claim in respect of services provided by a practitioner, the Minister may withhold the payment of benefits in respect of any services provided by the practitioner until the Minister completes the reassessment.

(8) When the Minister reassesses a claim, the Minister shall notify the person who submitted the claim of the reassessment by mail.

(9) A person notified under subsection (8) may appeal the reassessment by filing an application with the Court of King's Bench within 60 days after the date on which the person was notified of the reassessment under subsection (8).

(ii) by proceedings on a certificate registered with the Court of King's Bench under subsection (5.2), or

(iii) pursuant to an agreement between the Minister and the affected resident, practitioner or person referred to in section 20.1 providing for the payment of the excess,

or

(b) if the amounts paid were less than the benefits payable under the adjustment, pay to the resident, practitioner or person referred to in section 20.1 to whom the benefits were paid, as the case may be, the amount of the deficiency.

(5.1) The Minister may certify an excess amount referred to in subsection (5)(a) as an amount payable to the Minister by the resident, practitioner or person referred to in section 20.1 after

(a) the expiry of the appeal period under subsection (8), if no application for an appeal is made, or

(b) if an application for an appeal is made, the day on which the Court dismisses the application, the application or appeal is discontinued or final judgment is given in the appeal confirming an excess amount.

(5.2) A certificate under subsection (5.1) shall, on production to the clerk of the Court of King's Bench at the judicial centre closest to the place where the resident, practitioner or person referred to in section 20.1 resides or has an office according to the records of the Minister's Department, be registered in the Court as a judgment of the Court and when registered has the same force and effect, and all proceedings may be taken on it, as if the certificate were a judgment obtained in the Court for a debt in the amount specified in the certificate.

(7) The Minister may withhold benefits payable to a practitioner, resident or person referred to in section 20.1 until the completion of a reassessment under subsection (1) or (2) of claims relating to services provided by the practitioner.

(8) The Minister shall notify the practitioner, resident or person referred to in section 20.1 concerned by mail of any reassessment under this section and the practitioner, resident or person referred to in section 20.1 so notified may appeal the reassessment to the Court of King's Bench by way of application if the application is returnable within 60 days after the date on which that person was notified.

(24) Section 19 is amended

(a) in subsection (1) by striking out "subsection (2)" **and substituting** "subsection (1)";

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

(3) A copy of an order made under this section shall be served,

(a) in the case of a practitioner, on the practitioner against whom it is made, and

(b) in the case of a person referred to in section 20.1, on the person against whom it is made.

(3.1) Except where the order was made with the consent of the affected practitioner or person referred to in section 20.1, the affected practitioner or person may, within 30 days after the date on which the practitioner or person received the copy of the order, apply to the Court of King's Bench to have the order rescinded or varied.

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

(4) After hearing the application, the Court may

(a) confirm the order, or

(b) direct the Minister to

(i) rescind the order, if the Court considers the Minister had no reasonable justification for making it, or

(ii) vary the order in the manner specified by the Court.

(25) The following is added after section 19:

Deeming physicians or dentists to be flexibly participating or non-participating physicians or dentists

19.1(1) Subject to subsections (4) and (5), the Minister may make an order

(a) deeming a participating physician or flexibly participating physician to be a non-participating

(24) Section 19 presently reads in part:

19(1) If a practitioner or person referred to in section 20.1 becomes liable under section 18(5) by reason of one or more reassessments of claims pursuant to subsection (2) of that section, the Minister may, with or without the consent of the practitioner or person referred to in section 20.1, make an order directing that, after a date specified in the order and with respect to any specified kind of health service provided by that practitioner or person referred to in section 20.1, the Minister will pay no benefits or only a portion of the benefits otherwise payable.

(3) A copy of an order under this section shall be served

(a) in the case of a practitioner, on the practitioner against whom it is made, and

(b) in the case of a person referred to in section 20.1, on the person against whom it is made, and except in the case where the order was made with the consent of the affected practitioner or person referred to in section 20.1, the affected practitioner or person may, within 30 days after the date on which the practitioner or person received the copy of the order, apply to the Court of King's Bench to have the order rescinded or varied.

(4) After the hearing of the application, the Court may direct the Minister

(a) to rescind the Minister's order, if it considers the Minister had no reasonable justification for making it, or

(b) to vary the Minister's order in the manner specified by the Court.

(25) Deeming physicians or dentists to be flexibly participating or non-participating physicians or dentists.

physician, a participating physician to be a flexibly participating physician or a participating dentist to be a non-participating dentist if

(i) the Minister reassesses a claim for benefits in relation to section 18(2)(b) and the physician or dentist becomes liable for an amount under section 18(5) with respect to the claim,

(ii) the Minister is of the opinion that there is a substantial likelihood that the physician or dentist will contravene or fail to comply with this Division or the regulations made under this Division,

(iii) the physician or dentist has a history of contravening or failing to comply with this Division or the regulations made under this Division,

(iv) the physician or dentist has contravened or failed to comply with this Division or the regulations made under this Division, or

(v) the Minister becomes aware that the physician or dentist has been charged with or convicted of an offence

(A) under this Division or the regulations made under this Division that relates to a claim for benefits, or

(B) under the *Criminal Code* (Canada) that relates to a contravention or failure to comply with this Division or the regulations made under this Division by the physician or dentist in respect of a claim for benefits, whether or not the physician or dentist was charged with an offence under this Division or the regulations made under this Division,

or

(b) deeming a participating physician or flexibly participating physician to be a non-participating physician or a participating physician to be a flexibly participating physician if the physician enters into an

agreement with a person referred to in section 20.1 and, with respect to the insured health services provided by the physician under the agreement,

(i) the Minister reassesses a claim for benefits in relation to section 18(2)(b) and the person becomes liable for an amount under section 18(5) with respect to the claim,

(ii) the Minister is of the opinion that there is a substantial likelihood that the person will contravene or fail to comply with this Division or the regulations made under this Division,

(iii) the person has a history of contravening or failing to comply with this Division or the regulations made under this Division,

(iv) the person has contravened or failed to comply with this Division or the regulations made under this Division, or

(v) the Minister becomes aware that the person has been charged with or convicted of an offence

(A) under this Division or the regulations made under this Division that relates to a claim for benefits, or

(B) under the *Criminal Code* (Canada) that relates to a contravention or failure to comply with this Division or the regulations made under this Division by the person in respect of a claim for benefits, whether or not the person was charged with an offence under this Division or the regulations made under this Division.

(2) If the Minister makes an order under subsection (1)(b), the Minister may make an order prohibiting the person referred to in section 20.1 from receiving the payment of benefits with respect to the insured health services provided by the physician under the agreement during the period referred to in subsection (3)(a).

(3) An order made under subsection (1) shall

(a) be for a specified period or of indefinite duration,

(b) specify that the physician or dentist is deemed to be a flexibly participating physician, non-participating physician or non-participating dentist for the period referred to in clause (a), and

(c) if the physician is deemed to be a flexibly participating physician, specify

(i) the insured health services the physician is not to provide as insured health services, or

(ii) the circumstances in which the physician is not to provide insured health services.

(4) If the Minister intends to make an order under subsection (1) or (2), the Minister shall send a written notice to the physician, dentist or person referred to in section 20.1

(a) notifying the physician, dentist or person of the Minister's intention to make the order,

(b) setting out the reasons why the Minister intends to make the order,

(c) notifying the physician, dentist or person of their right to respond to the Minister's reasons, and

(d) setting out the period within which the physician, dentist or person may provide a response.

(5) The Minister shall not make an order under subsection (1) or (2) unless

(a) the period referred to in subsection (4)(d) has expired, and

(b) the Minister is of the opinion that it is appropriate to make the order, considering any response provided under subsection (4) by the physician, dentist or person referred to in section 20.1.

(6) A copy of an order made under subsection (1) or (2) must be served on the physician, dentist or person referred to in section 20.1 against whom it is made.

(7) The physician, dentist or person referred to in section 20.1 may, within 30 days after the date on which the physician, dentist or person received the copy of the order, apply to the Court of King's Bench to have the order rescinded or varied.

(8) After hearing the application, the Court may

(a) confirm the order, or

(b) direct the Minister to

(i) rescind the order, if the Court considers the Minister had no reasonable justification for making it, or

(ii) vary the order in the manner specified by the Court.

(9) When an order made under subsection (1) or (2) is of indefinite duration, the Minister shall review the order at least annually.

(26) Section 20.1 is amended

(a) in subsection (1)

(i) by striking out "insured service" **wherever it occurs and substituting** "insured health service";

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

(c) the physician was practising as a participating physician when the insured health service was provided.

(b) in subsection (3) by striking out "insured service" **wherever it occurs and substituting** "insured health service".

(26) Section 20.1 presently reads in part:

20.1(1) A person may submit a claim to the Minister in accordance with this section for a benefit for an insured service provided by a physician if

(a) the Minister has, in accordance with section 20, entered into an agreement or established an arrangement with the person for the payment of benefits for the insured service on a basis other than a fee for service basis,

(b) the person employs or has entered into a service agreement with the physician to provide the insured service, and

(c) the physician was opted into the Plan when the insured service was provided.

(3) If a claim is submitted to the Minister in accordance with subsection (1),

(a) the payment of a benefit by the Minister to the person who submitted the claim discharges the Minister's duty with

(27) The following is added after section 20.3:

Disclosure re contravention or failure to comply

20.31(1) If a person contravenes or fails to comply with this Division or the regulations made under this Division, the Minister may disclose to the public, in accordance with the regulations, information relating to the contravention or failure to comply.

(2) The Minister may, on application by a person who has contravened or failed to comply with this Division or the regulations made under this Division, exclude information, including the person's personal information as defined in the *Protection of Privacy Act*, from disclosure to the public if the Minister is of the opinion that

(a) disclosure could unduly threaten the safety of the person, or

(b) other criteria established by the regulations are met.

(3) This section does not authorize the disclosure of personal information about patients.

(28) Section 20.4 is amended

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

(1.1) Except for the *Alberta Bill of Rights*, section 20.31 prevails over any enactment that it conflicts or is inconsistent with, and a regulation under section 16(1)(n.7) to (n.9) prevails over any other bylaw, rule, order or regulation with which it conflicts.

respect to the payment of that benefit to the physician who delivered the insured service,

(b) the physician who delivered the insured service is not eligible to submit a claim to the Minister for a benefit for the insured service, and

(c) no physician shall claim or receive the payment of a benefit from the Minister with respect to the insured service.

(27) Disclosure re contravention or failure to comply.

(28) Section 20.4 presently reads in part:

(2) A disclosure required under section 20.3 or the regulations does not contravene any enactment made on or before the day this section comes into force.

(3) A disclosure required under section 20.3 or the regulations does not breach or contravene any contractual or other legal right of confidentiality.

(4) No cause of action lies against any person by reason of a disclosure required under section 20.3 or the regulations.

(b) in subsections (2), (3) and (4) by adding "or permitted under section 20.31 or the regulations" **after** "or the regulations".

(29) Section 21 is amended

(a) in subsection (1) by striking out "this Act" **and substituting** "this Part";

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

(2) Nothing in this Part or the regulations prevents a resident from assuming the responsibility for the payment of the costs of health services provided to the resident or the resident's dependants.

(30) Section 22 is amended

(a) in subsections (1) and (2) to (8) by striking out "this Act" **wherever it occurs and substituting** "this Part";

(b) in subsection (9)

(i) by striking out "obtained under this Act" **and substituting** "obtained under this Part";

(ii) by repealing clauses (a) and (b) and substituting the following:

(a) for the purpose of the administration of this Part or the regulations, the *Health Insurance Premiums Act* or the regulations under that Act, the federal Act or a program that receives funds directly or indirectly from the Minister responsible for the *Provincial Health Agencies Act* or the Minister responsible for the *Alberta Health Act*, or

(b) in proceedings under this Part, the regulations, the *Health Insurance Premiums Act* or the regulations under that Act.

(c) in subsections (15), (16) and (23) by striking out "this Act" **wherever it occurs and substituting** "this Part".

(29) Section 21 presently reads in part:

21(1) Nothing in this Act or the regulations

(2) Nothing in this Act or the regulations is to be construed to prevent any resident who does not desire to claim or receive benefits for health services provided to the resident or resident's dependants from assuming the responsibility for the payment of those costs.

(30) Section 22 presently reads in part:

22(1) Except as permitted or required under this Act, the Minister or a person employed in the administration of this Act and authorized by the Minister may disclose health information acquired under this Act or the Health Insurance Premiums Act only in accordance with the Health Information Act.

(2) The Minister or any person authorized by the Minister may, for the purpose of enforcing the Crown's right of recovery under the Crown's Right of Recovery Act or the Opioid Damages and Health Care Costs Recovery Act, disclose information acquired under this Act.

(3) The Minister or a person employed in the administration of this Act and authorized by the Minister may disclose information pertaining to the date on which health services were provided, a description of those services, any diagnosis given by a person who provided the services, the name and address of the person who provided the services, the benefits paid for those services and the person to whom they were paid, the name and address of the person to whom the services were provided and any other information pertaining to the nature of the health services provided to any committee established to advise the Minister in respect of matters under section 18.

(4) The Minister or a person employed in the administration of this Act and authorized by the Minister may, in connection with the administration of the Criminal Code (Canada), disclose to the

Minister of Justice or a person or persons designated by the Minister of Justice information pertaining to the date on which health services were provided, a description of those services, any diagnosis given by a person who provided the services, the name and address of the person who provided the services, the benefits paid for those services and the person to whom they were paid, the name and address of the person to whom the services were provided and any other information coming to the knowledge of any person employed in the administration of this Act in the course of that person's employment.

(5) The Minister or a person employed in the administration of this Act and authorized by the Minister may disclose information pertaining to the date on which health services were provided and a description of those services, the name and address of the person who provided the services, the benefits paid for those services and the person to whom they were paid, the name and address of the person to whom the services were provided and any other information pertaining to the nature of the health services provided, to The Workers' Compensation Board, a director under the Child, Youth and Family Enhancement Act, the Sexually Transmitted Disease Control Unit of the Department of Health, or the Director of Medical Services appointed under the Occupational Health and Safety Act, if

(6) Notwithstanding subsection (5), the Minister or a person employed in the administration of this Act and authorized by the Minister may disclose to the Director of Medical Services for The Workers' Compensation Board or the Director of Medical Services appointed under the Occupational Health and Safety Act any diagnosis given by a person who has provided health services to another person if

(6.1) The Minister or a person employed in the administration of this Act and authorized by the Minister may disclose individually identifying health information, other than a diagnosis given by a person who has provided health services, acquired under this Act

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

(31) Sections 23 and 24 are amended by striking out "this Act" **wherever it occurs and substituting** "this Part".

(a) in connection with the administration of this Act, the regulations or the federal Act,

(b) in proceedings under this Act or the regulations,

(8) The Minister or a person employed in the administration of this Act and authorized by the Minister may disclose information, other than information related to health services, about a person, but the information may only be disclosed in connection with the administration of the Seniors Benefit Act.

(9) Notwithstanding subsection (7), the Minister or a person authorized by the Minister may disclose residents' or practitioners' registration information obtained under this Act or the Health Insurance Premiums Act

(a) for the purpose of the administration of this Act or the Health Insurance Premiums Act, the regulations under those Acts, the federal Act or any program that receives funds directly or indirectly from the Department of Health, or

(b) in proceedings under this Act, the Health Insurance Premiums Act or the regulations under those Acts.

(15) The Minister may enter into an agreement respecting the disclosure of practitioners' registration information obtained under this Act or the Health Insurance Premiums Act with

(b) a person or entity designated in the regulations.

(16) The Minister may, in accordance with an agreement made under subsection (15), disclose practitioners' registration information obtained under this Act or the Health Insurance Premiums Act.

(23) No report, form or return prescribed by or required for the purposes of this Act or the regulations shall be admitted in evidence in any judicial proceeding, other than a judicial proceeding under this Act, to adversely affect the interest of the person making the report, form or return.

(31) Sections 23 and 24 presently read:

23(1) If a practitioner or an agent or employee of a practitioner discloses information to the Minister or to a person employed in the

(32) Section 26 is amended

(a) in subsection (1)(c) by striking out "of Alberta" **wherever it occurs;**

(b) in subsection (4)(b) by striking out "insured services" **and substituting** "insured health services";

(c) in subsection (5)(b) and (c) by striking out "of Alberta".

administration of this Act, no action lies against the practitioner or the agent or employee in respect of the disclosure of that information.

(2) If a person referred to in section 20.1 or an agent or employee of that person discloses information to the Minister or to a person employed in the administration of this Act, no action lies against the person referred to in section 20.1 or the agent or employee of that person in respect of the disclosure of that information.

24 Subject to this Act and the regulations, the right of any person to receive payment of benefits is not assignable and no sum owing by the Minister as benefits is liable to be charged or to be attached in any proceedings or subject to an order for equitable execution against the person entitled to receive payment of benefits.

(32) Section 26 presently reads in part:

26(1) In this section,

(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 of Alberta,

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

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

(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

(b) to the extent prescribed by the regulations and in those cases specified in the regulations, for the cost of any basic health services or extended health services other than insured services over and above the benefits payable by the Minister for those services.

(5) Subject to the regulations, if

(b) the carrier has entered into such a group contract with an employer in respect of some or all of the employer's employees who are residents of Alberta,

(33) Section 27 is amended

(a) in subsection (1) by striking out "not less than $100 and not more than $1000" **and substituting** "not less than $10 000 and not more than $25 000";

(b) in subsection (2)

(i) by striking out "this Act" **and substituting** "this Part";

(ii) by striking out "not less than $100 and not more than $1000" **and substituting** "not less than $10 000 and not more than $25 000".

(34) The following is added after section 28:

Administrative penalties

28.1(1) If the Minister is of the opinion that a person has contravened or failed to comply with this Division or the regulations made under this Division, the Minister may impose an administrative penalty on the person by issuing a notice of administrative penalty requiring the person to pay an amount determined in accordance with the regulations.

(2) In determining whether to impose an administrative penalty, the Minister may consider the following factors:

(a) the importance to the regulatory scheme of compliance with the provision that was contravened or with which the person failed to comply;

(b) the severity of the contravention or failure to comply;

(c) the degree of wilfulness or negligence, if any, on the part of the person;

(d) any steps taken by the person to mitigate actual or potential loss or damage resulting from or related to the contravention or failure to comply;

(c) an employee who is a resident of Alberta and is covered by that group contract retires from the employment of that employer in accordance with the employer's retirement plan or policy, and

(33) Section 27 presently reads:

27(1) A person providing health services to a resident who wilfully makes a false statement in any report, form or return required to be submitted to the Minister to enable benefits to be paid to the resident or to any other person is guilty of an offence and liable to a fine of not less than $100 and not more than $1000.

(2) A person, other than a person providing health services to a resident, who wilfully makes a false statement in any report, form or return prescribed by or required for the purposes of this Act or the regulations is guilty of an offence and liable to a fine of not less than $100 and not more than $1000.

(34) Administrative penalties; appeal of administrative penalty; administrative penalty not stayed; enforcement or collection of administrative penalty; regulations.

(e) any steps taken by the person to prevent recurrence of the contravention or failure to comply;

(f) any previous contraventions or failure to comply with the provision, this Act or the regulations made under this Act by the person;

(g) whether the person derived any economic benefit from the contravention or failure to comply;

(h) any other factors the Minister considers relevant.

(3) A notice of administrative penalty must be

(a) in writing and contain the information set out in the regulations, and

(b) served on the person in accordance with the regulations.

(4) A notice of administrative penalty may not be issued more than 6 years after the date on which the contravention or failure to comply came to the attention of the Minister.

(5) The Minister may not impose an administrative penalty in respect of a contravention or failure to comply on a person who has been charged with an offence in respect of the same contravention or failure to comply unless the person is not convicted of the offence.

Appeal of administrative penalty

28.2(1) A person served with a notice of administrative penalty may appeal the administrative penalty by submitting a notice of appeal to the Minister in accordance with the regulations.

(2) On receiving a notice of appeal, the Minister may establish an appeal panel to hear the appeal.

(3) An appeal panel may confirm, vary or rescind a notice of administrative penalty.

Administrative penalty not stayed

28.3(1) The commencement of an appeal of a notice of administrative penalty does not operate to stay the administrative penalty.

(2) The reassessment of a claim for benefits under section 18 or an appeal of a reassessment under section 18(9) does not operate to stay an administrative penalty issued for a contravention of section 12.1.

Enforcement or collection of administrative penalty

28.4 The Minister shall enforce or collect the payment of an administrative penalty in accordance with the regulations.

Regulations

28.5 The Lieutenant Governor in Council may make regulations

(a) respecting administrative penalties, including regulations respecting

(i) notices of administrative penalty, including the form, content and service of notices, and

(ii) the amounts of administrative penalties and the manner of determining the amounts of administrative penalties;

(b) respecting appeals of administrative penalties, including regulations

(i) respecting notices of appeal of administrative penalties, including the form, content and service of notices of appeal,

(ii) respecting appeal panels and authorizing the Minister to establish appeal panels, and

(iii) respecting the conduct of appeals before appeal panels;

(c) respecting the enforcement and collection of administrative penalties for the purposes of section 28.4, including regulations

(i) authorizing the Minister to bring proceedings or enter into agreements to enforce or collect administrative penalties, and

(ii) respecting the imposition of interest on administrative penalties.

(35) The heading preceding section 29 is repealed and the following is substituted:

Division 2
Optional Health Services

(36) Section 29 is amended

(a) by striking out "this Part" **wherever it occurs and substituting** "this Division";

(b) in clause (d) by adding "made under this Division" **after** "regulations".

(37) Section 30 is amended

(a) in clause (a) by striking out "of Alberta";

(b) in clause (h)

(i) by striking out "this Part" **and substituting** "this Division";

(ii) by striking out "this Act" **and substituting** "this Part".

(38) The heading preceding section 33 is repealed and the following is substituted:

Division 3
General

(39) Sections 33(a) and (g), 38 and 39(1) are amended by striking out "this Act" **wherever it occurs and substituting** "this Part".

(35) The heading preceding section 29 presently reads:

Part 2
Optional Health Services

(36) Section 29 presently reads in part:

29 In this Part,

(a) "optional contract" means a contract issued by the Minister to a resident pursuant to the regulations under this Part;

(d) "subsidy" means the amount prescribed in the regulations by which a subscription is reduced.

(37) Section 30 presently reads in part:

30 The Lieutenant Governor in Council may make regulations

(a) authorizing the Minister to issue contracts to residents of Alberta providing insurance in respect of the cost of optional health services provided to the subscribers under it and their dependants;

(h) generally, providing for any other matter considered necessary for the purpose of administration and operation of this Part or to meet cases that may arise and for which no provision is made by this Act.

(38) The heading preceding section 33 presently reads:

Part 3
General

(39) Sections 33, 38 and 39 presently read in part:

33 The Lieutenant Governor in Council may make regulations

(a) defining "dependant" for the purposes of the Plan, this Act and the regulations;

(g) generally, providing for any other matter considered necessary for the purpose of administration and operation of

(40) Section 39.01 is amended

(a) in subsection (2)

(i) by striking out "under this Act" **and substituting** "under this Part";

(ii) by striking out "Part 1, 2 or 3 of this Act" **and substituting** "this Part";

(b) in subsection (4) by striking out "Part 1, 2 or 3 of this Act" **and substituting** "this Part".

(41) Section 40(1)(b) is amended by striking out "in this Act" **and substituting** "in this Part".

(42) The following is added after section 40:

Retroactive adjustment of benefits for purposes of agreement

40.01(1) For the purposes of implementing an agreement entered into with the Alberta Medical Association under section 40(1), the Minister may make an adjustment to a benefit payable in respect of an insured health service that is effective on a date before the date on which the adjustment is made.

(2) When the Minister makes an adjustment, the Minister shall publish information respecting the adjustment, including the

this Act or to meet cases that may arise and for which no provision is made by this Act.

38 The Minister may prescribe any forms to be used under this Act or the regulations that the Minister considers necessary.

39(1) A person employed in the administration of this Act who is expressly authorized to do so by the Minister may, for the purpose of conducting an examination and audit of the claims for or payments of benefits relating to health services provided by a practitioner or group of practitioners,

(40) Section 39.01 presently reads in part:

(2) In addition to any other requirement under this Act, the Minister may, for any purpose related to the administration or enforcement of Part 1, 2 or 3 of this Act, including the collection of any amount payable to the Minister by any person, by notice served personally or by registered mail, require a person to do any of the following within a reasonable period stipulated in the notice:

(4) An authorized person may, for a purpose related to the administration and enforcement of Part 1, 2 or 3 of this Act,

(41) Section 40(1)(b) presently reads in part:

40(1) The Minister may enter into agreements with any government, person or unincorporated group of persons

(b) providing for any matter for which no provision is made elsewhere in this Act or in the regulations that the Minister considers necessary,

(42) Retroactive adjustment of benefits for purposes of agreement.

benefit to which the adjustment applies, the amount of the adjustment and the effective date of the adjustment.

(3) When the Minister makes an adjustment in respect of a benefit that has already been paid to a person, the Minister may,

(a) if the benefit paid was in excess of the adjusted benefits, recover the excess amount from the person to whom the benefit was paid

(i) by withholding from any benefits payable to the person an amount equivalent to the excess amount, or

(ii) under an agreement between the Minister and the person providing for the payment of the excess amount,

or

(b) if the benefit paid was less than the adjusted benefit, pay the amount of the deficiency to the person to whom the benefit was paid.

(4) The Minister may, with respect to any excess or deficiency referred to in subsection (3), charge or pay simple interest at a rate the Minister determines but not exceeding 8% per year.

(5) An adjustment under this section is not a reassessment of a claim for benefits under section 18.

(43) Section 40.1(1) is amended

(a) in clause (b)(i) by striking out "insured services" **and substituting** "insured health services";

(b) in clause (c) by striking out "insured services and is paid in accordance with this Act" **and substituting** "insured health services and is paid in accordance with this Part".

(43) Section 40.1(1) presently reads in part:

40.1(1) In this section,

(b) "compensation matters" means

(i) the rates of benefits payable for the provision of insured services by a physician, and

(c) "physician" means a physician referred to in section 1(t)(i) who provides insured services and is paid in accordance with this Act.

(44) Section 42 is amended

(a) by striking out "under this Act" **and substituting** "under this Part";

(b) in clause (a)

(i) by striking out "$500" **and substituting** "$10 000";

(ii) by striking out "30 days" **and substituting** "90 days";

(c) in clause (b)

(i) by striking out "$1000" **and substituting** "$50 000";

(ii) by striking out "60 days" **and substituting** "6 months";

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

(c) for a 3rd or subsequent offence, to a fine of $100 000 or imprisonment for a term of not more than 12 months.

(45) Section 44 is amended

(a) in subsection (1)

(i) by striking out "this Act" **and substituting** "this Part";

(ii) by striking out "insured services" **wherever it occurs and substituting** "insured health services";

(b) in subsection (2) by striking out "insured services" **and substituting** "insured health services".

(46) The following is added after section 44:

Part 2
Insured Hospital Services Plan

Definitions

45 In this Part,

(a) "approved facility" means a facility designated by the oversight Minister as an approved facility under section 65(1);

(44) Section 42 presently reads:

42 A person who is guilty of an offence under the regulations or under this Act and for which no penalty is specifically provided, is liable

(a) for a first offence, to a fine of not more than $500 and in default of payment to imprisonment for a term of not more than 30 days,

(b) for a 2nd offence, to a fine of not more than $1000 and in default of payment to imprisonment for a term of not more than 60 days, and

(c) for a 3rd or subsequent offence, to imprisonment for a term of not more than 6 months without the option of a fine.

(45) Section 44 presently reads in part:

44(1) A resident who is entitled to benefits under this Act is also entitled to receive, without charge, insured services that are provided under

(2) Subsection (1) does not affect any provision in any Act referred to in that subsection or in any regulations under such an Act that pertain to requirements as to residence in Alberta in relation to the provision of any services that are not insured services.

(46) Part 2 Insured Hospital Services Plan; Part 3 Drug and Supplemental Benefits Plans; Part 4 Regulations.

(b) “approved hospital” means an approved hospital under the *Provincial Health Agencies Act*;

(c) “authorized charges” means the authorized charges a patient is required to pay under section 56(1);

(d) “enhanced goods and services” means enhanced goods and services referred to in section 57;

(e) “hospital operator” means hospital operator as defined in the *Provincial Health Agencies Act*;

(f) “health services sector” means, with respect to a sector Minister, the health services sector for which the sector Minister is responsible under the *Provincial Health Agencies Act*;

(g) “hospital services” means health services that a hospital services facility operator provides in a hospital services facility;

(h) “hospital services facility” means

(i) a health services sector in an approved hospital,

(ii) a prescribed institution,

(iii) a location where a prescribed body provides hospital services, or

(iv) an approved facility;

(i) “hospital services facility operator” means

(i) a hospital operator,

(ii) the operator of a prescribed institution,

(iii) a prescribed body, or

(iv) the operator of an approved facility;

(j) “insured hospital service” means an insured hospital service referred to in section 52;

(k) "non-entitled person" means a person who is not entitled to receive insured hospital services under this Part;

(l) "non-insured hospital service" means a non-insured hospital service referred to in section 54;

(m) "operating costs" means the costs of providing insured hospital services in a hospital services facility that are paid by the sector Minister under the Plan;

(n) "oversight Minister" means the oversight Minister under the *Provincial Health Agencies Act*;

(o) "patient" means a person

(i) admitted as an in-patient to a hospital services facility, or

(ii) to whom hospital services are provided as an out-patient in a hospital services facility;

(p) "Plan" means the Insured Hospital Services Plan referred to in section 47(1);

(q) "prescribed body" means a body prescribed by the regulations for the provision of insured hospital services;

(r) "prescribed institution" means an institution prescribed by the regulations for the provision of insured hospital services;

(s) "regulations" means the regulations made under this Part, unless the context otherwise requires;

(t) "resident" means a person who is, in accordance with the regulations,

(i) lawfully entitled to be or remain in Canada and makes the person's home and is ordinarily present in Alberta, or

(ii) deemed by the regulations to be a resident,

but does not include a tourist, transient or visitor to Alberta or a person assumed under the *Health Insurance Premiums Act* no longer to be a resident;

(u) "sector Minister" means,

(i) with respect to a hospital services facility that is a health services sector in an approved hospital and a hospital services facility operator that is a hospital operator, the sector Minister responsible for the health services sector under the *Provincial Health Agencies Act*, or

(ii) with respect to a hospital services facility other than a health services sector in an approved hospital and a hospital services facility operator other than a hospital operator,

(A) the sector Minister responsible for the provincial health agency under the *Provincial Health Agencies Act*, if the hospital services facility operator is a provincial health agency,

(B) the responsible Minister for the provincial health corporation under the *Provincial Health Agencies Act*, if the hospital services facility operator is a provincial health corporation, or

(C) the sector Minister designated by the oversight Minister for the purpose, if the hospital services facility operator is not a provincial health agency or provincial health corporation;

(v) "standard hospital services" means the following services provided to in-patients:

(i) accommodation and meals at the standard ward level;

(ii) necessary nursing services;

(iii) laboratory, radiological and other diagnostic procedures, together with the necessary interpretation;

(iv) drugs, biologicals and related preparations when administered in a hospital services facility;

(v) use of radiotherapy facilities;

(vi) use of operating room, case room and anaesthetic facilities, including necessary equipment and supplies;

(vii) surgical equipment and supplies;

(viii) use of physical therapy services;

(ix) services provided by persons who receive remuneration for those services from the hospital operator.

Application of Part

46 Except as otherwise provided in the regulations, this Part and the regulations apply in respect of a facility as defined in the *Mental Health Act*.

Division 1
Insured Hospital Services Plan

Establishment, administration and operation of Plan

47(1) This Part and the regulations establish the Insured Hospital Services Plan to provide insured hospital services to all residents.

(2) Each sector Minister shall administer and operate the Plan on a non-profit basis with respect to

(a) the provision of hospital services in the sector Minister's health services sector, and

(b) the hospital services facilities for which the sector Minister is responsible.

Entitlement to insured hospital services

48(1) Subject to section 49, a resident is entitled to receive insured hospital services.

(2) For the purposes of this section, a certificate of registration issued under the *Health Insurance Premiums Act* is proof, in the absence of evidence to the contrary, that a person is a resident if the certificate was in effect at the time the insured hospital services were provided to the person.

Residents not entitled to insured hospital services

49(1) If a resident files a declaration under section 25 of the *Health Insurance Premiums Act*, the resident and any dependant of the resident to whom the declaration extends or applies are not

entitled to receive insured hospital services while the declaration is in effect.

(2) A resident is not entitled to receive insured hospital services during the applicable waiting period prescribed in the regulations made under the *Health Insurance Premiums Act*.

Provision of insured hospital services in emergencies

50(1) In an emergency, a hospital services facility operator shall not, solely on the basis that a person is a non-entitled person,

(a) refuse to admit the person to the hospital services facility, or

(b) refuse to provide hospital services to the person in the hospital services facility.

(2) Subsection (1) applies notwithstanding this or any other Act or the regulations made under this or any other Act.

Division 2
Insured and Non-insured Hospital Services

Provision of insured hospital services

51 Insured hospital services may be provided only by a hospital services facility operator in a hospital services facility.

Insured hospital services

52 A hospital service is an insured hospital service if

(a) the hospital service is

(i) a standard hospital service, or

(ii) a good or service prescribed by the regulations as an insured hospital service,

and

(b) the cost of providing the hospital service is paid by the sector Minister under the Plan.

Payment for insured hospital services

53(1) A sector Minister shall pay for the provision of insured hospital services by hospital services facility operators in health

services facilities to residents who are entitled to receive insured hospital services.

(2) The sector Minister shall make grants to hospital services facility operators for the purposes of subsection (1).

Non-insured hospital services

54(1) A hospital service is a non-insured hospital service if the sector Minister is not required to pay the cost of providing the hospital service under the Plan.

(2) The following hospital services are non-insured hospital services:

(a) a hospital service provided to a resident who is entitled to receive the hospital service

(i) under another enactment or under a statute of Canada or another province or territory, or

(ii) under the *Workers' Compensation Act* or a law of any jurisdiction outside Alberta relating to workers' compensation,

(b) a hospital service provided to a resident who has been declared, under section 1.976993(1) of the *Provincial Health Agencies Act*, to be no longer in need of the hospital service;

(c) an enhanced good or service;

(d) a good or service prescribed by the regulations as a non-insured hospital service.

No payment for non-insured hospital services

55(1) A sector Minister shall not pay for the provision of non-insured hospital services by hospital services facilities operators to residents or non-entitled persons.

(2) Notwithstanding subsection (1), a sector Minister may pay for the provision of non-insured hospital services and other goods and services by operators of approved facilities to residents or non-entitled persons.

Division 3
Charges and Fees

Authorized charges for non-insured hospital services

56(1) Subject to subsection (2), each patient in a hospital services facility shall pay the applicable authorized charges to the hospital services facility operator, in accordance with the regulations, for any non-insured hospital services provided to the patient.

(2) A sector Minister may pay the authorized charges that a patient with a prescribed illness, disease or condition would otherwise be required to pay under subsection (1) in the amounts set out in or determined in accordance with the regulations.

Fees for enhanced goods and services

57(1) The provincial health agency established for a health services sector may designate specific non-insured hospital services provided in a hospital services facility in the health services sector as enhanced goods and services.

(2) Subject to subsection (4), each patient who requests and receives enhanced goods and services in a hospital services facility shall pay a fee to the hospital services facility operator for the enhanced goods and services if the provincial health agency has authorized the hospital services facility operator to charge a fee for those enhanced goods and services.

(3) The provincial health agency shall, in accordance with the regulations, determine the amount of the fee a hospital services facility operator is required to charge for enhanced goods and services.

(4) If a patient's attending physician is of the opinion that, due to medical necessity, the patient requires enhanced goods or services, the patient is not required to pay a fee for those enhanced goods and services.

Fees charged to non-entitled persons

58(1) Each patient who is a non-entitled person and to whom hospital services or other goods and services are provided in a hospital services facility shall pay a fee to the hospital services facility operator, in accordance with the regulations, for the hospital services or other goods and services provided to the patient.

(2) The sector Minister shall establish a schedule of fees to be paid by non-entitled persons under subsection (1).

(3) The sector Minister shall ensure that the schedule of fees is published or otherwise made publicly available.

Fees for health services provided by physicians

59 Each patient to whom health services other than insured health services under Part 1 are provided by a physician in a hospital services facility shall pay a fee to the hospital services facility operator, in accordance with the regulations, for

(a) the health services provided to the patient, and

(b) the goods and services provided to the patient in connection with the health services.

Division 4
Recovery and Payment of Costs by Residents

Recovery of costs of providing hospital services

60 If, while a declaration under section 25 of the *Health Insurance Premiums Act* is in effect, a hospital services facility operator provides insured hospital services to the resident who filed the declaration or a dependant of the resident to whom the declaration extends or applies,

(a) the hospital services facility operator is entitled to recover the costs of providing the insured hospital services only from the resident, and

(b) the sector Minister may not make a grant to the hospital services facility operator in respect of the provision of the insured hospital services.

Assuming responsibility for costs of insured hospital services

61 Nothing in this Part or the regulations prevents a resident from assuming the responsibility for the payment of all or part of the costs of the insured hospital services provided to the resident in a hospital services facility.

Division 5
Payments to Operators of Other Hospitals and Agencies

Hospital services outside Alberta

62 If hospital services or other goods and services are provided to a resident in a hospital or health care facility outside Alberta, the Government of Alberta shall pay, in accordance with the regulations, for the hospital services or other goods and services provided to the resident if

(a) the hospital services or other goods and services would have been insured hospital services had they been provided to the resident in Alberta, and

(b) the resident would have been entitled to receive the hospital services or other goods and services as insured hospital services had they been provided in Alberta.

Payments to operators of certain public hospitals

63(1) In this section, "public hospital" means a hospital

(a) established by or under, or the establishment or operation of which is governed by, the *Workers' Compensation Act*, or

(b) established by the Government of Canada.

(2) A sector Minister may pay the operator of a public hospital for the insured hospital services that the operator provides to residents and their dependants.

(3) An agreement between the sector Minister and the operator of a public hospital for the purposes of subsection (2) must include any terms, conditions or restrictions required by the oversight Minister.

Payments to agencies

64 The sector Minister responsible for the acute care health services sector under the *Provincial Health Agencies Act* may pay The Canadian Red Cross Society or the Canadian Blood Services/Société canadienne du sang for services approved by the sector Minister.

Division 6
General

Designation of approved facilities

65(1) Subject to subsection (2), the oversight Minister may designate a facility as an approved facility for the provision of insured hospital services.

(2) The Minister may not designate any of the following as an approved facility:

(a) a health services sector in an approved hospital;

(b) a prescribed institution;

(c) a location where a prescribed body provides insured hospital services.

Operating costs

66 The operating costs of a hospital services facility shall be shared between the patients of the hospital services facility and the Government of Alberta on the basis set out in the regulations.

Records, reports and returns

67(1) A hospital services facility operator shall, on the written request of the oversight Minister or sector Minister, provide to the oversight Minister or sector Minister records, reports and returns relating to the hospital services facility and the provision of hospital services in the hospital services facility as specified in the request.

(2) The records, reports and returns must be provided

(a) at the times and in the manner specified in the request, and

(b) in accordance with the *Health Information Act*.

(3) The sector Minister may, if a hospital services facility operator fails to comply with a request made under subsection (1), suspend or cancel the payment of a grant to the hospital services facility operator made under section 53(2).

Participation in federal programs

68 A sector Minister may participate in a prescribed federal program for the provision of insured hospital services.

Group contracts

69(1) In this section,

(a) "group contract" means an insurance contract under which 2 or more persons, other than members of the same family, are insured severally;

(b) "insurer" means an insurer licensed under the *Insurance Act*.

(2) Subject to subsection (3), an insurer shall not make a new contract or add new members to a group contract under which a resident is to be provided with or reimbursed or indemnified for the cost of

(a) standard hospital services and authorized charges related to those services, or

(b) other insured hospital services, other than authorized charges related to those services.

(3) An insurer may make a contract of insurance in respect of the cost of insured hospital services if

(a) the contract is made with a resident who has filed a declaration under section 25 of the *Health Insurance Premiums Act*,

(b) the contract provides insurance coverage for the resident and the resident's dependants as defined in the regulations under that Act,

(c) the insurance coverage relates to insured hospital services provided during the period while the resident's declaration is in effect, and

(d) no coverage is provided in respect of the cost of authorized charges related to standard hospital services.

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

Offences

70 A person who contravenes this Part or the regulations is guilty of an offence and liable to a fine of not more than $1000 and, in default of payment, to imprisonment for a term of not more than one year.

Division 7
Regulations

Regulations

71 The Lieutenant Governor in Council may make regulations

(a) respecting the application, non-application or variation of the application of this Part or the regulations, in whole or in part;

(b) prescribing bodies for the purposes of section 45(q);

(c) prescribing institutions for the purposes of section 45(r);

(d) respecting residency of Alberta for the purposes of this Part, including regulations

(i) respecting the deeming of persons to be residents, and

(ii) authorizing sector Ministers to make determinations on residency with respect to the absence of residents from Alberta;

(e) respecting the non-application or variation of the application of this Part or the regulations, in whole or in part, to facilities for the purposes of section 46;

(f) respecting the registration of residents and their dependants under the *Health Insurance Premiums Act* for the purposes of receiving insured hospital services, including regulations

(i) authorizing hospital services facility operators to take actions in the absence of sufficient information to complete registrations, and

(ii) respecting proof of registration;

(g) prescribing goods and services as insured hospital services for the purposes of section 52(a)(ii);

(h) prescribing goods and services as non-insured hospital services for the purposes of section 54(2)(d);

(i) respecting methods for determining whether non-insured hospital services should be approved for use in hospital services facilities;

(j) respecting authorized charges for non-insured hospital services for the purposes of section 56(1), including regulations authorizing sector Ministers and provincial health agencies to establish

(i) different types of authorized charges, and

(ii) the amounts or the manner of determining the amounts of each type of authorized charge, which may be different for different hospital services facilities or classes of patient;

(k) respecting authorized charges for the transportation of patients between health services facilities or between health services facilities and continuing care homes under the *Continuing Care Act*;

(l) prescribing illnesses, diseases or conditions for the purposes of section 56(2);

(m) respecting the amounts or the manner of determining the amounts sector Ministers may pay for the purposes of section 56(2);

(n) respecting the manner of determining the amounts of fees to be charged for enhanced goods and services for the purposes of section 57(3);

(o) respecting fees for the provision of hospital services and other goods and services to patients who are non-entitled persons for the purposes of section 58;

(p) respecting fees for the provision of health services by physicians for the purposes of section 59;

(q) respecting payments by the Government of Alberta for the provision of hospital services and other goods and services

outside Alberta for the purposes of section 62, including regulations

(i) authorizing sector Ministers to establish the amounts of payments or the manner of determining the amounts of payments,

(ii) respecting the process for payments by and reimbursement of residents, and

(iii) authorizing sector Ministers to make or terminate payments for the continuing provision outside Alberta of hospital goods and other goods and services;

(r) respecting payments by hospital services facilities operators for the provision of diagnostic or laboratory procedures by regulated health professionals in hospital services facilities;

(s) respecting the basis for determining the operating costs of hospital services facilities;

(t) respecting the basis for sharing the operating costs of hospital services facilities between sector Ministers, patients and other persons using hospital services facilities;

(u) prescribing the rates and manner of payment by sector Ministers of the sector Ministers' shares of the operating costs of hospital services facilities and the manner of accounting by hospital services facility operators for those payments;

(v) respecting the suspension or cancellation of payments of grants to hospital services facility operators for the purposes of section 67(3);

(w) prescribing federal programs for the purposes of section 68;

(x) respecting group contracts for the purposes of section 69;

(y) defining for the purposes of this Part any word or phrase used but not defined in this Part;

(z) respecting any other matters the Lieutenant Governor in Council considers necessary or advisable to carry out the purposes of this Part.

Transitional regulations

72(1) In this section, "former Act and regulation" means

(a) Part 3 of the *Hospitals Act*, RSA 2000 cH-12, and

(b) the *Hospitalization Benefits Regulation* (AR 244/90).

(2) The Lieutenant Governor in Council may make regulations

(a) respecting the transition to this Act of anything provided for under the former Act and regulation;

(b) remedying any confusion, difficulty, inconsistency or impossibility resulting from the transition to this Act from the former Act and regulation.

(3) 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.

(4) The repeal of a regulation under subsection (3) does not affect anything done, incurred or acquired under the authority of the regulation before the repeal of the regulation.

(5) 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 (3).

(6) A regulation may not be made under subsection (2) extending the 5-year period set out in subsection (3).

(7) 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.

Validation of regulation

73(1) The *Hospitalization Benefits Regulation* (AR 244/90) is validated and declared for all purposes to have been validly made.

(2) Everything done under or in reliance on the *Hospitalization Benefits Regulation* (AR 244/90) is validated and declared for all purposes to have been validly done.

Part 3
Drug and Supplemental Benefits Plans

Division 1
Interpretation and Application

Interpretation

74(1) In this Part,

(a) "drug and supplemental benefit" means the amount payable in respect of the cost of drug and supplemental services

(i) by the Minister under a public drug and supplemental benefits plan, where the drug and supplemental services are provided to a member of that plan, or

(ii) under a private drug and supplemental benefits plan, where the drug and supplemental services are provided to a member of that plan;

(b) "drug and supplemental benefits plan" means a contract, program, plan or arrangement under which drug and supplemental benefits are paid to members;

(c) "drug or supplemental service" means

(i) a drug or related good on the list of drugs and related goods established or adopted for the purposes of a drug and supplemental benefits plan,

(ii) a supplemental good or service on the list of supplemental goods and services established or adopted for the purposes of a drug and supplemental benefits plan, or

(iii) the dispensing or provision of a drug or related good referred to in subclause (i) or a supplemental good or service referred to in subclause (ii) to a member of a drug and supplemental benefits plan in accordance with the terms and conditions of the plan;

(d) "employee" means an individual employed to do work who receives or is entitled to wages and includes a former employee;

(e) "employer" means a person who employs an employee and, for the purposes of Division 3, includes a former employer;

(f) "employer-sponsored drug and supplemental benefits plan" means a private drug and supplemental benefits plan established, maintained in force or renewed by an employer and under which drug and supplemental benefits are paid to all or some of the employer's employees who are residents;

(g) "member" means, with respect to a drug and supplemental benefits plan, a resident who has been enrolled as a member of the plan and is entitled to receive drug and supplemental benefits under the plan;

(h) "Minister" means the Minister determined under section 16 of the *Government Organization Act* as the Minister responsible for this Act;

(i) "private drug and supplemental benefits plan" means a drug and supplemental benefits plan established, maintained in force or renewed by an employer, person or unincorporated group of persons, but does not include a public drug and supplemental benefits plan;

(j) "public drug and supplemental benefits plan" means

(i) the Alberta Blue Cross Plan only with respect to a resident enrolled as a non-group member of the Alberta Blue Cross Plan under the regulations made under Part 1, or

(ii) a drug and supplemental benefits plan prescribed by the regulations;

(k) "resident" means a person who is

(i) lawfully entitled to be or remain in Canada and makes the person's home and is ordinarily present in Alberta, or

(ii) deemed by the regulations to be a resident,

but does not include a tourist, transient or visitor to Alberta or a person who is assumed under the *Health Insurance Premiums Act* no longer to be a resident.

(2) For greater certainty, a drug and supplemental benefits plan established for the employees of a municipality or the employees of the Government of Alberta is a private drug and supplemental benefits plan.

Application of Part

75 This Part applies notwithstanding any other Part of this Act or the regulations made under those Parts.

Non-application of Insurance Act

76 The *Insurance Act* does not apply with respect to an employer-sponsored drug and supplemental benefits plan.

Division 2
Payor of Last Resort

Payor of last resort

77(1) In this section, "alternative payor" means, with respect to a member of a public drug and supplemental benefits plan, another drug and supplemental benefits plan, which is not a public drug and supplemental benefits plan, under which the member is entitled to receive a drug and supplemental benefit, including

(a) a drug and supplemental benefits plan established, maintained in force or renewed by

(i) the Government of Canada,

(ii) the government of another province or territory, or

(iii) a provincial health agency or provincial health corporation under the *Provincial Health Agencies Act*,

and

(b) a private drug and supplemental benefits plan.

(2) Subject to subsection (3), no drug and supplemental benefit shall be paid under a public drug and supplemental benefits plan in respect of a drug or supplemental service provided to a member if

the member is entitled to receive a drug and supplemental benefit from an alternative payor for the same or equivalent drug or supplemental service.

(3) A drug and supplemental benefit may be paid under a public drug and supplemental benefits plan to a member in respect of a drug or supplemental service referred to in subsection (2) only if

(a) the member is entitled to receive, in accordance with the terms and conditions of the public drug and supplemental benefits plan, the drug and supplemental benefit under the public drug and supplemental benefits plan, and

(b) the member submitted a claim for the drug and supplemental benefit to an alternative payor and the alternative payor

(i) paid none of the amount claimed,

(ii) paid only part of the amount claimed,

(iii) deemed the member not to be entitled to receive the drug and supplemental benefit, or

(iv) denied the claim.

(4) The amount of a drug and supplemental benefit paid under a public drug and supplemental benefits plan under subsection (3)

(a) must be paid in accordance with the terms and conditions of the public drug and supplemental benefits plan, and

(b) must not be greater than the portion of the claim that was not paid by the alternative payor.

Division 3
Prohibition on Age Discrimination

Prohibition on changes to employer-sponsored drug and supplemental benefits plans on basis of age

78(1) No employer who establishes, maintains in force or renews an employer-sponsored drug and supplemental benefits plan shall include or authorize the inclusion of a provision in the plan or in an

agreement relating to the plan that allows the employer, solely on the basis of a member's age, to

(a) terminate the member's membership in the employer-sponsored drug and supplemental benefits plan, or

(b) terminate, reduce or modify the member's drug and supplemental benefits under the employer-sponsored drug and supplemental benefits plan.

(2) An employer does not contravene subsection (1) if a member's claim for drug and supplemental benefits in respect of a drug is denied, solely on the basis of the member's age, if

(a) sale of the drug is approved under the *Food and Drugs Act* (Canada) only with respect to a particular age group, or

(b) a regulated member under the *Health Professions Act* with the authority to prescribe, dispense, compound or sell the drug determines that it is appropriate to prescribe, dispense, compound or sell the drug only with respect to a particular age group.

Invalidity of provisions

79(1) Subject to subsection (2), a provision or part of a provision in an employer-sponsored drug and supplemental benefits plan or in an agreement relating to an employer-sponsored drug and supplemental benefits plan that purports to authorize an action described in section 78(1) is of no force or effect.

(2) Subsection (1) does not apply with respect to a provision or part of a provision to the extent that it authorizes an action described in section 78(2).

Minister's order for compliance

80(1) In this section, "administrator" means, with respect to an employer-sponsored drug and supplemental benefits plan,

(a) the employer who administers or operates the plan, or

(b) a person with whom the employer enters into an agreement to administer or operate the plan.

(2) If an employer contravenes section 78(1), the Minister may make an order

(a) directing the employer, if the employer is the administrator, to

(i) reinstate a member whose membership in the employer-sponsored drug and supplemental benefits plan was terminated, on the same terms and conditions that applied before the termination,

(ii) restore the drug and supplemental benefits of a member whose drug and supplemental benefits were terminated, reduced or modified, on the same terms and conditions that applied before the drug and supplemental benefits were terminated, reduced or modified, or

(iii) reimburse a member described in subclause (i) or (ii) for the amounts paid by the member for drug or supplemental services that the member would have otherwise been entitled to receive under the employer-sponsored drug and supplemental benefits plan during the following periods:

(A) for a member referred to in subclause (i), the period beginning on the date the member's membership was terminated and ending on the date the member is reinstated;

(B) for a member referred to in subclause (ii), the period beginning on the date the member's drug and supplemental benefits were terminated, reduced or modified and ending on the date the member's drug and supplemental benefits are restored,

(b) directing the employer, if the employer is not the administrator, to require that the administrator take the actions described in clause (a)(i), (ii) or (iii), and

(c) establishing the period within which the employer must take the actions described in clause (a) or (b).

Court order for compliance

81(1) If an employer fails to comply with an order made under section 80(2), the Minister may apply to the Court of King's Bench for an order

(a) directing the employer to act in accordance with the order made under section 80(2), and

(b) imposing any conditions that the Court considers appropriate.

(2) An application under subsection (1) must be served on the employer at least 5 days before the date on which the Court is to hear the application.

Division 4
Regulations

Regulations

82 The Lieutenant Governor in Council may make regulations prescribing drug and supplemental benefits plans as public drug and supplemental benefits plans for the purposes of section 74(1)(j)(ii).

Part 4
Regulations

Deficiency regulations

83(1) The Lieutenant Governor in Council may make regulations

(a) respecting matters coming under this Act that the Lieutenant Governor in Council considers

(i) are not provided for or are insufficiently provided for in this Act, or

(ii) are necessary or advisable in connection with the implementation of this Act;

(b) remedying any confusion, difficulty or impossibility in applying any provision of this Act.

(2) A regulation made under subsection (1) is repealed 5 years after the regulation comes into force or on the date specified in the regulation, whichever is earlier.

(3) The repeal of a regulation under subsection (2) does not affect anything done, incurred or acquired under the authority of the regulation before the repeal of the regulation.

(4) A regulation made under subsection (1) that is in force on or after the repeal of this section remains in force until it is repealed in accordance with subsection (2).

(5) A regulation may not be made under subsection (1) extending the 5-year period set out in subsection (2).

(6) 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 (1) before the repeal of this section.

Consequential changes to regulations

84(1) For the purposes of making any necessary changes as a result of this Act, the Lieutenant Governor in Council may, by regulation, amend any regulation filed under the *Regulations Act*.

(2) The regulations authorized by this section may be made notwithstanding that a regulation being amended was made by a member of the Executive Council or some other person or body.

(47) On the coming into force of this section, a physician or dentist who was, immediately before the coming into force of this section,

(a) opted into the Plan is deemed to be a participating physician or participating dentist,

(b) opted out of the Plan under section 8 is deemed to be a non-participating physician or non-participating dentist, and

(c) deemed to be opted out of the Plan under section 9(2)(c) is deemed to be a non-participating physician or non-participating dentist until the end of the period specified in the order made under that section.

(47) Transitional.

Conflicts of Interest Act

Amends RSA 2000 cC-23

2(1) The *Conflicts of Interest Act* is amended by this section.

(2) Section 16(4)(c) is repealed and the following is substituted:

(c) payments of benefits under Part 1 of the *Alberta Health Care Insurance Act*,

Continuing Care Act

Amends SA 2022 cC-26.7

3(1) The *Continuing Care Act* is amended by this section.

(2) Section 1(s) is amended by striking out "under the *Alberta Health Care Insurance Act*" **and substituting** "under Part 1 of the *Alberta Health Care Insurance Act*".

Crown's Right of Recovery Act

Amends SA 2009 cC-35

4(1) The *Crown's Right of Recovery Act* is amended by this section.

(2) Sections 1(1)(g)(ii) and 41(1)(e)(ii) are repealed and the following is substituted:

(ii) health services as defined in Part 1 of the *Alberta Health Care Insurance Act*;

Conflicts of Interest Act

2(1) Amends chapter C-23 of the Revised Statutes of Alberta 2000.

(2) Section 16(4)(c) presently reads:

(4) A report prepared under subsection (1) shall not include

(c) payments of benefits under the Alberta Health Care Insurance Act,

Continuing Care Act

3(1) Amends chapter C-26.7 of the Statutes of Alberta, 2022.

(2) Section 1(s) presently reads:

1 In this Act,

(s) "resident of Alberta" means a person lawfully entitled to be or remain in Canada, who makes the person's home and is ordinarily present in Alberta, and any other person deemed by the regulations under the Alberta Health Care Insurance Act to be a resident of Alberta, but does not include a tourist, transient or visitor to Alberta;

Crown's Right of Recovery Act

4(1) Amends chapter C-35 of the Statutes of Alberta, 2009.

(2) Sections 1(1)(g)(ii) and 41(1)(e)(ii) presently read:

1(1) In this Part,

(g) "health services" means the following, whether provided inside or outside Alberta:

(ii) health services as defined in the Alberta Health Care Insurance Act;

Environmental Protection and Enhancement Act

Amends RSA 2000 cE-12

5(1) The *Environmental Protection and Enhancement Act* is amended by this section.

(2) Section 11 is amended by striking out "Minister of Health" **and substituting** "Minister responsible for the *Alberta Health Act* and the Minister responsible for the *Provincial Health Agencies Act*".

(3) Section 115(3) is amended by striking out "the medical officer of health as appointed by the Minister of Health in which the substance is located" **and substituting** "a medical officer of health appointed under the *Public Health Act* having jurisdiction over the area of Alberta in which the substance is located".

Health Facilities Act

Amends RSA 2000 cH-2.7

6(1) The *Health Facilities Act* is amended by this section.

(2) Section 0.1(h), (r) and (s) are amended by striking out "under the *Alberta Health Care Insurance Act*" **and substituting** "under Part 1 of the *Alberta Health Care Insurance Act*".

41(1) In this Part,

(e) "health services" means the following, whether provided inside or outside Alberta:

(ii) health services as defined in the Alberta Health Care Insurance Act;

Environmental Protection and Enhancement Act

5(1) Amends chapter E-12 of the Revised Statutes of Alberta 2000.

(2) Section 11 presently reads:

11 The Minister shall, in recognition of the integral relationship between human health and the environment, co-operate with and assist the Minister of Health in promoting human health through environmental protection.

(3) Section 115(3) presently reads:

(3) The inspector, investigator or Director shall forthwith notify Alberta Public Safety Services, the local authority of the municipality in which the substance is located and the medical officer of health as appointed by the Minister of Health in which the substance is located of the emergency measures taken under subsection (1).

Health Facilities Act

6(1) Amends chapter H-2.7 of the Revised Statutes of Alberta 2000.

(2) Section 0.1(h), (r) and (s) presently read:

0.1 In this Act,

(h) "insured surgical service" means a surgical service that is provided by a physician, or by a dentist in the field of oral and maxillofacial surgery, in circumstances under which a benefit is payable under the Alberta Health Care Insurance Act;

Health Information Act

Amends RSA 2000 cH-5

7(1) The *Health Information Act* is amended by this section.

(2) Section 1 is amended

(a) in subsection (1)

(i) in clause (a)(iv) by striking out "as defined in section 66(1)";

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

(a.1) "Alberta EHR" means the integrated electronic health information system established to provide access to the health information accessible via the Alberta EHR in a secure environment as may be further defined or described in the regulations;

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

(c.1) "authorized custodian" means a custodian of health information accessible via the Alberta EHR that is

(r) "uninsured day surgical service" means a surgical service that

(i) is provided by a physician, and

(ii) does not require a medically supervised post-operative period of care exceeding 12 hours,

and is provided in circumstances under which no benefit is payable under the Alberta Health Care Insurance Act;

(s) "uninsured in-patient surgical service" means a surgical service that

(i) is provided by a physician, and

(ii) requires a medically supervised post-operative period of care exceeding 12 hours,

and is provided in circumstances under which no benefit is payable under the Alberta Health Care Insurance Act.

Health Information Act

7(1) Amends chapter H-5 of the Revised Statutes of Alberta 2000.

(2) Adds definitions and interpretation provisions.

(i) a custodian referred to in section 1(1)(f)(iii) or (iv),

(ii) a ministerial custodian,

(iii) a departmental custodian, or

(iv) any other custodian the Minister designates to be an authorized custodian in accordance with the regulations;

(c.2) "authorized user" means a person, other than a custodian, authorized under Part 5.1 to use shared health information or to use health information accessible via the Alberta EHR;

(c.3) "automated system" means any technology that assists or replaces the judgment of human decision makers using a rules-based system, regression analysis, predictive analytics, machine learning, deep learning, a neural network or another technique;

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

(e.1) "common or integrated program or service" means a program or service

(i) that is planned, administered, delivered or managed and, if applicable, monitored or evaluated by one or more public bodies and one or more custodians working collaboratively, and

(ii) within which health services and any related well-being services are provided;

(v) in clause (f)

(A) in subclause (iii) by striking out "provincial health corporation" **and substituting** "health services delivery organization";

(B) in subclause (xiii.2) by striking out "*Public Health Act*" **and substituting** "*Health Facilities Act*";

(vi) in clause (g) by striking out "by combining individually identifying or non-identifying health

information or other information" **and substituting** "by combining individually identifying health information or other individually identifying information";

(vii) in clause (i) in the portion following subclause (vi) by striking out "when a health service is provided to the individual" **and substituting** "for the purpose of providing a health service";

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

(k.01) "health information accessible via the Alberta EHR" means the health information that is

(i) in electronic form, and

(ii) in the custody or control of 2 or more authorized custodians in accordance with Division 3 of Part 5.1;

(ix) in clause (p) by striking out "describe health information" **and substituting** "describe information, including health information";

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

(p.1) "information manager" means a person or body that

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

(ii) in accordance with the regulations, strips, encodes or otherwise transforms individually identifying health information to create non-identifying health information, or

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

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

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

(q) "Minister" means the Minister of Primary and Preventative Health Services;

(xii) in clause (r) by striking out "describe health information" **and substituting** "describe information, including health information";

(xiii) by adding the following after clause (r):

(r.1) "out-of-province research ethics body" means a body outside Alberta that assesses and approves research proposals in accordance with out-of-province research ethics requirements;

(r.2) "out-of-province research ethics requirements" means the research ethics requirements used by an out-of-province research ethics body to assess research proposals;

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

(s.1) "personal information" means personal information as defined in the *Protection of Privacy Act*;

(s.2) "privacy management program" means a privacy management program established under section 63(1);

(s.3) "public body" means a public body as defined in the *Protection of Privacy Act*;

(xv) by adding the following after clause (u):

(u.1) "regulated health services provider" means a health services provider regulated under the *Health Professions Act*;

(xvi) by adding the following after clause (v.1):

(v.2) "shared health information" means the health information that is

(i) in electronic form, and

(ii) in the custody or under the control of 2 or more custodians in accordance with Part 5.1;

(v.3) "sharing custodian" means a custodian that has custody or control of shared health information;

(v.4) "team-based health service" means a health service provided or carried out by 2 or more regulated health services providers, at least one of whom is not a custodian, working collaboratively;

(xvii) by adding the following after clause (w):

(x) "well-being service" means a service relating to an individual's health and well-being that is provided within a common or integrated program or service for the purpose of supporting health services.

(b) by repealing subsection (2);

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

(3.1) For greater certainty, this Act

(a) applies to a custodian even when the custodian

(i) is employed by a person or entity that is not a custodian, or

(ii) is acting as an appointee, volunteer or student or under a contract or agency relationship with a person or entity that is not a custodian,

and

(b) prohibits the collection, use or disclosure of health information unless the collection, use or disclosure is authorized by this Act.

(3) Section 2(b) is amended by adding "and well-being services" **after** "health services".

(3) Section 2(b) presently reads:

2 The purposes of this Act are

(b) to enable health information to be shared and accessed, where appropriate, to provide health services and to manage the health system,

(4) Section 7(1) is amended by striking out "An individual has" **and substituting** "Subject to section 56.61, an individual has".

(5) Section 20 is amended by adding "only" **after** "individually identifying health information".

(6) Section 21(3) is amended by striking out "An individual" **and substituting** "Subject to section 21.1(5), an individual".

(7) The following is added after section 21:

Incidental collection of personal health number

21.1(1) In this section,

(a) "identification card" means an identification card issued under Part 2 of Schedule 12 to the *Government Organization Act*;

(b) "incidental collector" means a person, other than a person referred to in section 21(1), authorized to collect a personal health number under subsection (2);

(c) "operator's licence" means an operator's licence as defined in the *Traffic Safety Act*.

(2) A person may collect a personal health number displayed on an individual's operator's licence or identification card only if, for purposes other than collecting the individual's personal health number, the person

(a) is authorized under another enactment to require the individual to

(i) provide the individual's operator's licence or identification card, or

(4) Section 7(1) presently reads:

7(1) An individual has a right of access to any record containing health information about the individual that is in the custody or under the control of a custodian.

(5) Section 20 presently reads in part:

20 A custodian may collect individually identifying health information

(6) Section 21(3) presently reads:

(3) An individual may refuse to provide the individual's personal health number where the person requesting it is not a person referred to in subsection (1).

(7) Incidental collection of personal health number.

(ii) establish the individual's identity, address or other personal information, other than the individual's personal health number, such that the individual is required to provide the individual's operator's licence or identification card,

or

(b) requests the individual voluntarily provide the individual's operator's licence or identification card.

(3) An incidental collector must not use or disclose a personal health number displayed on an operator's licence or identification card.

(4) Section 21(1) does not limit the right of an incidental collector to exercise the authority described in subsection (2)(a).

(5) Section 21(3) does not apply where an incidental collector requires an individual to provide the individual's operator's licence or identification card under the authority described in subsection (2)(a).

(8) Section 22(3) is amended by striking out "and" **at the end of clause (b), by adding** "and" **at the end of clause (c) and by adding the following after clause (c):**

(d) of the custodian's intention, if any, at that time to input the information into an automated system.

(9) Section 27 is amended

(a) in subsection (1)

(i) by striking out "A custodian may" **and substituting** "Subject to sections 56.208 and 56.5, a custodian may";

(ii) by adding "only" **after** "under its control";

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

(8) Section 22(3) presently reads in part:

(3) When collecting individually identifying health information about an individual directly from the individual, the custodian must take reasonable steps to inform the individual

(b) of the specific legal authority for the collection, and

(c) of the title, business address and business telephone number of an affiliate of the custodian who can answer the individual's questions about the collection.

(9) Section 27 presently reads in part:

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

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

(a.1) subject to the regulations, planning, administering, delivering, managing, monitoring or evaluating a common or integrated program or service;

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

(c.1) responding to complaints made or legal actions taken against the custodian;

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

(d) conducting research or performing data matching or other services to facilitate research if

(i) the requirements in sections 49 to 52 and 53 to 56 have been met with respect to research described in section 49, or

(ii) the requirements in sections 52.1 to 56 have been met with respect to research described in section 52.1;

(vi) in clause (g) by adding "quality assurance," **after** "policy development,";

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

(1.1) A custodian that inputs individually identifying health information into or uses individually identifying health information in an automated system must do so in accordance with the regulations, if any.

(c) in subsection (2) by striking out "A custodian referred to in section 1(1)(f)(iii), (iv), (ix.1), (ix.2), (xii), (xii.1), (xii.2), (xii.3), (xiii), (xiii.1), (xiii.2) and (xiii.3)" **and substituting** "Despite subsection (1), a custodian referred to in section 1(1)(f)(iii), (iv), (ix.1) or (ix.2), a ministerial custodian or a departmental custodian".

(10) The following is added after section 27:

Maintaining information re automated system

27.1(1) A custodian that inputs health information into or uses health information in an automated system for a purpose authorized

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

(ii) if the research ethics board is satisfied as to the matters referred to in section 50(1)(b),

(iii) if the custodian or researcher has complied with or undertaken to comply with the conditions, if any, suggested by the research ethics board, and

(iv) where the research ethics board recommends that consents should be obtained from the individuals who are the subjects of the health information to be used in the research, if those consents have been obtained;

(g) for internal management purposes, including planning, resource allocation, policy development, quality improvement, monitoring, audit, evaluation, reporting, obtaining or processing payment for health services and human resource management.

(2) A custodian referred to in section 1(1)(f)(iii), (iv), (ix.1), (ix.2), (xii), (xii.1), (xii.2), (xii.3), (xiii), (xiii.1), (xiii.2) and (xiii.3) may, in addition, use individually identifying health information in its custody or under its control to carry out the following functions within the geographic area in which the custodian has jurisdiction to promote the objectives for which the custodian is responsible:

(10) Maintaining information re automated system.

by section 27 with respect to an individual must record the following information:

(a) the name or number that identifies the custodian that inputs or uses the health information in the automated system;

(b) the name of the individual who is the subject of the health information;

(c) the date and purpose for which the health information was input or used;

(d) a description of the health information that was input or used.

(2) The requirement under subsection (1) does not apply if, when the health information is input or used, an electronic system, including the automated system, automatically keeps an electronic log of the following information:

(a) the name or number that identifies the custodian that inputs or uses the health information in the automated system;

(b) the name of the individual who is the subject of the health information;

(c) the date and time that the health information is input or used;

(d) a description of the health information that is input or used.

(3) The information recorded under subsection (1) or logged under subsection (2) must be retained by the custodian for at least one year following the date of input or use of the automated system.

(4) An individual referred to in subsection (1)(b) or (2)(b) may ask a custodian for access to and a copy of the information recorded or logged, and Part 2 applies to the request.

(11) Section 32 is amended

(a) in subsection (1) by striking out "A custodian" **and substituting** "Subject to the regulations, a custodian";

(11) Section 32 presently reads:

32(1) A custodian may disclose non-identifying health information for any purpose.

(2) If a disclosure under subsection (1) is to a person that is not a custodian, the custodian must inform the person that the person must

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

(2) If a custodian makes a disclosure under subsection (1) to a person that is not a custodian, the custodian must inform the person that it is an offence under the Act to knowingly transform non-identifying health information to create individually identifying health information or knowingly attempt to do so.

(12) Section 34 is repealed and the following is substituted:

Disclosure of individually identifying health information with consent

34(1) Subject to sections 35 to 40, a custodian may disclose individually identifying health information to a person other than the individual who is the subject of the information if the individual has consented to the disclosure in accordance with this section.

(2) An individual's consent referred to in subsection (1) is valid only if

(a) the custodian provides the individual with the following information:

(i) the individually identifying health information that the custodian is authorized to disclose;

(ii) the purpose for which the individually identifying health information may be disclosed;

(iii) the identity of the person to whom the individually identifying health information may be disclosed;

(iv) the risks and benefits to the individual of consenting or refusing to consent;

(v) the date the consent is effective and the date, if any, on which the consent expires;

(vi) that the individual has the right to revoke the consent at any time,

(b) the individual, in writing, electronically or orally,

(i) authorizes the custodian to disclose the individually identifying health information, and

notify the Commissioner of an intention to use the information for data matching before performing the data matching.

(12) Section 34 presently reads:

34(1) Subject to sections 35 to 40, a custodian may disclose individually identifying health information to a person other than the individual who is the subject of the information if the individual has consented to the disclosure.

(2) A consent referred to in subsection (1) must be provided in writing or electronically and must include

(a) an authorization for the custodian to disclose the health information specified in the consent,

(b) the purpose for which the health information may be disclosed,

(c) the identity of the person to whom the health information may be disclosed,

(d) an acknowledgment that the individual providing the consent has been made aware of the reasons why the health information is needed and the risks and benefits to the individual of consenting or refusing to consent,

(e) the date the consent is effective and the date, if any, on which the consent expires, and

(f) a statement that the consent may be revoked at any time by the individual providing it.

(3) A disclosure of health information pursuant to this section must be carried out in accordance with the terms of the consent.

(4) A revocation of a consent must be provided in writing or electronically.

(5) A consent or revocation of a consent that is provided in writing must be signed by the person providing it.

(ii) acknowledges that they have been informed of the risks and benefits referred to in clause (a)(iv),

(c) where consent is given in writing or electronically, the individual signs the consent,

(d) where consent is given orally, the custodian records, in writing or electronically, that

(i) the information referred to in clause (a) was provided to the individual, and

(ii) the individual gave the required authorization and acknowledgment under clause (b),

and

(e) any additional requirements set out in the regulations have been met.

(3) A disclosure of individually identifying health information made under this section must be carried out in accordance with the terms of the consent.

(4) An individual may revoke a consent

(a) in writing, electronically or orally, regardless of the manner in which the consent was given, and

(b) only if the revocation complies with requirements set out in the regulations, if any.

(5) A custodian must record, in writing or electronically, the revocation of a consent.

(13) Section 35(1) is amended

(a) by striking out "A custodian may" **and substituting** "Subject to sections 56.2091(a) and 56.63(a), a custodian may";

(b) by adding the following after clause (a.1):

(a.2) to a regulated health services provider who is not a custodian and who is providing team-based health services to an individual,

(6) A consent or revocation of a consent that is provided electronically is valid only if it complies with the requirements set out in the regulations.

(13) Section 35(1) presently reads in part:

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

(a.3) to an officer or employee of a public body or to a member of the Executive Council if the disclosure is necessary for

(i) planning, administering, delivering, managing, monitoring or evaluating a common or integrated program or service, and

(ii) the performance of the duties of the officer, employee or member to whom the information is disclosed,

(14) Section 36 is amended

(a) by striking out "A custodian may" **and substituting** "Subject to sections 56.2091(b) and 56.63(b), a custodian may";

(b) by striking out "or" **at the end of clause (b), by adding** "or" **at the end of clause (c) and by adding the following after clause (c):**

(d) to a foundation established or continued under the *Provincial Health Agencies Act* for the purposes of fundraising if the disclosure is in accordance with the requirements set out in the regulations.

(15) The following is added after section 38:

Disclosure by public body re common or integrated program or service

38.1(1) A public body may disclose personal information to a custodian or other public body for the purpose of providing a common or integrated program or service to or in respect of an individual.

(2) Individually identifying health information disclosed by a custodian to a public body for the purpose of providing a common or integrated program or service must not be disclosed by the public body for any other purpose unless

(a) the individual who is the subject of the health information has consented to the disclosure, or

(b) the public body is required by this Act, the regulations or another enactment to disclose the information.

(14) Section 36 presently reads in part:

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

(b) to any person for the purpose of collecting or processing a fine or debt owing by the individual to the Government of Alberta or to a custodian, or

(c) to a person who is not a custodian if the disclosure is in accordance with the requirements set out in the regulations.

(15) Disclosure by public body re common or integrated program or service.

(16) Section 39 is amended

(a) in subsection (1) by striking out "developing public policy" **and substituting** "developing, assessing, monitoring or evaluating public policy";

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

(2) Subject to subsection (3), a ministerial custodian or departmental custodian may disclose individually identifying registration information without the consent of the individual who is the subject of the information to

(a) another Minister of the Government of Alberta or a Minister of the Government of Canada or of any other province or territory, or

(b) a person or entity in accordance with the regulations made under the *Alberta Health Care Insurance Act*.

(3) A disclosure under subsection (2) may only be made if the ministerial custodian or departmental custodian enters into an agreement respecting the disclosure with the party referred to in subsection (2)(a) or (b) to whom the information will be disclosed.

(17) Section 41 is amended

(a) in subsection (1) by striking out "make a note of" **and substituting** "record";

(b) in subsection (1.1)

(i) by striking out "to make a note";

(ii) by striking out "that permits other custodians electronic access to individually identifying diagnostic, treatment and care information stored in an electronic system" **and substituting** "that discloses electronic health information under section 35(1), (4) or (5)";

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

(a.1) the name of the individual who is the subject of the information;

(16) Section 39 presently reads:

39(1) A ministerial custodian or departmental custodian may disclose individually identifying diagnostic, treatment and care information without the consent of the individual who is the subject of the information to another Minister of the Government of Alberta for the purpose of developing public policy.

(2) A ministerial custodian or departmental custodian may enter into an agreement with

(a) another Minister of the Government of Alberta or a Minister of the Government of Canada or of any other province or territory, or

(b) a person or entity in accordance with the regulations made pursuant to the Alberta Health Care Insurance Act,

respecting the disclosure to the person referred to in clause (a) or (b), as the case may be, of individually identifying registration information without the consent of the individual who is the subject of the information.

(17) Section 41 presently reads in part:

41(1) Subject to subsection (1.1), a custodian that discloses a record containing individually identifying diagnostic, treatment and care information under section 35(1), (4) or (5) must make a note of the following information:

(1.1) The requirement to make a note under subsection (1) does not apply to a custodian that permits other custodians electronic access to individually identifying diagnostic, treatment and care information stored in an electronic system if, when the information is disclosed, the electronic system automatically keeps an electronic log of the following information:

(18) Section 46(5) is repealed and the following is substituted:

(5) Where health information is requested under subsection (1)(b), the departmental custodian must

(a) prepare a privacy impact assessment that, in addition to any applicable requirements set out in section 64, describes how disclosure of the health information may affect the privacy of the individuals who are the subject of the information,

(b) submit the privacy impact assessment to the Commissioner for review and comment, and

(c) consider the comments of the Commissioner, if any, made in response to the privacy impact assessment before disclosing the health information to a custodian referred to in section 1(1)(f)(iii) or (iv).

(19) Section 49 is amended

(a) by renumbering it as section 49(1);

(b) in subsection (1) by striking out "A person who intends to conduct research using health information" **and substituting** "Subject to subsection (2) and section 52.1, a person who intends to conduct research using individually identifying health information";

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

(2) The person intending to conduct the research may submit only one proposed research protocol notwithstanding that the research is to be conducted in multiple phases or stages.

(20) Section 50(1)(a) is amended by adding "and make a recommendation that the research ethics board considers appropriate" **after** "subjects of the information".

(18) Section 46(5) presently reads:

(5) Where health information is requested under subsection (1)(b), the departmental custodian

(a) must prepare a privacy impact assessment describing how disclosure of the health information may affect the privacy of the individual who is the subject of the information, and submit the privacy impact assessment to the Commissioner for review and comment, and

(b) must consider the comments of the Commissioner, if any, made in response to the privacy impact assessment before disclosing the health information to a custodian referred to in section 1(1)(f)(iii) or (iv).

(19) Section 49 presently reads:

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

(a) the information specified by the regulations, and

(b) any other information required by the research ethics board.

(20) Section 50(1)(a) presently reads:

50(1) The research ethics board must

(a) consider whether the researcher should be required to obtain consents for the disclosure of the health information to be used in the research from the individuals who are the subjects of the information, and

(21) The following is added after section 52:

Research approved outside Alberta

52.1(1) This section applies where

(a) an out-of-province research ethics body has approved a research protocol in respect of research, and

(b) a person intends to use health information in the custody or under the control of a custodian or health information repository to conduct the research.

(2) A researcher to whom this section applies must submit an application to a research ethics board for a determination as to whether the out-of-province research ethics requirements are substantially equivalent to Alberta research ethics requirements.

(3) A researcher may not apply to a custodian or health information repository under subsection (5) unless the research ethics board determines that the out-of-province research ethics requirements are substantially equivalent to Alberta research ethics requirements.

(4) The research ethics board

(a) must consider any relevant criteria set out in the regulations,

(b) must determine whether the requirements are substantially equivalent to Alberta research ethics requirements,

(c) must, if it determines the requirements are not substantially equivalent, provide reasons for the determination,

(d) may, as part of its determination, impose conditions on a researcher, and

(e) must provide its determination in writing to the researcher and send a copy to the Commissioner.

(5) If the research ethics board determines that the out-of-province research ethics requirements are substantially equivalent to Alberta research ethics requirements, the researcher may forward to one or more custodians or health information repositories

(21) Research approved outside Alberta.

(a) the researcher's research protocol submitted to the out-of-province research ethics body,

(b) the out-of-province research ethics body's approval of the research protocol,

(c) the research ethics board's determination that the out-of-province research ethics requirements are substantially equivalent to Alberta requirements, and

(d) a written application for one or more of the following:

(i) disclosure of the health information to be used in the research;

(ii) performance of data matching;

(iii) performance of any other service to facilitate the research.

(6) If the determination sent to the Commissioner under subsection (4) indicates the out-of-province research ethics requirements are substantially equivalent to Alberta research ethics requirements, the Commissioner may publish the determination in any manner the Commissioner considers appropriate.

(7) Sections 49 to 52 do not apply with respect to research approved by an out-of-province research ethics body.

(22) Section 53 is amended

(a) in subsection (1) by adding "or 52.1(5)" **after** "section 52";

(b) in subsection (2)

(i) in clause (a)(i) by adding "or out-of-province research ethics body" **after** "research ethics board";

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

(b) the researcher must, before the custodian discloses the health information or performs data matching or other services, obtain any consents

(i) recommended by the research ethics board under section 50(1)(a), or

(22) Section 53 presently reads in part:

53(1) A custodian who has received the documents referred to in section 52 may, but is not required to, disclose the health information or perform data matching or other services to facilitate the research.

(2) If the custodian decides to disclose the health information or perform data matching or other services to facilitate the research,

(a) the custodian

(i) must impose on the researcher the conditions suggested by the research ethics board, and

(b) if the research ethics board recommended that consents referred to in section 50(1)(a) be obtained, the researcher

(ii) recommended or required by the out-of-province research ethics body.

(c) in subsection (3) by adding "or 52.1(5)" **after** "section 52".

(23) Section 54 is amended

(a) by repealing subsections (1) and (2) and substituting the following:

Agreement between custodian and researcher

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

(a) to comply with

(i) any conditions the custodian imposes relating to the use, protection, disclosure, return or disposal of the health information, and

(ii) any requirement the custodian imposes to provide safeguards against the identification, direct or indirect, of an individual who is the subject of the health information,

(b) to allow the custodian to access or inspect the researcher's premises to confirm that the researcher is complying with the conditions and requirements referred to in clause (a), and

(c) to pay the costs referred to in subsection (3).

(2) When the parties enter into an agreement, the custodian may disclose to the researcher the health information requested under section 52 or 52.1(5) or perform data matching or other services to facilitate the research

(a) with the consent of the individuals who are the subjects of the information where

must obtain the consents before the disclosure of the health information or performance of data matching or other services.

(3) A health information repository that has received the documents referred to in section 52 may disclose the health information or perform data matching or other services to facilitate the research only in accordance with the regulations.

(23) Section 54 presently reads in part:

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

(a) to comply with

(i) this Act and the regulations made under this Act,

(ii) any conditions imposed by the custodian relating to the use, protection, disclosure, return or disposal of the health information, and

(iii) any requirement imposed by the custodian to provide safeguards against the identification, direct or indirect, of an individual who is the subject of the health information,

(b) to use the health information only for the purpose of conducting the research in accordance with the research protocol,

(c) not to publish the health information in a form that could reasonably enable the identity of an individual who is the subject of the information to be readily ascertained,

(d) not to make any attempt to contact an individual who is the subject of the health information to obtain additional health information unless the individual has provided the custodian with the consent referred to in section 55,

(e) to allow the custodian to access or inspect the researcher's premises to confirm that the researcher is complying with the enactments, conditions and requirements referred to in clause (a), and

(i) the research ethics board recommends that consents be obtained, or

(ii) the out-of-province research ethics body recommends or requires that consents be obtained,

or

(b) without the consent of the individuals who are the subjects of the information where the research ethics board or out-of-province research ethics body does not recommend or require that consents be obtained.

(b) by repealing subsection (3.1)(a) and substituting the following:

(a) comply with the agreement and, as applicable, the conditions

(i) set out in the research ethics board's response under section 50(3)(c) to the research protocol,

(ii) imposed under section 52.1(4)(d), or

(iii) set out in the out-of-province research ethics body's approval,

and

(c) in subsection (4) by striking out "the terms and conditions of an agreement under this section, or the conditions set out in the research ethics board's response to the research protocol," **and substituting** "an agreement entered into under this section or the applicable conditions referred to in subsection (3.1)(a),".

(24) The following is added after section 54:

Duties of researcher

54.1 A researcher who enters into an agreement with a custodian under section 54 must, in respect of the health information disclosed by the custodian under the agreement,

(a) comply with this Act and the regulations,

(f) to pay the costs referred to in subsection (3).

(2) When an agreement referred to in subsection (1) has been entered into, the custodian may disclose to the researcher the health information requested under section 52 or perform data matching or other services to facilitate the research

(a) with the consent of the individuals who are the subjects of the information, where the research ethics board recommends that consents should be obtained, or

(b) without the consent of the individuals who are the subjects of the information, where the research ethics board does not recommend that consents be obtained.

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

(a) comply with the terms and conditions of the agreement and the conditions set out in the research ethics board's response to the research protocol, and

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

(24) Duties of researcher.

(b) use the health information only for the purpose of conducting the research in accordance with the research protocol,

(c) not publish the health information in a form that could reasonably enable the identity of an individual who is the subject of the information to be readily ascertained, and

(d) not make any attempt to contact an individual who is the subject of the health information to obtain additional health information unless the individual has provided the custodian with the consent referred to in section 55.

(25) The heading preceding section 56.1 is repealed and the following is substituted:

Part 5.1
Shared Health Information and Alberta Electronic Health Record

Division 1
Interpretation

(26) Section 56.1 is repealed.

(25) The heading preceding section 56.1 presently reads:

Part 5.1
Alberta Electronic
Health Record

(26) Section 56.1 presently reads:

56.1 In this Part,

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

(b) "authorized custodian" means

(i) a custodian referred to in section 1(1)(f)(iii), (iv), (xii), (xii.1), (xii.2), (xiii), (xiii.1) or (xiii.2), and

(ii) any other custodian that meets the eligibility requirements of the regulations to be an authorized custodian;

(d) "regulated health professional" means a regulated member under the Health Professions Act.

(27) Section 56.2 is repealed and the following is substituted:

Purpose

56.2 The purpose of this Part is

(a) to enable sharing custodians and authorized users to use shared health information in accordance with this Part, and

(b) to enable authorized custodians and authorized users to use health information accessible via the Alberta EHR in accordance with this Part.

(28) The following is added after section 56.2:

Interaction with other Parts

56.201 Unless otherwise specified, nothing in this Part affects the application or operation of any provision in another Part of this Act respecting collection, use or disclosure of health information.

Where shared health information is made accessible via Alberta EHR

56.202 Division 2 does not apply to health information accessible via the Alberta EHR to which Division 3 applies.

Division 2
Shared Health Information

Making shared health information accessible

56.203(1) Subject to this Part and the regulations, a sharing custodian may make health information in its custody or under its control accessible to another sharing custodian.

(2) A sharing custodian may make health information in its custody or under its control accessible to an authorized user in accordance with the regulations.

(3) A sharing custodian may not authorize an authorized user to make any information accessible to sharing custodians or authorized users.

Privacy impact assessment

56.204(1) Subject to subsection (3), before becoming a sharing custodian, a custodian must

(27) Section 56.2 presently reads:

56.2(1) The purpose of this Part is to enable access to and use of health information via the Alberta EHR.

(2) Only the health information that is of a class or type prescribed by the regulations may be accessible via the Alberta EHR.

(3) Unless otherwise specified, nothing in this Part affects the application or operation of any provision in another Part of this Act respecting collection, use or disclosure of health information.

(28) Interaction with other Parts; where shared health information is made accessible via Alberta EHR; Division 2 Shared Health Information; Division 3 Alberta Electronic Health Record.

(a) prepare a privacy impact assessment,

(b) submit the privacy impact assessment to the Commissioner for review and comment, and

(c) consider the comments of the Commissioner, if any, made in response to the privacy impact assessment.

(2) The Minister may, by regulation, specify what, in addition to any applicable requirements set out in section 64, must be included in a privacy impact assessment under this section.

(3) If a custodian is a sharing custodian on the coming into force of this section, the custodian must prepare and submit the privacy impact assessment described in subsection (1) no later than 2 years after the coming into force of this section.

Consent not required

56.205 The making of health information accessible to sharing custodians and authorized users under this Part does not require the consent of the individual who is the subject of the information.

Duties in making health information accessible to sharing custodians and authorized users

56.206 In deciding how much health information to make accessible to sharing custodians and authorized users, a sharing custodian must consider as an important factor any expressed wishes of the individual who is the subject of the health information relating to the use of that information by sharing custodians or authorized users, together with any other factors the sharing custodian considers important.

Additional rules for certain custodians

56.207(1) If at least one sharing custodian is a custodian referred to in section 1(1)(f)(iii), (iv), (ix.1) or (ix.2), a ministerial custodian or a departmental custodian, that sharing custodian and the other sharing custodians must comply with any restrictions or limitations imposed in the regulations.

(2) Where the regulations referred to in subsection (1) apply, the Minister may in writing direct one or more of the sharing custodians to make health information in the custody or under the control of the sharing custodian accessible to the other sharing custodians or authorized users.

(3) A sharing custodian must comply with a direction made under subsection (2).

Use of shared health information

56.208 Subject to the regulations,

(a) a sharing custodian that is a custodian referred to in section 1(1)(f)(iii), (iv), (ix.1) or (ix.2), a ministerial custodian or a departmental custodian may use individually identifying shared health information for all the purposes and functions for which that custodian may use health information under section 27, and

(b) a sharing custodian that is not a custodian described in clause (a) may use individually identifying shared health information

(i) for a purpose authorized by section 27(1)(a) to (f) only if the sharing custodian is providing or has provided a health service to the individual who is the subject of the information, and

(ii) for a purpose authorized by section 27(1)(g).

Maintaining log of access

56.209(1) A sharing custodian must keep an electronic log of the following information for each time the sharing custodian or an authorized user uses shared health information:

(a) the name or number that identifies the sharing custodian or authorized user that uses the shared health information;

(b) the name of the individual who is the subject of the shared health information;

(c) the date and time that the shared health information was used;

(d) a description of the shared health information that was used;

(e) any other information prescribed in the regulations.

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

(3) An individual who is the subject of the shared health information referred to in subsection (1) may ask a sharing custodian

(a) for access to and a copy of the information, and Part 2 applies to the request, or

(b) for an explanation of the purpose for which the sharing custodian used the shared health information, and the sharing custodian must provide that explanation.

Disclosure of shared health information

56.2091 Subject to the regulations, a sharing custodian that is not a custodian referred to in section 1(1)(f)(iii), (iv), (ix.1) or (ix.2), a ministerial custodian or a departmental custodian may only disclose

(a) shared health information that is individually identifying diagnostic, treatment and care information under section 35(1), other than section 35(1)(i) and (p), if the sharing custodian is providing or has provided a health service to the individual who is the subject of the information, and

(b) shared health information that is individually identifying registration information under section 36(a) for any of the purposes for which diagnostic, treatment and care information may be disclosed under section 35(1), other than section 35(1)(i) and (p), if the sharing custodian is providing or has provided a health service to the individual who is the subject of the information.

Not collection, disclosure

56.2092(1) A sharing custodian's or authorized user's use of shared health information does not constitute collection or disclosure of that shared health information under this Act by any person.

(2) The making of health information accessible to sharing custodians or authorized users under this Part does not constitute a collection or disclosure of that information by any person.

(3) A disclosure of shared health information by a sharing custodian is not a disclosure by any other sharing custodian.

Division 3
Alberta Electronic Health Record

(29) Section 56.21 is amended

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

Department powers and duties re Alberta EHR

56.21(1) The Department shall manage and operate the Alberta EHR in accordance with this section and the regulations.

(b) in subsection (2)

(i) in clause (b) by striking out "other";

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

(b.1) keep an electronic log required under section 56.6;

(iii) in clause (d) by striking out "other";

(c) in subsection (3)

(i) in clause (b) by striking out "access to health information accessible via the Alberta EHR" **and substituting** "access to the Alberta EHR";

(ii) in clause (c) by striking out "if any, to health information accessible via the Alberta EHR" **and substituting** "to the Alberta EHR";

(d) in subsection (4) by striking out "access to health information accessible via the Alberta EHR" **and substituting** "access to the Alberta EHR";

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

(4.1) The Department may not provide access to the Alberta EHR to any authorized user other than as provided in this Part and the regulations.

(29) Section 56.21 presently reads:

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

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

(b) determine eligibility for access to the Alberta EHR, grant access to the Alberta EHR, and limit, revoke or prohibit access by authorized custodians and their affiliates and other authorized users to the Alberta EHR and health information accessible via the Alberta EHR, in accordance with the regulations;

(d) provide reports to authorized custodians and other authorized users related to their access to the Alberta EHR and to authorized custodians related to the access to the Alberta EHR by their affiliates.

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

(b) subject to subsection (4) and in accordance with the regulations, provide access to health information accessible via the Alberta EHR to a medical examiner with the Office of the Chief Medical Examiner and staff working under the direction of a medical examiner;

(c) provide access, in accordance with the regulations, if any, to health information accessible via the Alberta EHR to a health services provider who provides a health service outside Alberta to a resident of Alberta for the purposes of providing continuing treatment and care;

(4) The Department may provide a medical examiner with the Office of the Chief Medical Examiner and staff working under the direction of a medical examiner with access to health information

(4.2) The Department may not authorize an authorized user to make any information accessible via the Alberta EHR.

(4.3) Only the health information that is of a class or type prescribed by the regulations may be accessible via the Alberta EHR.

(30) The following is added after section 56.21:

Designation of authorized custodians

56.22 The Minister may, in accordance with the regulations, designate authorized custodians for the purposes of this Part.

(31) Section 56.3 is amended

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

Making health information accessible — regulated health services providers

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

(b) in subsection (2)

(i) by striking out "Minister of Mental Health and Addiction" **wherever it occurs and substituting** "Minister referred to in section 1(1)(f)(xiii.1)";

(ii) by striking out "regulated health professionals" **wherever it occurs and substituting** "regulated health services providers";

(c) in subsection (3)

(i) by striking out "Minister of Mental Health and Addiction" **and substituting** "Minister referred to in section 1(1)(f)(xiii.1)";

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

accessible via the Alberta EHR for the purpose of conducting investigations under the Fatality Inquiries Act, only if

(30) Designation of authorized custodians.

(31) Section 56.3 presently reads:

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

(2) If

(a) the Minister or the Minister of Mental Health and Addiction determines that it is in the public interest to have certain health information that is in the custody or under the control of one or more regulated health professionals made accessible via the Alberta EHR, and

(b) the health professional body of the regulated health professionals has not directed the regulated health professionals to make that health information accessible via the Alberta EHR,

the Minister or the Minister of Mental Health and Addiction may, subject to subsection (3), in writing direct the regulated health professionals to make the health information accessible via the Alberta EHR in accordance with the regulations.

(3) Before giving a direction under subsection (2), the Minister or the Minister of Mental Health and Addiction must

(b) prepare a privacy impact assessment describing how making the health information accessible via the Alberta EHR may affect the privacy of the individual who is the subject of the

(b) prepare a privacy impact assessment that, in addition to any applicable requirements set out in section 64, describes how making the health information in the custody or under the control of the regulated health services providers accessible via the Alberta EHR may affect the privacy of the individuals who are the subject of the health information,

(b.1) submit the privacy impact assessment to the Commissioner for review and comment, and

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

(3.1) A regulated health services provider must comply with a direction made under subsection (1) or (2).

(e) in subsection (4) by striking out "regulated health professional" **wherever it occurs and substituting** "regulated health services provider";

(f) by repealing subsections (5) to (7).

(32) The following is added after section 56.3:

Making health information accessible — authorized custodians

56.31 An authorized custodian may make the health information prescribed in the regulations that is in its custody or under its control accessible via the Alberta EHR in accordance with the regulations.

Making health information accessible — Minister's direction

56.32(1) The Minister may in writing direct an authorized custodian other than a regulated health services provider to make the health information prescribed in the regulations that is in its custody or under its control accessible via the Alberta EHR in accordance with the regulations.

(2) An authorized custodian must comply with a direction made under subsection (1).

health information and submit the privacy impact assessment to the Commissioner for review and comment, and

(4) A failure by a regulated health professional to comply with a direction of the health professional body under subsection (1) or of a Minister under subsection (2) constitutes unprofessional conduct by the regulated health professional under the Health Professions Act.

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

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

(7) The making of health information accessible pursuant to this section does not

(a) constitute a disclosure of that information by any person, or

(b) require the consent of the individual who is the subject of the information.

(32) Making health information accessible — authorized custodians; making health information accessible — Minister's direction; consent not required.

Consent not required

56.33 The making of health information accessible to authorized custodians and authorized users via the Alberta EHR under this Part does not require the consent of the individual who is the subject of the information.

(33) Section 56.4 is amended

(a) in subsection (1)

(i) by striking out "In deciding how" **and substituting** "Unless a direction is made under section 56.3 or 56.32, in deciding how";

(ii) by striking out "regulated health professional" **wherever it occurs and substituting** "regulated health services provider";

(b) in subsection (2) by striking out "regulated health professional" **and substituting** "regulated health services provider".

(34) Section 56.5 is amended

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

Use of health information accessible via the Alberta EHR

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

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

(2.1) A medical examiner with the Office of the Chief Medical Examiner and staff working under the direction of a medical examiner may not make any information accessible via the Alberta EHR.

(c) by repealing subsections (3) to (5).

(33) Section 56.4 presently reads:

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

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

(34) Section 56.5 presently reads in part:

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

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

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

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

(35) Section 56.6 is amended

(a) in subsection (1)

(i) by repealing the portion preceding clause (a) and substituting the following:

Maintaining log of Alberta EHR access

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

(ii) in clause (a) by striking out "other";

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

(a.1) the name of the individual who is the subject of the health information;

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

(3) Subject to the regulations, an individual who is the subject of the information referred to in subsection (1) may ask the Department for access to and a copy of the information, and Part 2, other than section 11(1)(a), applies to the request.

(c) in subsection (4) by striking out "other".

(36) Section 56.61 is repealed and the following is substituted:

Access request for health information accessible via the Alberta EHR

56.61(1) Subject to the regulations, an individual has a right of access to health information accessible via the Alberta EHR about the individual from an authorized custodian that has provided a health service to the individual, and Part 2 applies to the request.

(2) After making reasonable efforts to request access to the individual's health information under subsection (1), the individual may request access to the information from the Department, and Part 2, other than section 11(1)(a), applies to the request.

(35) Section 56.6 presently reads in part:

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

(a) the name or number that identifies the authorized custodian or other authorized user who accessed the Alberta EHR;

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

(4) If, pursuant to subsection (3), an individual asks the Department for access to and a copy of the information referred to in subsection (1), the Department must, in accordance with Part 2, provide that information in respect of all authorized custodians and other authorized users who have accessed that individual's health information pursuant to this Part.

(36) Section 56.61 presently reads:

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

(a) to an authorized custodian who

(i) is a health services provider described in section 1(1)(f)(ix), and

(ii) has provided health services to the individual,

or

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

and Part 2 applies in respect of the request.

(37) Section 56.62 is repealed.

(38) The following is added before section 56.7:

Disclosure of health information accessible via the Alberta EHR

56.63 Subject to the regulations, an authorized custodian that is not a custodian referred to in section 1(1)(f)(iii), (iv), (ix.1) or (ix.2), a ministerial custodian or a departmental custodian may only disclose

(a) health information accessible via the Alberta EHR that is individually identifying diagnostic, treatment and care information under section 35(1), other than section 35(1)(i) and (p), if the authorized custodian is providing or has provided a health service to the individual who is the subject of the information, and

(b) health information accessible via the Alberta EHR that is individually identifying registration information under section 36(a) for any of the purposes for which diagnostic, treatment and care information may be disclosed under section 35(1), other than section 35(1)(i) and (p), if the authorized custodian is providing or has provided a health service to the individual who is the subject of the information.

Not collection, disclosure

56.64(1) An authorized custodian's or authorized user's use of health information accessible via the Alberta EHR does not constitute collection or disclosure of that health information under this Act by any person.

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

(37) Section 56.62 presently reads:

56.62 An authorized custodian shall

(a) comply with an audit or investigation conducted by the Department in respect of the Alberta EHR, and

(b) carry out any duty or function specified in the regulations.

(38) Disclosure of health information accessible via the Alberta EHR; not collection, disclosure.

(2) The making of health information accessible to authorized custodians or authorized users via the Alberta EHR under this Part does not constitute a collection or disclosure of that information by any person.

(3) A disclosure of health information accessible via the Alberta EHR by an authorized custodian is not a disclosure by any other authorized custodian.

(4) For greater certainty, if the Department grants access to the Alberta EHR to authorized users outside Alberta, the accessing of health information via the Alberta EHR by an authorized user outside Alberta does not constitute disclosure of that information by any person.

Division 4
General

(39) Section 56.7(1.1) is repealed and the following is substituted:

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

(a) sharing custodians and shared health information, and

(b) authorized custodians and the Alberta EHR.

(40) Section 56.8 is amended

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

Regulations
56.8(1) The Lieutenant Governor in Council may make regulations

(a) respecting the powers and duties of the Department under section 56.21, including regulations

(i) respecting administrative, technical and physical safeguards of the Alberta EHR including interoperability specifications and standards,

(39) Section 56.7(1.1) presently reads:

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

(40) Section 56.8 presently reads in part:

56.8(1) The Lieutenant Governor in Council may make regulations

(a) defining or otherwise describing the Alberta EHR;

(b) respecting the eligibility requirements for a custodian to become and remain an authorized custodian for the purposes of this Part, including, without limitation, regulations requiring an authorized custodian to enter into an agreement with respect to the authorized custodian's powers, duties and functions under this Part;

(c) prescribing classes or types of health information that may or must be made accessible via the Alberta EHR;

(ii) respecting eligibility for and granting access to the Alberta EHR,

(iii) respecting limiting, revoking or prohibiting access to the Alberta EHR and the health information accessible via the Alberta EHR,

(iv) respecting responding to access requests,

(v) respecting the audit and investigation of matters relating to the Alberta EHR, including

(A) setting out or establishing an auditing or investigation regime, and

(B) setting out powers and duties to be exercised concerning audits and investigations,

and

(vi) prescribing other matters that may be audited or investigated;

(b) prescribing classes or types of health information that may or must be made accessible via the Alberta EHR;

(c) respecting the designation of authorized custodians;

(d) respecting the manner in which a regulated health services provider or authorized custodian may or must make health information prescribed in the regulations that is in its custody or under its control accessible via the Alberta EHR;

(e) respecting the manner in which a regulated health services provider or an authorized custodian may limit the health information that is to be made accessible via the Alberta EHR;

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

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

(d) respecting the manner in which a regulated health professional or an authorized custodian may or must make health information prescribed in the regulations that is in its custody or under its control accessible via the Alberta EHR;

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

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

(f) respecting the governance, operation, management and structure of the Alberta EHR, including, without limitation, regulations

(ii) respecting the powers, duties and functions of the Department;

(g) respecting the procedures, systems and safeguards that an authorized custodian must maintain in respect of health information that is accessible via the Alberta EHR;

(g.1) respecting the manner in which a regulated health professional or an authorized custodian may limit the health information that is to be made accessible via the Alberta EHR;

(g.2) respecting access to the Alberta EHR by a medical examiner with the Office of the Chief Medical Examiner and staff working under the direction of a medical examiner or by a health services provider outside of Alberta to provide continuing treatment and care to an individual who is a resident of Alberta;

(g.3) limiting, revoking or prohibiting

(i) access to the Alberta EHR by an authorized custodian or its affiliate, a medical examiner with the Office of the Chief Medical Examiner or staff working under the direction of a medical examiner, or by a health services

(g) respecting the procedures, systems and safeguards that an authorized custodian must maintain in respect of health information that is accessible via the Alberta EHR;

(h) respecting electronic logging for the purposes of section 56.6 and reporting in respect of the logging;

(i) prescribing additional information that must be kept in an electronic log;

(j) respecting access requests under sections 56.6 and 56.61 for health information accessible via the Alberta EHR;

(k) respecting the disclosure of health information accessible via the Alberta EHR;

(l) respecting any other matter the Lieutenant Governor in Council considers necessary or advisable to carry out the intent of this Part.

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

(1.1) The Minister may make regulations

(a) respecting sharing custodians making shared health information accessible to sharing custodians and authorized users;

(b) respecting the manner for making shared health information accessible;

(c) respecting the use and disclosure of shared health information;

(d) respecting administrative, technical and physical safeguards to protect the confidentiality and security of shared health information;

(e) respecting restrictions and limitations for the purposes of section 56.207;

(f) respecting section 56.208, including

(i) respecting the purposes for which sharing custodians may use shared health information,

provider outside of Alberta providing continuing treatment and care to an individual who is a resident of Alberta, or

(ii) use of health information accessible via the Alberta EHR by an authorized custodian or its affiliate, by a medical examiner with the Office of the Chief Medical Examiner or staff working under the direction of a medical examiner, or by a health services provider outside of Alberta providing continuing treatment and care to an individual who is a resident of Alberta;

(g.4) respecting technical or security standards, specifications or requirements in respect of the Alberta EHR, including, without limitation, interoperability specifications and standards;

(g.5) respecting electronic logging for the purposes of section 56.6 and reporting in respect of the logging;

(g.6) respecting access requests under sections 56.6 and 56.61 for health information accessible via the Alberta EHR;

(g.7) respecting the reasons for which an authorized custodian is unable to provide access to health information requested by an individual;

(h) respecting the audit or investigation of any matter related to the Alberta EHR, including, without limitation, regulations

(i) setting out or establishing an auditing regime, and

(ii) setting out powers and duties to be exercised concerning audits and investigations;

(i) respecting any other matter the Lieutenant Governor in Council considers necessary or advisable to carry out the intent of this Part.

(ii) authorizing a custodian referred to in section 1(1)(f)(iii), (iv), (ix.1) and (ix.2), a ministerial custodian or a departmental custodian to designate who may become a sharing custodian of the shared health information,

(iii) limiting, revoking or prohibiting access to shared health information,

(iv) respecting additional requirements to protect shared health information from unauthorized access, use or disclosure, and

(v) respecting additional requirements to log information;

(g) respecting measures to protect shared health information, including auditing and logging requirements in addition to other applicable measures;

(h) prescribing information to be recorded or logged for the purposes of section 56.209(1).

(41) The following is added after section 56.8:

Standards or guidelines

56.9(1) The Minister may establish a standard, guideline, code, schedule or body of rules relating to any matter for which a regulation may be made under section 56.8.

(2) The *Regulations Act* does not apply to a body of rules established under subsection (1) and, for greater certainty, does not apply to a standard, guideline or code established under that subsection.

(3) As soon as practicable after establishing a standard, guideline, code, schedule or body of rules under this section, the Minister shall ensure that a copy of the standard, guideline, code, schedule or body of rules is readily available to the public.

(4) A regulation made under section 56.8 supersedes a standard, guideline, code, schedule or body of rules established under this section to the extent of any conflict.

(41) Standards or guidelines.

(42) The following is added after section 60:

Duty to comply with standards

60.01 A custodian must comply with

(a) a standard, guideline, code, schedule or body of rules established under section 56.9, and

(b) a standard, code or body of rules established, adopted or incorporated by the Minister under section 108.1.

(43) Section 60.1(1) and (2) are amended by striking out "in the custody or control of" **and substituting** "in the custody or under the control of".

(44) The following is added after section 60.1:

Duty re abandoned records

60.2(1) A person must notify the Minister as soon as practicable if the person

(a) has custody or control of records containing health information,

(b) is not a custodian or an affiliate, and

(c) either

(i) reasonably believes that the records have been abandoned by a custodian, or

(42) Duty to comply with standards.

(43) Section 60.1(1) and (2) presently read:

60.1(1) Subject to the regulations, an affiliate of a custodian must as soon as practicable notify the custodian in accordance with the regulations of any loss of individually identifying health information or any unauthorized access to or disclosure of individually identifying health information in the custody or control of the custodian.

(2) Subject to the regulations, subsections (4) and (5) and section 85.1, a custodian must as soon as practicable give notice in accordance with the regulations and subsection (3) of any loss of individually identifying health information or any unauthorized access to or disclosure of individually identifying health information in the custody or control of the custodian if there is a risk of harm to an individual as a result of the loss or unauthorized access or disclosure.

(44) Duty re abandoned records.

(ii) is unable to identify or locate the responsible custodian.

(2) The Minister may assume custody or control of the records referred to in subsection (1) or direct another person to assume custody or control of the records.

(3) If the records referred to in subsection (1) were in the custody or under the control of a custodian or former custodian that is a member or former member of a health professional body, the Minister may direct the health professional body to assume custody or control of the records.

(45) Sections 62 to 64 are repealed and the following is substituted:

Duty re affiliates

62(1) Each custodian must identify its affiliates that are responsible for complying with the requirements set out in subsection (2).

(2) Each affiliate of a custodian must comply with

(a) this Act and the regulations, and

(b) the custodian's privacy management program established under section 63(1).

(3) Any collection, use or disclosure of health information by an affiliate of a custodian is considered to be collection, use or disclosure by the custodian.

(4) Any disclosure of health information to an affiliate of a custodian is considered to be disclosure to the custodian.

Duty to establish privacy management program

63(1) A custodian must establish a privacy management program consisting of the policies and procedures the custodian establishes or incorporates to facilitate the implementation of this Act and the regulations.

(2) A custodian must, within 30 days after receiving a request from the Commissioner, submit the custodian's privacy management program and, if applicable, a list of the custodian's affiliates to the Commissioner.

(45) Sections 62 to 64 presently read:

62(1) Each custodian must identify its affiliates who are responsible for ensuring that this Act, the regulations and the policies and procedures established or adopted under section 63 are complied with.

(2) Any collection, use or disclosure of health information by an affiliate of a custodian is considered to be collection, use or disclosure by the custodian.

(3) Any disclosure of health information to an affiliate of a custodian is considered to be disclosure to the custodian.

(4) Each affiliate of a custodian must comply with

(a) this Act and the regulations, and

(b) the policies and procedures established or adopted under section 63.

63(1) Each custodian must establish or adopt policies and procedures that will facilitate the implementation of this Act and the regulations.

(2) A custodian must at the request of the Minister or the Department provide the Minister or the Department, as the case may be, with a copy of the policies and procedures established or adopted under this section.

64(1) Subject to subsection (3), each custodian must prepare a privacy impact assessment that describes how proposed administrative practices and information systems relating to the collection, use and disclosure of individually identifying health

(3) A custodian must, at the request of the Minister or Department, provide the Minister or Department, as the case may be, with a copy of the custodian's privacy management program.

(4) A custodian referred to in section 1(1)(f)(ix) may incorporate some or all of the policies and procedures of the custodian's health professional body into the custodian's privacy management program.

Power to prepare polices and procedures — health professional body

63.1(1) A health professional body may prepare general policies and procedures relating to health information, which may be adopted by a custodian that is a member of the health professional body under section 63(4).

(2) The health professional body may submit the policies and procedures to the Commissioner for review and comment.

(3) If the Commissioner has commented on the policies and procedures, the health professional body must, on request of a custodian that is a member of the health professional body, provide the Commissioner's comments to the custodian.

Duty to prepare privacy impact assessment

64(1) A custodian must prepare a privacy impact assessment and submit the privacy impact assessment to the Commissioner for review and comment

(a) before introducing a new administrative practice or information system relating to the collection, use and disclosure of individually identifying health information,

(b) before changing an existing administrative practice or information system relating to the collection, use and disclosure of individually identifying health information, or

(c) as otherwise required under this Act.

(2) A privacy impact assessment for a new administrative practice or changes to an existing administrative practice must be prepared and submitted in accordance with the regulations, if any.

(3) A privacy impact assessment for a new information system, changes to an existing information system or where a privacy

information may affect the privacy of the individual who is the subject of the information.

(2) Subject to subsection (3), the custodian must submit the privacy impact assessment to the Commissioner for review and comment before implementing any proposed new practice or system described in subsection (1) or any proposed change to existing practices and systems described in subsection (1).

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

impact assessment is otherwise required under this Act must be prepared and submitted in accordance with the regulations, if any, and must

(a) identify and review risks associated with the collection, use and disclosure of health information,

(b) identify measures that protect the privacy of the individuals who are the subjects of the individually identifying health information, and

(c) address the security and confidentiality of that individually identifying health information.

(4) A custodian must identify whether the privacy impact assessment incorporates all or any part of a privacy impact assessment of another custodian that the Commissioner has reviewed, and if so, must specify any modifications made in accordance with the regulations, if any.

(5) A privacy impact assessment is not required to contain a description of the custodian's privacy management program.

(6) This section does not apply to custodians referred to in section 1(1)(f)(iii), (iv), (ix.1) and (ix.2), ministerial custodians or departmental custodians with respect to the collection, use or disclosure of health information between or among the custodians for a purpose authorized by section 27(2), unless the custodians are introducing a new information system or changing an existing information system in conjunction with that collection, use or disclosure.

Privacy impact assessment re common or integrated program or service

64.1 Subject to the regulations, before participating in a common or integrated program or service, a custodian must prepare a privacy impact assessment and submit the privacy impact assessment to the Commissioner for review and comment in accordance with section 64.

Power to prepare information security policy

64.2(1) In this section,

(a) "agreement" means an agreement entered into under section 66;

(b) "information security policy" means a policy described in subsection (3);

(c) "prospective information manager" means a person who seeks to become an information manager.

(2) An information manager or prospective information manager may prepare and submit to the Commissioner for review and comment an information security policy for use by a custodian that enters into an agreement with respect to the information system that is the subject of the information security policy.

(3) An information security policy must address the general privacy, security and confidentiality risks of a new information system or changes to an existing information system and must contain a description of

(a) the functions and capabilities of an information system, including technical specifications relevant to the safeguards referred to in clause (b), and

(b) the information system's safeguards with respect to

(i) protecting the privacy of the individuals whose individually identifying health information is collected, used or disclosed by means of the information system, and

(ii) ensuring the security and confidentiality of that individually identifying health information.

(4) If the Commissioner has commented on an information security policy, the information manager or prospective information manager must, on request of a custodian described in subsection (2), provide the Commissioner's comments to the custodian.

(5) A custodian that enters into an agreement may incorporate some or all of the provisions of an information security policy into the custodian's privacy impact assessment.

(6) An information manager that enters into an agreement with a custodian but that has not prepared and submitted an information security policy must provide a description of the components listed in subsection (3) to the custodian in plain language and in sufficient detail to enable the custodian to prepare a privacy impact assessment.

(46) Section 65 is amended

(a) by renumbering it as section 65(1);

(b) in subsection (1) by striking out "A custodian may, in accordance with the regulations," **and substituting** "Subject to the regulations, a custodian may";

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

(2) A sharing custodian may only exercise the power set out in subsection (1) with respect to shared health information the sharing custodian has authority to use under Part 5.1.

(3) An authorized custodian may only exercise the power set out in subsection (1) with respect to health information accessible via the Alberta EHR the authorized custodian has authority to use under Part 5.1.

(47) Section 66(1) is repealed.

(48) Section 69 is repealed and the following is substituted:

Data matching

69(1) Subject to subsections (2) and (3), a custodian or health information repository may perform data matching using information in its custody or under its control.

(46) Section 65 presently reads:

65 A custodian may, in accordance with the regulations, strip, encode or otherwise transform individually identifying health information to create non-identifying health information.

(47) Section 66(1) presently reads:

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

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

(b) in accordance with the regulations, strips, encodes or otherwise transforms individually identifying health information to create non-identifying health information, or

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

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

(48) Section 69 presently reads:

69 A custodian or health information repository may perform data matching using information that is in its custody or under its control.

(2) A sharing custodian may only exercise the power set out in subsection (1) with respect to shared health information the sharing custodian has authority to use under Part 5.1.

(3) An authorized custodian may only exercise the power set out in subsection (1) with respect to health information accessible via the Alberta EHR the authorized custodian has authority to use under Part 5.1.

(49) Section 70 is repealed and the following is substituted:

Data matching by custodians or health information repository

70(1) A custodian or health information repository may perform data matching by combining information in its custody or under its control with information in the custody or under the control of another custodian or health information repository.

(2) A sharing custodian may only exercise the power set out in subsection (1) with respect to shared health information that the sharing custodian has authority to use under Part 5.1.

(3) An authorized custodian may only exercise the power set out in subsection (1) with respect to health information accessible via the Alberta EHR that the authorized custodian has authority to use under Part 5.1.

(4) Before performing data matching under this section, the custodian or health information repository in whose custody or under whose control the information created through data matching will be stored must prepare a privacy impact assessment and submit the privacy impact assessment to the Commissioner for review and comment.

(5) A privacy impact assessment referred to in subsection (4) must, in addition to any applicable requirements set out in section 64,

(a) describe how the information to be used in the data matching is to be collected, and

(b) set out how the information created through data matching is to be used or disclosed.

(49) Section 70 presently reads:

70(1) A custodian or health information repository may perform data matching by combining information that is in its custody or under its control with information that is in the custody or under the control of another custodian or health information repository.

(2) Before performing data matching under this section, the custodian or health information repository in whose custody and control the information that is created through data matching will be stored must prepare a privacy impact assessment and submit the assessment to the Commissioner for review and comment.

(3) A privacy impact assessment referred to in subsection (2) must

(a) describe how the information to be used in the data matching is to be collected, and

(b) set out how the information that is created through data matching is to be used or disclosed.

(50) Section 71 is repealed and the following is substituted:

Data matching by custodian or health information repository and non-custodian

71(1) A custodian or health information repository may perform data matching by combining information in its custody or under its control with information in the custody or under the control of a person that is not a custodian or health information repository.

(2) A sharing custodian may only exercise the power set out in subsection (1) with respect to shared health information the sharing custodian has authority to use under Part 5.1.

(3) An authorized custodian may only exercise the power set out in subsection (1) with respect to health information accessible via the Alberta EHR that the authorized custodian has authority to use under Part 5.1.

(4) Before performing data matching under this section, the custodian or health information repository must prepare a privacy impact assessment and submit the privacy impact assessment to the Commissioner for review and comment.

(5) A privacy impact assessment referred to in subsection (4) must, in addition to any applicable requirements set out in section 64, meet the requirements set out in section 70(5).

(51) Section 72 is amended

(a) by renumbering it as section 72(1);

(b) in subsection (1)

(i) by adding "described in section 49" **after** "research";

(ii) by striking out "48" **and substituting** "49";

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

(2) Despite subsection (1), where data matching is performed for the purpose of conducting research described in section 52.1, sections 52.1 to 56 must be complied with before the data matching is performed.

(50) Section 71 presently reads:

71(1) A custodian or health information repository may perform data matching by combining information that is in its custody or under its control with information that is in the custody or under the control of a person that is not a custodian or health information repository.

(2) Before performing data matching under this section, the custodian or health information repository must prepare a privacy impact assessment and submit the assessment to the Commissioner for review and comment.

(3) A privacy impact assessment referred to in subsection (2) must meet the requirements of section 70(3).

(51) Section 72 presently reads:

72 If data matching is performed for the purpose of conducting research, sections 48 to 56 must be complied with before the data matching is performed.

(52) Section 72.1 is amended

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

(1.1) The Minister, or a Minister referred to in section 1(1)(f)(xiii.1), (xiii.2) or (xiii.3), may, in accordance with the regulations, designate a department referred to in section 1(1)(f)(xii), (xii.1), (xii.2) or (xii.3) to act as a health information repository.

(b) in subsection (2) by striking out "Minister of Mental Health and Addiction" **and substituting** "Minister referred to in section 1(1)(f)(xiii.1)".

(53) Section 73 is amended by adding the following after subsection (3):

(4) An individual or custodian who believes that a researcher has failed to comply with section 54.1 may ask the Commissioner to review the matter.

(54) Section 84(1) is amended by adding the following after clause (f):

(f.1) request privacy management programs and lists of affiliates under section 63(2) and comment on the implications for access to health information or for protection of health information of privacy management programs,

(f.2) review and comment on general policies and procedures submitted by health professional bodies under section 63.1(2),

(f.3) comment on the implications for protection of health information or information security policies submitted to the Commissioner under section 64.2(2),

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

(d) if the individual is deceased,

(i) by the individual's nearest relative as defined in the *Personal Directives Act*, or

(52) Section 72.1 presently reads in part:

(2) The Minister of Mental Health and Addiction may, in accordance with the regulations, designate the Canadian Centre of Recovery Excellence to act as a health information repository.

(53) Adds right to ask for review.

(54) Adds powers of Commissioner.

(55) Section 104(1)(d) presently reads:

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

(d) if the individual is deceased,

(ii) by the individual's personal representative if the exercise of the right or power relates to the administration of the individual's estate,

(56) Section 106 is amended

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

(1.1) A person that is not a custodian, or a person acting on behalf of that person, that employs or engages a custodian or provides health information to a custodian must not take any action against the custodian because the custodian has, acting in good faith and for a purpose authorized by section 27, collected, used or disclosed health information in accordance with this Act or otherwise complied with this Act.

(b) in subsection (2) by adding "or (1.1)" **after** "subsection (1)".

(57) Section 107 is amended

(a) in subsection (4) by striking out "as defined in section 66(1)";

(b) by adding the following after subsection (5):

(5.01) No person to whom non-identifying health information is disclosed shall knowingly transform the non-identifying health information to create individually identifying health information or knowingly attempt to do so.

(c) by adding the following after subsection (5.1):

(5.2) No person, including the personal representative of a deceased custodian, shall knowingly fail to comply with section 60.2(1).

(i) by the individual's personal representative, if the exercise of the right or power relates to the administration of the individual's estate, or

(ii) by the individual's nearest relative as defined in the Personal Directives Act, if the exercise of the right or power is for the purpose of processing an insurance claim,

(56) Section 106 presently reads in part:

(2) A person who contravenes subsection (1) is guilty of an offence and liable to a fine of not more than $10 000.

(57) Section 107 presently reads in part:

(4) No information manager as defined in section 66(1) shall knowingly breach the terms and conditions of an agreement entered into with a custodian pursuant to section 66.

(58) Section 108 is amended

(a) in subsection (1)

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

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

(j.1) respecting the planning, administering, delivering, managing, monitoring or evaluating of a common or integrated program or service;

(j.2) respecting the input and use of individually identifying health information in an automated system;

(j.3) respecting automated systems and related procedures, systems and safeguards for health information contained in automated systems;

(j.4) respecting the building and training of automated systems;

(j.5) respecting the disclosure of non-identifying health information;

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

(k) establishing requirements for a consent or the revocation of a consent to be valid for the purposes of section 34(2)(e) and (4)(b);

(iv) by repealing clause (l);

(v) by adding the following before clause (m):

(l.1) respecting requirements for a public body to disclose individually identifying health information for the purposes of section 38.1(2)(b);

(vi) in clause (p.1)(i) by striking out "in the custody or control of" **and substituting** "in the custody or under the control of";

(vii) by repealing clause (q);

(58) Section 108 presently reads in part:

108(1) The Lieutenant Governor in Council may make regulations

(c) designating a health services provider as a custodian, or a class of health services providers, the members of which are to be custodians, for the purposes of section 1(1)(f)(ix);

(e) designating a Community Board as a custodian for the purposes of section 1(1)(f)(xvi);

(k) respecting the requirements of a consent or a revocation of a consent that is provided electronically for the purposes of section 34;

(l) respecting the disclosure of individually identifying registration information by custodians to persons who are not custodians for the purposes of section 36(c);

(p.1) respecting the duty to give notice and the giving of notice under section 60.1, including, without limitation, regulations

(i) respecting which custodian is obligated to give notice with respect to individually identifying health information that is or was in the custody or control of more than one custodian,

(q) respecting the stripping, encoding or other transformation of individually identifying health information to create non-identifying health information pursuant to section 65;

(2) The Minister may make regulations

(a) designating bodies as research ethics boards for the purposes of sections 48 to 56;

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

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

(s.1) respecting the designation of a department as a health information repository;

(s.2) respecting the designation of the Canadian Centre of Recovery Excellence as a health information repository;

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

(2) The Minister may make regulations

(a) further defining or describing the Alberta EHR;

(b) designating a health services provider as a custodian, or a class of health services providers, the members of which are to be custodians, for the purposes of section 1(1)(f)(ix);

(c) respecting the requirements for disclosure of individually identifying registration information for the purposes of section 36(c) or (d);

(d) designating bodies as research ethics boards;

(e) specifying the information to be included in a proposed research protocol under section 49;

(f) respecting relevant criteria for the purposes of section 52.1(4)(a);

(g) respecting privacy impact assessments, including regulations respecting

(i) the preparation and submission of privacy impact assessments,

(ii) criteria relating to the risk described in section 64(3),

(iii) the establishment and application of specific requirements relating to privacy impact assessments for a common or integrated program or service, a sharing custodian, authorized custodian or authorized user, and

(iv) the incorporation of a privacy impact assessment of another custodian;

(h) respecting the stripping, encoding or other transformation of individually identifying health information to create non-identifying health information for the purposes of section 65;

(i) identifying safeguards and technical standards respecting the security and protection of health information;

(j) establishing guidelines or standards respecting the determination of whether information is readily ascertainable;

(k) requiring custodians to comply with guidelines, safeguards or standards.

(59) The following is added after section 108:

Standards for the security and protection of health information

108.1(1) The Minister may establish standards respecting the security and protection of health information to prevent unauthorized disclosure.

(2) The Minister may adopt in whole or in part, or with modifications, a standard, code or body of rules that relates to the security and protection of information if the standard, code or body of rules has been published and is available to the public.

(3) The *Regulations Act* does not apply to a body of rules adopted under subsection (2) and, for greater certainty, does not apply to a standard established under subsection (1) or a standard or code adopted under subsection (2).

(4) As soon as practicable after establishing or adopting a standard, code or body of rules, the Minister shall ensure that a copy of the standard, code or body of rules is readily available to the public.

(5) A regulation made under section 108 supersedes a standard, code or body of rules established or adopted under this section to the extent of any conflict.

(59) Standards for the security and protection of health information.

(60) Section 109 is repealed and the following is substituted:

Review of Act

109(1) The Minister must begin a comprehensive review of this Act and the regulations

(a) within 6 years after section 7(60) of the *Health Statutes Amendment Act, 2025 (No. 2)* comes into force, and

(b) every 6 years after the date of the previous review.

(2) The Minister must consult with the Commissioner when conducting a review under subsection (1).

Health Insurance Premiums Act

Amends RSA 2000 cH-6

8(1) The *Health Insurance Premiums Act* is amended by this section.

(2) Section 1 is amended

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

(c.1) "certificate of registration" means

(i) a certificate of registration issued under section 23.6, or

(ii) a document deemed to be a certificate of registration under section 23.7;

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

(f.1) "insured health services" means insured health services as defined in Part 1 of the *Alberta Health Care Insurance Act*;

(60) Section 109 presently reads:

109(1) A special committee of the Legislative Assembly must begin a comprehensive review of this Act within 3 years after the coming into force of this section and must submit to the Legislative Assembly, within one year after beginning the review, a report that includes the committee's recommended amendments.

(2) The review referred to in subsection (1) must include a review of the application of this Act

(a) to departments of the Government of Alberta,

(b) to local public bodies as defined in the Access to Information Act, and

(c) to any other entity that is not a custodian and has information about the health of an individual in its custody or under its control.

Health Insurance Premiums Act

8(1) Amends chapter H-6 of the Revised Statutes of Alberta 2000.

(2) Section 1 presently reads in part:

1 In this Act,

(g) "insured hospital services" means insured services within the meaning of Part 3 of the Hospitals Act;

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

(g) "insured hospital services" means insured hospital services as defined in Part 2 of the *Alberta Health Care Insurance Act*;

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

(i.1) "personal health number" means a personal health number assigned under section 23.1;

(i.2) "practitioner" means a practitioner as defined in Part 1 of the *Alberta Health Care Insurance Act*;

(3) Section 21 is repealed.

(3) Section 21 presently reads:

21 The Lieutenant Governor in Council may make regulations

(a) governing the registration of residents with the Minister generally;

(b) prescribing the classes of dependants that a resident is required to register;

(c) prescribing the classes of persons exempted from registration;

(d) providing for any matter pertaining to declarations under section 25 not otherwise provided for in that section;

(e) providing for any matter relating to registration of residents under section 23, including the duties of hospital boards in connection with the registration of unregistered residents receiving hospital services;

(f) imposing on any person the duty of registering a resident or residents;

(g) respecting the imposition of penalties on persons who have not registered within the times prescribed under the regulations.

(4) Section 23(1)(a) is amended by striking out "under the *Alberta Health Care Insurance Act*" **and substituting** "under Part 1 of the *Alberta Health Care Insurance Act*".

(5) The following is added after section 23:

Personal health number

23.1 The Minister shall assign every resident registered with the Minister a personal health number to uniquely identify the resident.

Renewal of registration

23.2(1) Subject to this section and the regulations, a resident shall renew the resident's registration with the Minister

(a) on or before the expiry date that the resident's certificate of registration contains, and

(b) at the place and in the manner and form and at the times prescribed in the regulations.

(2) A resident is not required to renew the resident's registration with the Minister if

(a) the resident is exempted from registration by the regulations,

(b) the resident is exempted from renewing the resident's registration by the regulations, or

(c) the duty to renew the resident's registration is imposed by the regulations on some other person.

(3) When the regulations impose a duty on a person to renew the registration of a resident, that person shall do so at the place and in the manner and form and at the times prescribed in the regulations.

(4) Subject to the regulations, the Minister shall, in the form and manner and at the times prescribed in the regulations, notify every resident required to renew the resident's registration, or the person

(4) Section 23(1)(a) presently reads:

23(1) If

(a) a claim for benefits is made under the Alberta Health Care Insurance Act by or on behalf of a resident who is not registered with the Minister under this Act, or

(5) Personal health number; renewal of registration; cancellation of registration; no payment of benefits; reinstatement of registration; certificate of registration; certificate of registration — other documents; new certificate of registration; declaration respecting certificate of registration; presentation of certificate of registration; expiry of certificate of registration; collection, use and disclosure of expiry dates; regulations; transitional — existing certificates of registration.

on whom a resident's duty to renew the resident's registration is imposed, of the date by which the resident's registration must be renewed.

Cancellation of registration

23.3(1) If a resident's registration with the Minister is not renewed in accordance with section 23.2, the resident shall be assumed to no longer be a resident and the resident's registration shall be cancelled.

(2) The Minister shall, in the form and manner prescribed by the regulations, notify a resident whose registration is cancelled under subsection (1).

No payment of benefits

23.4 Subject to section 23.5, if a resident's registration with the Minister is cancelled under section 23.3, no benefits in respect of insured health services or insured hospital services provided to that resident shall be paid under Part 1 or 2 of the *Alberta Health Care Insurance Act*.

Reinstatement of registration

23.5(1) Where a resident's registration with the Minister is cancelled under section 23.3, the following persons may apply to the Minister in accordance with the regulations to have the registration reinstated:

(a) the resident;

(b) a person authorized by the regulations to apply on behalf of the resident.

(2) The effective date of the reinstatement of registration, and the entitlement to benefits, if any, in respect of insured health services or insured hospital services provided to the resident during the period commencing when the resident's registration was cancelled and ending when it was reinstated, shall be determined in accordance with the regulations.

Certificate of registration

23.6(1) The Minister may issue a certificate of registration to a resident registered with the Minister.

(2) A certificate of registration must

(a) be in one or more forms, whether physical or electronic, approved by the Minister,

(b) contain the expiry date prescribed in the regulations in respect of the certificate, and

(c) contain the information prescribed by the Minister.

Certificate of registration — other documents

23.7 A document, whether in physical or electronic form, that is issued to a resident who is registered with the Minister is deemed to be a certificate of registration for the purposes of this Act and Parts 1 and 2 of the *Alberta Health Care Insurance Act* if the document

(a) is issued under an enactment of Alberta,

(b) contains an expiry date,

(c) is of a class designated by the Minister, and

(d) contains the information prescribed by the Minister.

New certificate of registration

23.8 A resident, or a person authorized by the regulations to make the request on behalf of the resident, may, in accordance with the regulations, request from the Minister a new, duplicate or replacement certificate of registration for the resident.

Declaration respecting certificate of registration

23.9 Subject to the regulations, the Minister may, by order, declare a class of certificates of registration to no longer be certificates of registration for the purposes of this Act and Parts 1 and 2 of the *Alberta Health Care Insurance Act* as of the date specified in the order.

Presentation of certificate of registration

23.91(1) In this section,

(a) "non-participating dentist" means a non-participating dentist as defined in Part 1 of the *Alberta Health Care Insurance Act*;

(b) "non-Plan service" means a non-Plan service as defined in Part 1 of the *Alberta Health Care Insurance Act*.

(2) Subject to subsection (3), a resident who receives an insured health service from a practitioner or an insured hospital service shall present the resident's certificate of registration to the practitioner or appropriate official of the hospital services facility operator, as the case may be.

(3) Subsection (2) does not apply if the resident is receiving

(a) a non-Plan service, or

(b) an insured health service from a non-participating dentist.

Expiry of certificate of registration

23.92 A certificate of registration expires on the expiry date that the certificate contains.

Collection, use and disclosure of expiry dates

23.93 The Minister may collect, use and disclose the expiry date of a document that is deemed to be a certificate of registration under section 23.7 for the following purposes:

(a) determining the date by which a resident's registration must be renewed;

(b) determining the date on which a certificate of registration expires.

Regulations

23.94 The Lieutenant Governor in Council may make regulations

(a) governing the registration of residents with the Minister generally;

(b) prescribing the classes of dependants that a resident is required to register;

(c) prescribing the classes of residents exempted from registration;

(d) providing for any matter relating to the registration of residents under section 23, including the duties of hospital

services facility operators in connection with the registration of unregistered residents receiving insured hospital services;

(e) providing for any matter pertaining to declarations filed under section 25 not otherwise provided for in that section;

(f) imposing on a person the duty of registering a resident or residents;

(g) respecting the imposition of penalties on persons who have not registered within the times prescribed under the regulations.

Regulations

23.95 The Minister may make regulations

(a) providing for any matter relating to the renewal of registration with the Minister;

(b) prescribing the classes of residents exempted from renewing registration;

(c) imposing on a person the duty of renewing a resident's registration;

(d) providing for any matter relating to the renewal by a person of a resident's registration;

(e) providing for any matter relating to notifications made under section 23.2(4);

(f) prescribing the form, manner and timing of notifications made under section 23.2(4);

(g) prescribing the form and manner of notifications made under section 23.3(2);

(h) providing for any matter relating to applications for reinstatement of registration;

(i) authorizing a person to apply for reinstatement on behalf of a resident;

(j) determining effective dates of reinstatement and the entitlement to benefits, if any, for insured health services or insured hospital services provided to residents during periods commencing when registration was cancelled and ending when registration was reinstated;

(k) prescribing expiry dates of certificates of registration issued under section 23.6;

(l) providing for any matter relating to requests for new, duplicate and replacement certificates of registration;

(m) authorizing a person to request new, duplicate and replacement certificates of registration on behalf of a resident;

(n) providing for any matter relating to declarations made under section 23.9;

(o) prescribing persons to whom certificates of registration are to be returned or surrendered under sections 23.96(2) and 24.1;

(p) providing for any matter relating to requests for the return or surrender of certificates of registration made under section 24.1;

(q) prescribing circumstances for the purposes of section 24.1(h);

(r) providing for any matter relating to requests made by the Minister under section 24.3.

Transitional — existing certificates of registration

23.96(1) A certificate of registration issued under this Act as it read immediately before the coming into force of this section and in effect on the date this section comes into force

(a) remains in effect until a date specified by order of the Minister, if the certificate does not contain an expiry date, or

(b) expires on the expiry date that the certificate contains, if the certificate contains an expiry date.

(2) If a resident applies for a document deemed to be a certificate of registration under section 23.7, the resident shall, at the time of application, return or surrender to the Minister or a person prescribed in the regulations a certificate of registration referred to in subsection (1) that was issued to the resident.

(6) Section 24 is repealed and the following is substituted:

Offences re certificate of registration

24 Every person is guilty of an offence who

(a) presents to a practitioner, member of the practitioner's staff or appropriate official of a hospital services facility operator a certificate of registration

(i) knowing that the person named on it is not, at the time of its presentation, a resident, or

(ii) knowing that the person on behalf of whom, and to facilitate whose treatment, it is presented is not the person named on it or a dependant of that person,

(b) mutilates, defaces, alters or falsifies a certificate of registration,

(c) has in the person's possession a certificate of registration that is mutilated, defaced, altered or falsified, or

(d) uses or permits the use of a certificate of registration that is mutilated, defaced, altered or falsified.

Return of certificate of registration

24.1 Where a resident is issued a certificate of registration under section 23.6 that is in physical form, the Minister may, in accordance with the regulations, require that the certificate be returned or surrendered to the Minister or a person prescribed in the regulations if

(a) the resident's registration with the Minister is cancelled,

(b) the certificate of registration is expired,

(c) the resident is issued another certificate of registration,

(6) Section 24 presently reads:

24(1) Every person who produces to a practitioner or a member of the practitioner's staff a certificate of registration issued under this Act

(a) knowing that the person named in it is not, at the time of its production, a resident of Alberta, or

(b) knowing that the person on behalf of whom, and to facilitate whose treatment, it is produced is not the person named in it or a dependant of that person,

is guilty of an offence.

(2) In this section, "certificate of registration" means

(a) a certificate of registration issued under this Act, or

(b) any other document prescribed by the regulations as being a certificate of registration for the purposes of this Act or the Alberta Health Care Insurance Act.

(d) the certificate of registration is of a class declared to be no longer certificates of registration for the purposes of this Act and Parts 1 and 2 of the *Alberta Health Care Insurance Act*,

(e) the resident is not entitled, under section 4(3) of the *Alberta Health Care Insurance Act*, to the payment of benefits in respect of health services provided to the resident,

(f) the Minister has reasonable grounds to believe that the certificate of registration has been used to commit an offence under this Act or another enactment of Alberta or of another province or Canada,

(g) the Minister receives notification of the resident's death, or

(h) one or more circumstances prescribed in the regulations exist.

Termination of access to certificate of registration

24.2 Where a resident is issued a certificate of registration under section 23.6 that is in electronic form, the Minister may terminate access, or cause the termination of access, to the certificate in the circumstances described in section 24.1.

Return of document deemed to be certificate of registration

24.3 Where a resident is issued a document that is deemed to be a certificate of registration under section 23.7, the Minister may, in the circumstances described in section 24.1 and in accordance with the regulations, if any, request a peace officer, a member of Executive Council, the Registrar of Motor Vehicle Services or another person authorized under an enactment to require the return or surrender of such documents to require the return or surrender of the resident's document for the purposes of effecting the return or surrender to the Minister of the certificate of registration that that document is deemed to be.

Court order

24.4 If a person refuses or fails to return or surrender a certificate of registration or a document deemed to be a certificate of registration under section 23.7 when required to do so under

section 24.1 or 24.3, as applicable, the Minister may apply to the Court of King's Bench for an order directing the person to comply with the requirement.

Surrender of certificate of registration under other enactments

24.5 Where a peace officer, a member of Executive Council, the Registrar of Motor Vehicle Services or another person is authorized under an enactment to require the return or surrender of a document deemed to be a certificate of registration under section 23.7, the peace officer, member of Executive Council, Registrar of Motor Vehicle Services or other person may also require the return or surrender of the certificate of registration that the document is deemed to be.

Collection, use and disclosure of personal health numbers

24.6 Where a certificate of registration issued under section 23.6 or a document deemed to be a certificate of registration under section 23.7 is returned or surrendered to a person authorized under this or another enactment to require that return or surrender, the person may collect, use and disclose a personal health number that the certificate or document contains only in accordance with this Act, the *Access to Information Act*, Parts 1 and 2 of the *Alberta Health Care Insurance Act*, the *Health Information Act* and the *Protection of Privacy Act*.

(7) Section 25 is amended

(a) in subsection (1) by striking out "the Plan and the Hospitalization Benefits Plan under Part 3 of the *Hospitals Act*" **and substituting** "the Alberta Health Care Insurance Plan under Part 1 of the *Alberta Health Care Insurance Act* and the Insured Hospital Services Plan under Part 2 of the *Alberta Health Care Insurance Act*";

(b) in subsection (6)

(i) by striking out "this Act, the *Alberta Health Care Insurance Act* or the *Hospitals Act*" **and substituting** "this Act or Part 1 or Part 2 of the *Alberta Health Care Insurance Act*";

(ii) in clause (a) by striking out "under the *Alberta Health Care Insurance Act*" **and substituting** "under Part 1 of the *Alberta Health Care Insurance Act*".

(7) Section 25 presently reads in part:

25(1) A registrant may, for the registrant and the registrant's dependants, file with the Minister a declaration stating that the registrant elects to be outside the Plan and the Hospitalization Benefits Plan under Part 3 of the Hospitals Act.

(6) If a registrant files a valid declaration under subsection (1), then, notwithstanding anything in this Act, the Alberta Health Care Insurance Act or the Hospitals Act,

(a) neither the registrant nor the registrant's dependants are entitled to benefits under the Alberta Health Care Insurance Act in respect of health services provided to them while the declaration is in effect,

(8) The following is added after section 28:

Deficiency regulations

29(1) The Lieutenant Governor in Council may make regulations

(a) respecting matters coming under this Act that the Lieutenant Governor in Council considers

(i) are not provided for or are insufficiently provided for in this Act, or

(ii) are necessary or advisable in connection with the implementation of this Act;

(b) remedying any confusion, difficulty or impossibility in applying any provision of this Act.

(2) A regulation made under subsection (1) is repealed 5 years after the regulation comes into force or on the date specified in the regulation, whichever is earlier.

(3) The repeal of a regulation under subsection (2) does not affect anything done, incurred or acquired under the authority of the regulation before the repeal of the regulation.

(4) A regulation made under subsection (1) that is in force on or after the repeal of this section remains in force until it is repealed in accordance with subsection (2).

(5) A regulation may not be made under subsection (1) extending the 5-year period set out in subsection (2).

(6) 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 (1) before the repeal of this section.

Consequential changes to regulations

30(1) For the purposes of making any necessary changes as a result of this Act, the Lieutenant Governor in Council may, by regulation, amend any regulation filed under the *Regulations Act*.

(2) The regulations authorized by this section may be made notwithstanding that a regulation being amended was made by a member of Executive Council or another person or body.

(8) Deficiency regulations; consequential changes to regulations.

Health Professions Act

Amends RSA 2000 cH-7

9(1) The *Health Professions Act* is amended by this section.

(2) Section 1.1(1) is amended by striking out "the medical officer of health as appointed by the Minister of Health" **and substituting** "a medical officer of health having jurisdiction over the area of Alberta in which the nuisance or threat or suspected nuisance or threat is located".

(3) Section 50 is amended by adding the following after subsection (2):

(3) If a continuing competence program includes a requirement for regulated members to complete specified education or training, the education or training must relate only to maintaining professional competence or ethical standards for the practice of the regulated profession.

(4) The following is added after section 50:

Exemption from specified education or training

50.1(1) If, at the time of the coming into force of this section, a continuing competence program includes a requirement for regulated members to complete specified education or training, a council must, within 18 months after the coming into force of this section, establish a process for regulated members to apply for an exemption from the specified education or training.

(2) Before a council establishes a requirement for regulated members to complete specified education or training as part of a continuing competence program, the council must establish a process for regulated members to apply for an exemption from the specified education or training.

(3) An exemption may be issued, in accordance with the process established under subsection (1) or (2), on terms and conditions that are appropriate and consistent with the objectives of the specified education or training and may include a requirement for alternative specified education and training.

Health Professions Act

9(1) Amends chapter H-7 of the Revised Statutes of Alberta 2000.

(2) Section 1.1(1) presently reads in part:

1.1(1) Despite this Act, the bylaws and any enactment that governs the practice of a regulated member or health practitioner, college or regulatory organization, if any of the following persons knows of or has reason to suspect the existence of a nuisance or a threat that is or may be injurious or dangerous to the public health, that person must immediately notify the medical officer of health as appointed by the Minister of Health by the fastest means possible:

(3) Adds restriction to required education or training for continuing competence program.

(4) Exemption from specified education or training.

Health Statutes Amendment Act, 2025

Amends SA 2025 c10

10(1) The *Health Statutes Amendment Act, 2025* is amended by this section.

(2) Section 26(4) is amended by striking out "under Part 3 of the *Hospitals Act*" **and substituting** "under Part 2 of the *Alberta Health Care Insurance Act*".

(3) Section 37(8) is amended in the new subsection (2) by striking out "the *Hospitals Act*" **and substituting** "Part 2 of the *Alberta Health Care Insurance Act*".

(4) Section 45 is amended

(a) in subsection (2) by adding the following after clause (h):

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

(n) "transitional order" means an order made under section 5.03 or 5.04 of this Act as it read immediately before the coming into force of this clause.

(b) in subsection (15)

(i) in the new section 1.9761

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

(c.1) "approved program" means a program designated as an approved program by a sector Minister under section 1.97671;

(c.2) "capital costs" includes the annual amount of principal and interest on debentures and loans as approved;

10(1) Amends chapter 10 of the Statutes of Alberta, 2025.

(2) Section 26(4) presently reads:

(4) Section 25(6)(b) is amended by striking out "to a hospital" and substituting "to a hospital operator, the operator of an institution or person prescribed in the regulations made under Part 3 of the Hospitals Act".

(3) Section 37(8) presently reads:

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

(2) If there is a conflict between the regulations under subsection (1)(d) and the Hospitals Act, Part 2.2 of the Provincial Health Agencies Act or the regulations under those Acts, the regulations under subsection (1)(d) prevail.

(4) Section 45 presently reads in part:

(15) The following is added after section 1.976:

1.97695(2) In addition to the powers, duties, responsibilities and functions prescribed under the general bylaws, a hospital utilization committee

(c) may require the hospital operator, its employees and any persons engaged for services by the hospital operator to provide

1.976992(1) In this section, "proper charges" means

(a) charges for services not delivered as insured services under Part 1 of the Alberta Health Care Insurance Act or the regulations made under that Part,

(b) charges for services not delivered as insured services under Part 3 of the Hospitals Act or the regulations made under that Part, and

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

(o) "specific program" means a program designated as a specific program by a sector Minister under section 1.97671.

(ii) by adding the following after the new section 1.9762:

Use of word "hospital"

1.97621(1) No owner or operator of an institution, building or other premises established or used for the purposes of providing hospital services shall, unless the institution, building or other premises is an approved hospital or a facility as defined in the *Mental Health Act*,

(a) describe or permit the description of the institution, building or premises as a hospital, or

(b) use or permit the use of the word "hospital" in the name of the institution, building or other premises.

(2) Notwithstanding subsection (1), the oversight Minister may order that subsection (1) does not apply to the owner or operator of an institution, building or other premises that is not an approved hospital or a facility as defined in the *Mental Health Act*.

(iii) by adding the following after the new section 1.9767:

Approved and specific programs

1.97671 A sector Minister may designate a program operated or provided in the health services sector in an approved hospital as an approved program or a specific program.

(iv) in the new section 1.97695(2)(c) by striking out ", its employees and any persons engaged for services by the hospital operator" **and substituting** "and hospital staff";

(v) in the new section 1.976992

(A) in subsection (1)

(I) in clause (a) by striking out "insured services" **and substituting** "insured health services";

(c) charges for the payment of which patients are liable under Part 3 of the Hospitals Act or the regulations made under that Part.

(2) Where a hospital operator delivers hospital services to a person in the health services sector in an approved hospital, the following persons are liable to the hospital operator for the payment of any proper charges:

(d) if the person or another person signs an agreement, admission form or other document assuming responsibility for the payment of charges as a result of which that person is admitted to or receives services described in subsection (1) in the health services sector in the approved hospital, that person or the other person who signed the document and their respective executors and administrators, notwithstanding the Guarantees Acknowledgment Act.

1.976994(4) A person referred to in subsection (1)(a) who fails to comply with a notice given under subsection (2) is guilty of an offence and liable to a fine of not more than $50 and, in default of payment, to imprisonment for a term not exceeding 10 days.

(5) Notwithstanding any other Act, a person referred to in subsection (1)(a) who fails to comply with a notice given under subsection (2) is liable to the hospital operator for the payment of an amount equal to

(a) the daily rate for a patient who is not entitled to receive insured services under Part 3 of the Hospitals Act,

(6) Where a dispute arises in respect of this section between a person referred to in subsection (1)(a) and the hospital operator, the person or hospital operator may refer the matter to the sector Minister, and the sector Minister's decision on the matter is final.

1.976996(1) The Hospital Privileges Appeal Board established under the Hospitals Act is continued.

(6) The sector Minister may determine the remuneration and expenses payable to the members of the Appeal Board.

1.9769993(2) The oversight Minister, a sector Minister or an authorized person may require that individually identifying health information or personal information be disclosed to the oversight

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

(b) charges for services not delivered as insured hospital services under Part 2 of the *Alberta Health Care Insurance Act* or the regulations made under that Part, and

(III) in clause (c) by striking out "Part 3 of the *Hospitals Act*" **and substituting** "Part 2 of the *Alberta Health Care Insurance Act*";

(B) by repealing subsection (2)(d);

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

(2.1) Notwithstanding subsection (2), if the person to whom the hospital operator delivers hospital services or another person signs an agreement, admission form or other document assuming responsibility for the payment of charges as a result of which the person is admitted to or receives services described in subsection (1) in the health services sector in the approved hospital, the person or the other person who signed the document and their respective executors and administrators are liable to the hospital operator for the payment of any proper charges, notwithstanding the *Guarantees Acknowledgment Act*.

(vi) in the new section 1.976994

(A) by repealing subsection (4);

(B) by repealing subsection (5)(a) and substituting the following:

(a) the daily rate for a patient who is not entitled to receive insured hospital services under Part 2 of the *Alberta Health Care Insurance Act*,

(C) in subsection (6) by striking out "sector" **wherever it occurs and substituting** "oversight";

Minister, sector Minister or authorized person for the following purposes:

(4) The oversight Minister or a sector Minister may, for the purposes referred to in subsection (2) and without the consent of any other person, disclose a patient's individually identifying health information or personal information to or collect that information from

(c) the Department of Health (Canada) for purposes in connection with the Canada Health Act (Canada), or

(d) the government of a province or territory of Canada or an agent of that government for purposes in connection with any health services or hospital care insurance plan administered by that government or its agent.

1.9769994(1) A hospital operator shall, on the written request of the oversight Minister or sector Minister, provide to the oversight Minister or sector Minister records, reports and returns relating to the health services sector in the approved hospital as specified in the request.

1.9769997(6) No action may be commenced against a person or body designated under subsection (2)(a) or a member of a committee established under this section in respect of

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

1.97699992(2) A foundation that exists immediately before the coming into force of this section may be continued as a hospital foundation under this Act in accordance with the regulations if the foundation is

(a) a foundation established under Part 4 of the Hospitals Act as it read before the coming into force of this section,

(b) a foundation exempted under section 58 of the Hospitals Act as it read before the coming into force of this section, or

1.97699993 The Lieutenant Governor in Council may make regulations

(h) respecting the admission policies of approved hospitals and the types of patients that may be admitted;

1.97699994(1) In this section, "former Act and regulations" means

(a) Parts 1, 2 and 4 of the Hospitals Act,

(vii) in the new section 1.976995 by adding the following after subsection (2):

(3) For the purposes of this section, the following are deemed to be notice for the purposes of section 2.1 of the *Petty Trespass Act* and section 2 of the *Trespass to Premises Act*:

(a) a request referred to in subsection (1);

(b) an order referred to in subsection (2);

(c) a notice given by the hospital operator or administrator under section 1.976994(2).

(viii) in the new section 1.976996

(A) in subsection (1) by adding ", RSA 2000 cH-12," **after** "*Hospitals Act*";

(B) in subsection (6) by striking out "sector Minister" **and substituting** "oversight Minister";

(ix) in the new section 1.9769993

(A) in subsection (2) by striking out "that individually identifying health information or personal information be disclosed" **and substituting** "a hospital operator to disclose individually identifying health information or personal information";

(B) in subsection (4)

(I) by striking out "or a sector Minister" **and substituting** ", a sector Minister or a hospital operator";

(II) by striking out "or" **at the end of clause (c), adding** "or" **at the end of clause (d) and adding the following after clause (d):**

(e) an investigation or mediation committee established under section 1.9769997.

(x) in the new section 1.9769994 by adding the following after subsection (2):

(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*.

(xi) in the new section 1.9769997(6)(a) by adding "in good faith" **after** "statements made";

(xii) in the new section 1.9769998

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

(1.1) A committee may consist of one member.

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

(2.1) The committee shall elect a member as chair, if there are 2 or more members on the committee.

(xiii) by adding the following after the new section 1.97699991:

Specific programs

1.976999911 A sector Minister may, in accordance with the regulations, make a grant to a hospital operator in respect of a specific program.

Payments on debentures and leased property

1.976999912(1) Where the regulations provide for payments to a hospital operator of an amount for capital costs, the sector Minister may, in accordance with the regulations, undertake to pay that amount by making payments

(a) of all or part of the principal and interest on specified debentures,

(b) on all or part of a property held by the hospital operator under a lease agreement, or

(c) as the sector Minister considers necessary in the circumstances.

(2) A hospital operator and the sector Minister may agree that a payment under subsection (1) be made to the hospital operator or its assignee or agent.

Capital project costs

1.976999913(1) A sector Minister may make grants to a hospital operator in respect of capital project costs in accordance with the regulations.

(2) A hospital operator is required to seek approval in accordance with the regulations for expenditures or borrowing relating to capital project costs.

(3) The capital project costs must be determined in accordance with the regulations.

(xiv) in the new section 1.97699992(2)(a) and (b) by adding ", RSA 2000 cH-12," **after** "*Hospitals Act*";

(xv) by adding the following after the new section 1.97699992:

Offences

Offences

1.976999921(1) Subject to subsection (2), a person who contravenes section 1.97621(1) is guilty of an offence and liable to a fine of not more than $1000 and, in default of payment, to imprisonment for a term of not more than one year.

(2) A person who contravenes a prescribed provision of the regulations is guilty of an offence and liable to a fine of not more than $2000 for a first offence and $5000 for each subsequent offence.

(xvi) in the new section 1.97699993

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

(e.1) respecting approved programs and specific programs for the purposes of section 1.97671;

(B) in clause (h) by adding ", including regulations respecting the admission of persons not requiring hospital services" **after** "may be admitted";

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

(j.1) respecting grants made by sector Ministers in respect of specific programs for the purposes of section 1.976999911;

(j.2) respecting the endorsement of debentures or related legal instruments;

(j.3) respecting revenues, expenditures, surpluses and deficits of hospital operators, including regulations respecting

(i) the manner of determining revenues, expenditures, surpluses and deficits, and

(ii) the discretionary revenue, offset revenue, operating expenditures, operating surpluses and operating deficits of approved programs and specific programs;

(j.4) respecting capital projects and capital project costs for the purposes of section 1.976999913, including regulations respecting

(i) grants in respect of capital project costs,

(ii) approval for expenditures or borrowing by hospital operators for capital projects, and

(iii) the manner of determining capital project costs and interest on debt resulting from capital project costs;

(j.5) respecting capital costs of health services sectors in approved hospitals, including regulations

(i) prescribing the basis on which capital costs are determined,

(ii) prescribing the rates and manner of payment by sector Ministers of the sector Ministers' share of capital costs and the manner of accounting by hospital operators for those payments, and

(iii) providing for the payment of amounts for capital costs to hospital operators, including the payment of amounts required under approved lease-back arrangements;

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

(n.1) prescribing provisions of the regulations the contravention of which is an offence for the purposes of section 1.976999921(2).

(xvii) in the new section 1.97699994(1)(a) by adding "RSA 2000 cH-12," **after** "*Hospitals Act*,";

(c) in subsection (42)(a) by adding the following after subclause (xiv):

(xiv.1) by repealing clause (t);

(5) Section 56 is amended

(a) in subsection (2)(a) in the new clause (a) by striking out "of an approved hospital" **and substituting** "of a health services sector in an approved hospital";

(b) in subsection (3)(a)(i) by striking out "an approved hospital" **and substituting** "a health services sector in an approved hospital".

(5) Section 56 presently reads in part:

(2) Section 1(1) is amended

(a) by renumbering clause (a) as clause (a.2) and adding the following before clause (a.2):

(a) "administrator" means the administrator of an approved hospital under the Provincial Health Agencies Act;

(3) Section 4 is amended

(a) in subsections (3) and (3.1)

(i) by striking out "a hospital as defined in section 1 of the Hospitals Act" and substituting "an approved hospital";

Hospitals Act

Amends RSA 2000 cH-12

11(1) The *Hospitals Act* is amended by this section.

(2) Part 3 is repealed.

Hospitals Act

11(1) Amends chapter H-12 of the Revised Statutes of Alberta 2000.

(2) Part 3 presently reads:

Part 3
Hospitalization Benefits Plan

36 In this Part,

(a) "Agreement" means the Agreement, as amended from time to time, made on July 23, 1980, between the Minister of Health (Alberta), and the Minister of National Health and Welfare (Canada) pursuant to the Canada Act;

(b) "approved operating costs" means the portion of costs of operating hospitals met by the hospitalization plan;

(c) "authorized charges" means authorized charges as defined in the regulations;

(d) "beneficiary" means a person who receives insured services under this Part;

(e) "Canada Act" means the Hospital Insurance and Diagnostic Services Act (Canada), RSC 1970 cH-8;

(f) "capital costs" includes the annual amount of principal and interest on debentures or loans as approved;

(g) "group contract" means a contract of insurance whereby 2 or more persons other than members of the same family are insured severally under a single contract of insurance;

(h) "insured services" means the hospital services the operating costs of which will be provided for under this Part;

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

(j) "standard ward hospitalization" means the following services to in-patients:

(i) accommodation and meals at the standard or public ward level;

(ii) necessary nursing services;

(iii) laboratory, radiological and other diagnostic procedures, together with the necessary interpretation, for the purpose of maintaining health, preventing disease and assisting in the diagnosis and treatment of any injury, illness or disability;

(iv) drugs, biologicals and related preparations when administered in a hospital, as specified in the Agreement;

(v) use of operating room, case room and anaesthetic facilities, including necessary equipment and supplies, where available;

(vi) routine surgical supplies;

(vii) use of radiotherapy facilities, where available;

(viii) use of physical therapy facilities, where available;

(ix) services rendered by persons who receive remuneration for those services from the hospital.

36.1 Except as otherwise provided in the regulations, this Part and the regulations made under this Part apply in respect of a facility as defined in the Mental Health Act.

37(1) The insured services to be provided under this Part shall be those furnished

(a) by an approved hospital of the patient's choice, and

(b) by any other institutions or persons that are prescribed in the regulations.

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

(a) standard ward hospitalization in an approved hospital, and

(b) any other goods and services that are prescribed in the regulations.

38(1) Subject to the following exclusions, a resident of Alberta is entitled to receive insured services under this Part except when, in respect of those services,

(a) the resident is or could be entitled to hospital services from another province or territory that has entered into a hospitalization plan with the Government of Canada under the Canada Act,

(b) the resident is entitled to receive hospital services pursuant to any workers' compensation statute of any province or territory,

(c) the resident is entitled to receive hospital services under any statute of Canada or of any province or territory of Canada, as specified in the Agreement, or

(d) the resident is declared, pursuant to Part 2, to be not in need of hospital services.

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

(a) if the resident is registered under the Health Insurance Premiums Act but has filed a declaration under section 25 of that Act or is a dependant of that person and to whom the declaration extends and applies and the services are provided during a period in which the declaration is effective, or

(b) if the insured services are provided during a waiting period applicable to the resident and prescribed by the regulations.

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

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

39 When hospital services are provided to a person who has filed a declaration under section 25 of the Health Insurance Premiums Act,

or to a dependant of that person, during a period in which the declaration is effective, the board of the approved hospital is entitled to recover the cost of those services only from the person filing the declaration, and no part of those costs shall be shared by the Government of Alberta.

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

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

42(1) When pursuant to any regulations, provision is made for the payment of sums for capital costs to the owners of approved hospitals, the Minister may in accordance with the regulations undertake to provide the sums required by making any payments or part of them of principal and interest on specified debentures or of any rentals or part of them or otherwise as may be required in the circumstances, either to the approved hospital or to its assignee or agent as agreed on by the hospital and the Minister.

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

43 The Lieutenant Governor in Council may make regulations

(a) prescribing the basis on which the Minister may make contracts with hospitals, other than approved hospitals, for the provision of standard ward hospitalization or other services to be furnished to patients as insured services under this Part;

(b) prescribing the goods and services for the purpose of section 37(2)(b);

(c) prescribing the institutions and persons for the purpose of section 37(1)(b);

(d) respecting the amounts payable by the Government of Alberta in respect of goods and services provided to a resident of Alberta outside Alberta that if provided in Alberta would be insured services;

(e) respecting a schedule of fees for goods and services provided to a person not entitled to receive insured services;

(f) respecting the disposition of fees that are authorized under clause (e) and are charged for goods and services provided to non-residents of Canada;

(g) prescribing the waiting period, not exceeding 3 months, for a person who is or becomes a resident of Alberta and during which that person is not entitled to be provided with insured services;

(h) prescribing the basis on which approved operating costs and capital costs of hospitals are determined;

(i) prescribing the rates and manner of payment by the Minister of the Minister's share of the operating and capital costs of hospitals and the manner of accounting by hospitals for those payments;

(j) providing for the payment of sums for capital costs to the owners of approved hospitals in Alberta including the payment of sums required under approved lease-back arrangements;

(k) defining "authorized charges";

(l) respecting the basis of sharing the operating costs of hospitals between the Minister, patients and other persons using hospital facilities, the assessment and collection of authorized charges and charges for accommodation and meals where hostel accommodation is provided, and exemptions from those charges;

(m) providing for the payment by the Minister of all or any part of the authorized charges on behalf of patients suffering from specific diseases or conditions;

(n) providing for the imposition of penalties in the way of suspension or cancellation of payments that may be imposed on an approved hospital that gives incorrect information to

the Minister, or that withholds from the Minister information that the approved hospital is required by this Act or the regulations to supply;

(o) prohibiting or regulating changes in existing services or educational programs in approved hospitals or the introduction of new services or educational programs in approved hospitals;

(p) prohibiting or regulating the sale, lease or other disposition of real and personal property by a board of an approved hospital, other than a regional health authority;

(p.1) respecting the non-application or variation of the application of this Part or the regulations made under this Part, in whole or in part, to facilities as defined in the Mental Health Act;

(q) concerning any other matter considered necessary to carry out the purposes and objects of this Part.

44(1) Subject to subsection (2), an insurer shall not make a new contract or add new members to a group contract under which a resident of Alberta is to be provided with or is to be reimbursed or indemnified for the cost of

(a) standard ward hospitalization, including authorized charges for it, or

(b) any other insured services, other than authorized charges for those other services.

(2) An insurer

(a) may continue to renew all contracts in existence on July 1, 1961 and

(b) may issue a contract of insurance in respect of the cost of insured services if

(i) the contract is issued to a person who has filed a declaration under section 25 of the Health Insurance Premiums Act,

(ii) the contract provides insurance coverage for that person and that person's dependants as defined in the regulations under that Act,

Income and Employment Supports Act

Amends SA 2003 cI-0.5

12(1) The *Income and Employment Supports Act* is amended by this section.

(2) Section 5.1(2.11)(a) is repealed and the following is substituted:

(iii) the insurance coverage relates to insured services provided during a period for which the person's declaration is effective, and

(iv) no coverage is provided in respect of the cost of authorized charges for standard ward hospitalization.

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

45(1) The Minister has the authority on behalf of the Government of Alberta, and it is deemed that the Minister has always had the authority, to enter into an agreement under the Canada Act and to amend the agreement from time to time as the circumstances may require.

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

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

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

(a) is an approved hospital, or

(b) is owned or operated by the Crown or an agent of the Crown.

Income and Employment Supports Act

12(1) Amends chapter I-0.5 of the Statutes of Alberta, 2003.

(2) Section 5.1(2.11)(a) presently reads:

(2.11) Notwithstanding subsection (2)(b), effective January 1, 2026, the maximum core shelter payment that may be provided to a

(a) if the household unit lives in a health services sector in an approved hospital under the *Provincial Health Agencies Act*, the monthly accommodation charge established under Part 2 of the *Alberta Health Care Insurance Act* with respect to the health services sector in the approved hospital, and

(3) The Schedule is amended

(a) by repealing section 1(f);

(b) by repealing section 6(c) and substituting the following:

(c) if an adult member of the household unit is living in a health services sector in an approved hospital under the *Provincial Health Agencies Act* or in an institution similar to a health services sector in an approved hospital that is designated by the Minister, $365 for each adult member,

(c.1) if an adult member of the household unit is living in a type A continuing care home or in an institution similar to a type A continuing care home that is designated by the Minister, $365 for each adult member, and

(c) by repealing section 8(d) and substituting the following:

(d) if the household unit lives in a health services sector in an approved hospital under the *Provincial Health Agencies Act*, the monthly accommodation charge established under Part 2 of the *Alberta Health Care Insurance Act* with respect to the health services sector in the approved hospital,

Insurance Act

Amends RSA 2000 cI-3

13(1) The *Insurance Act* is amended by this section.

(2) Section 570(4)(b) is amended by striking out "under the *Alberta Health Care Insurance Act*" **and substituting** "under Part 1 of the *Alberta Health Care Insurance Act*".

household unit that is a barriers to full employment household unit or an expected to work or working household unit is,

(a) if the household unit lives in a hospital, the monthly accommodation charge for that hospital under the Hospitals Act, and

(3) The Schedule presently reads in part:

1 In this Schedule,

(f) "hospital" means a hospital as defined in the regulations;

6 The maximum monthly core essential payment that may be provided to a household unit that is a barriers to full employment household unit or an expected to work or working household unit under section 5.1(2)(a) of this Act is,

(c) if an adult member of the household unit is living in a hospital or a type A continuing care home or an institution similar to a hospital or a type A continuing care home that is designated by the Minister, $365 for each adult member, and

8 The maximum monthly core shelter payment that may be provided to a household unit that is a barriers to full employment household unit or an expected to work or working household unit under section 5.1(2)(a) of this Act is,

(d) if the household unit lives in a hospital, the monthly accommodation charge for that hospital under the Hospitals Act,

Insurance Act

13(1) Amends chapter I-3 of the Revised Statutes of Alberta 2000.

(2) Section 570(4)(b) presently reads:

(4) The forms of payment referred to in subsection (3) are

(b) medical care, accident and sickness benefits comprising medical care or goods or services that are not provided

Mental Health Services Protection Act

Amends SA 2018 cM-13.2

14(1) The *Mental Health Services Protection Act* is amended by this section.

(2) Section 1(k) is amended by striking out "as defined in the *Hospitals Act*" **and substituting** "under the *Provincial Health Agencies Act*".

Motor Vehicle Accident Claims Act

Amends RSA 2000 cM-22

15(1) The *Motor Vehicle Accident Claims Act* is amended by this section.

(2) Section 10(6)(c) is amended by striking out "the *Hospitals Act*" **and substituting** "Part 2 of the *Alberta Health Care Insurance Act*".

(3) Section 17(2)(e) is amended by striking out "under the *Alberta Health Care Insurance Act*" **and substituting** "under Part 1 of the *Alberta Health Care Insurance Act*".

under the Alberta Health Care Insurance Act or, where the claimant is a resident of another jurisdiction, the equivalent legislation of that jurisdiction, or that exceed the limits for that care or those goods or services under that Act or that equivalent legislation,

Mental Health Services Protection Act

14(1) Amends chapter M-13.2 of the Statutes of Alberta, 2018.

(2) Section 1(k) presently reads:

1 In this Act,

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

Motor Vehicle Accident Claims Act

15(1) Amends chapter M-22 of the Revised Statutes of Alberta 2000.

(2) Section 10(6)(c) presently reads:

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

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

(3) Section 17(2)(e) presently reads:

(2) If the Administrator is satisfied

(e) that the person cannot recover those expenses or costs under the Alberta Health Care Insurance Act or pursuant to a

Public Health Act

Amends RSA 2000 cP-37

16(1) The *Public Health Act* is amended by this section.

(2) Section 1(1) is amended

(a) in clause (l) by striking out "means the" **and substituting** "means a";

(b) in clause (bb) by striking out "the Deputy Chief Medical Officer" **and substituting** "a Deputy Chief Medical Officer";

(c) by adding the following after clause (hh.1):

(hh.2) "public health investigator" means a public health investigator designated by the Minister under section 16.1;

(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

(4) Section 13 is amended

(a) in subsection (1) by striking out "a person as Chief Medical Officer of Health and a person as Deputy Chief Medical Officer of Health" **and substituting** "a Chief Medical Officer of Health and one or more Deputy Chief Medical Officers of Health";

(b) in subsection (1.1)(c) by adding "or the College of Family Physicians of Canada" **after** "Surgeons of Canada";

(c) in subsection (1.2) by striking out "The" **and substituting** "A";

contract of prepaid medical, dental or hospital services or any contract of insurance, other than life insurance,

the Administrator may issue a certificate to that effect to the Minister stating the amount to be paid and to whom it is to be paid.

Public Health Act

16(1) Amends chapter P-37 of the Revised Statutes of Alberta 2000.

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

1(1) In this Act,

(l) "Deputy Chief Medical Officer" means the Deputy Chief Medical Officer of Health appointed by the Minister under section 13;

(bb) "medical officer of health" means a physician appointed by the Minister under this Act as a medical officer of health, and includes the Chief Medical Officer and the Deputy Chief Medical Officer;

(3) Section 5(1) presently reads in part:

5(1) In this section, "decision" means

(a) an order issued under section 62, and

(4) Section 13 presently reads in part:

13(1) The Minister may appoint a person as Chief Medical Officer of Health and a person as Deputy Chief Medical Officer of Health for the purposes of this Act.

(1.1) The Chief Medical Officer must

(c) be a fellow of the Royal College of Physicians and Surgeons of Canada, and

(1.2) The Deputy Chief Medical Officer must have the qualifications, if any, set out in the regulations.

(d) in subsection (2) by striking out "The Deputy Chief Medical Officer" **and substituting** "One or more Deputy Chief Medical Officers";

(e) in subsection (3) by striking out "the Deputy Chief Medical Officer" **and substituting** "one or more Deputy Chief Medical Officers".

(5) The following is added after section 16:

Public health investigators

16.1(1) The Minister may designate one or more persons employed in the Department as public health investigators.

(2) A person designated as a public health investigator must have the qualifications, if any, set out in the regulations.

(6) The heading preceding section 59 is amended by adding ", Investigations" after "Inspections".

(7) Section 59 is amended

(a) in subsection (2) by adding "do the following:" **after** "may";

(b) in subsection (3)

(i) by striking out "Where" **and substituting** "If";

(ii) in clause (b) by striking out "forthwith" **and substituting** "as soon as is practicable".

(8) Section 60 is amended

(a) by striking out "Where" **and substituting** "If";

(b) by striking out "pursuant to an order under section 61," **and substituting** "as authorized by an order under section 61, do the following:".

(2) The Deputy Chief Medical Officer may act in the place of the Chief Medical Officer during the Chief Medical Officer's temporary absence or temporary inability to act.

(3) The Chief Medical Officer may in writing delegate to the Deputy Chief Medical Officer any power, duty or function conferred or imposed on the Chief Medical Officer under this Act or the regulations.

(5) Public health investigators.

(6) The heading preceding section 59 presently reads:

Inspections and Orders

(7) Section 59 presently reads in part:

(2) An executive officer making an inspection under subsection (1) may

(3) Where an executive officer removes any books, records or other documents under subsection (2)(b), the executive officer shall

(b) forthwith return the items to the person from whom they were taken when they have served the purpose for which they were taken.

(8) Section 60 presently reads in part:

60 Where an executive officer believes on reasonable and probable grounds that a nuisance exists in or on a private place or that the private place or the owner of it is in contravention of this Act or the regulations, the executive officer may, with the consent of the owner or pursuant to an order under section 61,

(9) The following is added after section 60:

Investigation of place other than private dwelling

60.01(1) A public health investigator may, subject to the regulations, attend any public place for the purpose of conducting an investigation as to whether this Act and the regulations are being complied with.

(2) In conducting an investigation under subsection (1), a public health investigator may, subject to the regulations, do the following:

(a) at any reasonable hour enter in or on the public place that is the subject of the investigation;

(b) require any person to provide the name and contact information of an owner of the public place;

(c) require the production of any books, records or other documents that are relevant to the purpose of the investigation and examine them, make copies of them or remove them temporarily for the purpose of making copies;

(d) make reasonable oral or written inquiries of any person who the public health investigator believes on reasonable grounds may have information relevant to the subject-matter of the investigation;

(e) take samples of any substance, food, medication or equipment being used in or on the public place;

(f) take photographs and make recordings in respect of the public place.

(3) If a public health investigator removes any books, records or other documents under subsection (2)(c), the public health investigator shall

(a) give to the person from whom the items were taken a receipt for the items, and

(b) as soon as is practicable return the items to the person from whom they were taken when they have served the purpose for which they were taken.

(9) Investigation of place other than private dwelling; investigation of private place.

Investigation of private place

60.02(1) If a public health investigator believes on reasonable and probable grounds that a private place or the owner of a private place is in contravention of this Act or the regulations, the public health investigator may, subject to the regulations and with the consent of the owner or as authorized by an order under section 61, attend that private place for the purpose of investigating whether this Act and the regulations are being complied with.

(2) In conducting an investigation under subsection (1), a public health investigator may, subject to the regulations, do the following:

(a) enter in or on the private place at a reasonable hour;

(b) make reasonable oral or written inquiries of any person who the public health investigator believes on reasonable grounds may have information relevant to the subject-matter of the investigation;

(c) take samples of any substance, food, medication or equipment being used in or on the private place;

(d) take photographs and make recordings in respect of the private place.

(10) Section 60.1 is repealed and the following is substituted:

Assistance by police officer, expert

60.1 An executive officer who enters in or on a public or private place under section 59 or 60 or a public health investigator who enters in or on a public or private place under section 60.01 or 60.02 may be accompanied by

(a) a police officer whose presence is required by

(i) the executive officer for the purposes of assisting with the inspection, or

(ii) the public health investigator for the purposes of assisting with the investigation,

or

(b) a qualified expert or professional whose presence is required by

(10) Section 60.1 presently reads:

60.1 An executive officer making an inspection who enters in or on a public place or private place under section 59 or 60 may be accompanied by

(a) a police officer whose presence is required by the executive officer for the purposes of assisting with the inspection, or

(b) a qualified expert or professional whose presence is required by the executive officer for the purposes of inspecting and taking samples under section 59(2)(d) or 60(c) or performing tests, taking photographs or making recordings under section 59(2)(e) or 60(d).

(i) the executive officer for the purposes of inspecting and taking samples under section 59(2)(d) or 60(c) or performing tests, taking photographs or making recordings under section 59(2)(e) or 60(d), or

(ii) the public health investigator for the purposes of taking samples under section 60.01(2)(e) or 60.02(2)(c) or taking photographs or making recordings under section 60.01(2)(f) or 60.02(2)(d).

(11) Section 61 is amended

(a) in subsection (1) by striking out "Where" **and substituting** "If";

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

(1.1) If the owner of a public place or a private place refuses to allow a public health investigator to exercise the public health investigator's powers under section 60.01 or 60.02 or hinders or interferes with the public health investigator in the exercise of those powers, the public health investigator may apply to a judge of the Court of King's Bench for an order directing the owner to do or refrain from doing anything the judge considers necessary in order to enable the public health investigator to exercise the public health investigator's powers, and the judge may make the order accordingly.

(c) in subsection (2) by striking out "subsection (1)" **and substituting** "this section".

(12) The following is added after section 61:

Disclosure and use of information

61.1(1) An executive officer may, in accordance with the regulations, disclose information collected by an executive officer under the authority of this Act and the regulations to a public health investigator to assist the public health investigator in exercising the public health investigator's powers and carrying out the public health investigator's duties under this Act and the regulations.

(2) A public health investigator may, in accordance with the regulations, disclose information collected by a public health investigator under the authority of this Act and the regulations to an

(11) Section 61 presently reads:

61(1) Where the owner of a public place or a private place refuses to allow an executive officer to exercise the executive officer's powers under section 59 or 60 or hinders or interferes with the executive officer in the exercise of those powers, the executive officer may apply to a judge of the Court of King's Bench for an order directing the owner to do or refrain from doing anything the judge considers necessary in order to enable the executive officer to exercise the executive officer's powers, and the judge may make the order accordingly.

(2) An application under subsection (1) may be made ex parte where the judge considers it proper to do so.

(12) Disclosure and use of information.

executive officer to assist the executive officer in exercising the executive officer's powers and carrying out the executive officer's duties under this Act and the regulations.

(3) Information disclosed under this section may be used to enforce contraventions of this Act and the regulations.

(4) Nothing in this section limits the collection, use and disclosure of information by another person under this Act or the regulations.

(13) Section 66(1) is amended

(a) in clause (k) by striking out "the Deputy Chief Medical Officer" **and substituting** "Deputy Chief Medical Officers";

(b) in clause (l) by striking out "authority" **and substituting** "functions";

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

(l.1) respecting public health investigators, including regulations

(i) respecting qualifications of public health investigators, and

(ii) respecting the powers, duties and functions of public health investigators;

(l.2) establishing the circumstances under which a public health investigator may conduct an investigation under section 60.01 or 60.02;

(l.3) respecting the collection, use and disclosure of information under section 61.1;

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

(jj.1) respecting administrative penalties issued under section 72.1, including regulations

(i) prescribing contraventions of or failures to comply with this Act or the regulations in respect of which an administrative penalty may be imposed,

(13) Section 66(1) presently reads in part:

66(1) The Lieutenant Governor in Council may make regulations

(k) respecting qualifications of members of the Public Health Appeal Board, the Deputy Chief Medical Officer, medical officers of health, executive officers or community health nurses, including regulations providing differently for different categories of medical officers of health or executive officers;

(l) respecting the powers, duties and authority of executive officers or classes of executive officers;

(ii) prescribing the maximum amounts of the administrative penalties that may be imposed, and

(iii) respecting factors to consider when imposing an administrative penalty;

(14) Section 66.1 is amended

(a) in subsection (1)(d)

(i) by striking out "the Deputy" **and substituting** "a Deputy";

(ii) by striking out "or a medical officer of health" **and substituting** ", a medical officer of health or a public health investigator";

(b) in subsection (2) by striking out "the Deputy" **and substituting** "a Deputy".

(15) Section 66.2(1) is amended by striking out "or, in the case of section 59, 60 or 61, an executive officer" **and substituting** "or, in the case of section 61, an executive officer or public health investigator".

(16) The following is added after section 72:

Administrative penalty

72.1(1) If a public health investigator is of the opinion that a person has contravened or failed to comply with a provision of this Act or the regulations that is specified for the purposes of this section in the regulations, the public health investigator may, subject to the regulations, issue in writing a notice of administrative penalty to that person.

(2) A notice of administrative penalty shall not be issued more than 2 years after the day on which evidence of the alleged contravention or failure to comply first came to the attention of a public health investigator.

(3) A person who has been issued a notice of administrative penalty must pay the amount set out in the notice of administrative penalty

(14) Section 66.1 presently reads in part:

66.1(1) No action for damages may be commenced against

(d) the Chief Medical Officer, the Deputy Chief Medical Officer, an executive officer or a medical officer of health,

(2) No action for damages may be commenced against any person or organization acting under the direction of the Crown, a Minister of the Crown, the Chief Medical Officer, the Deputy Chief Medical Officer or a medical officer of health for anything done or not done by that person or organization in good faith directly or indirectly related to a public health emergency while carrying out duties or exercising powers under this or any other enactment.

(15) 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.

(16) Administrative penalty; contents of administrative penalty.

within 30 days after the date on which the notice was issued, unless the person has served a notice of appeal in accordance with section 5(3).

(4) If a person has appealed the administrative penalty under section 5, and if the Board decides that the person must pay the administrative penalty, the person must pay the amount set out in the notice of administrative penalty within 30 days after the date on which the person received notice of the Board's decision.

(5) A person who pays an administrative penalty issued under this section shall not be charged under this Act with an offence in respect of the same contravention or failure to comply that is described in the notice of administrative penalty.

(6) Subject to the right to appeal, if a person fails to pay an administrative penalty in accordance with the notice of administrative penalty, the Minister may file a copy of the notice of administrative penalty with the clerk of the Court of King's Bench and, on being filed, the notice has the same force and effect and may be enforced as if it were a judgment of the Court.

Contents of administrative penalty

72.2 A notice of administrative penalty must include

(a) the date of the alleged contravention of this Act or the regulation,

(b) a description of the alleged contravention of this Act or the regulation,

(c) the penalty amount that the person is required to pay, and

(d) the person's right to appeal the notice to the Board.

(17) Section 73(3) is amended by striking out "in the case of a first offence and $500 000 in the case of a subsequent offence" **and substituting** "or to imprisonment for a term of not more than one year or to both fine and imprisonment".

(17) Section 73(3) presently reads:

(3) A person who contravenes this Act, the regulations or an order of a medical officer of health under Part 3 is, if no penalty in respect of that offence is prescribed elsewhere in this Act, liable to a fine of not more than $100 000 in the case of a first offence and $500 000 in the case of a subsequent offence.

(18) Section 73.1 is amended

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

Limitation period

73.1(1) A prosecution of an offence under this Act or the regulations may not be commenced more than 3 years after the earlier of

(a) the day on which evidence of the offence first came to the attention of an executive officer, and

(b) the day on which evidence of the offence first came to the attention of a public health investigator.

(b) by repealing subsection (2).

(19) Section 74.1 is amended

(a) by renumbering it as section 74.1(1);

(b) in subsection (1) by striking out "decision-maker made under this Act" **and substituting** "decision maker under this Act, except a decision made by the Board under section 5";

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

(2) For greater certainty, subsection (1) does not apply to a decision made under this Act by the Court of Justice or the Court of King's Bench.

Vital Statistics Act

Amends SA 2007 cV-4.1

17(1) The *Vital Statistics Act* is amended by this section.

(2) Section 13(2)(c) is amended by striking out "as appointed by the Minister of Health" **and substituting** "appointed under the *Public Health Act* having jurisdiction over the area of Alberta in which the person who has charge of the child is located".

(18) Section 73.1 presently reads:

73.1(1) A prosecution of an offence under this Act or the regulations may not be commenced more than 3 years after the day on which evidence of the offence first came to the attention of an executive officer.

(2) This section applies only in respect of offences that are committed on or after the day on which this section comes into force.

(19) Section 74.1 presently reads:

74.1 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 made under this Act.

Vital Statistics Act

17(1) Amends chapter V-4.1 of the Statutes of Alberta, 2007.

(2) Section 13(2)(c) presently reads:

(2) The Registrar, on receipt of the information referred to in subsection (1), and on being satisfied that every reasonable effort has been made to identify the child without success, shall require the person who has charge of the child to

(c) cause the child to be examined by a medical officer of health as appointed by the Minister of Health or a physician with a view to determining as nearly as possible the date of birth of the child.

Workers' Compensation Act

Amends RSA 2000 cW-15

18(1) The *Workers' Compensation Act* is amended by this section.

(2) Section 88(1)(b) is amended by striking out "under the *Alberta Health Care Insurance Act*" **and substituting** "under Part 1 of the *Alberta Health Care Insurance Act*".

19(1) This Act, except sections 5, 7(2)(a)(v)(B) and (xi), 9, 10, 16 and 17, comes into force on Proclamation.

(2) Section 16(2)(c), (3), (5), (6), (9) to (12), (13)(c) and (d), (14)(a)(ii) and (15) to (18) come into force on January 1, 2027.

Workers' Compensation Act

18(1) Amends chapter W-15 of the Revised Statutes of Alberta 2000.

(2) Section 88(1)(b) presently reads:

(1) The Board may make an arrangement with the Minister responsible for the Alberta Health Care Insurance Act respecting the following matters:

(b) the payment of all or part of the claims referred to in clause (a) by that Minister from the General Revenue Fund under the Alberta Health Care Insurance Act;

19(1) Coming into force.

(2) 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