

2001 BILL 204

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First Session, 25th Legislature, 50 Elizabeth II

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THE LEGISLATIVE ASSEMBLY OF ALBERTA

# BILL 204

## MEDICARE PROTECTION ACT

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MR. MASON

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First Reading .....

Second Reading .....

Committee of the Whole .....

Third Reading .....

Royal Assent .....

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## BILL 204

2001

### MEDICARE PROTECTION ACT

(Assented to \_\_\_\_\_, 2001)

Preamble

WHEREAS the primary objective of health care policy in Alberta is to promote, protect and restore the physical and mental well-being of Alberta residents through a public health care system; and

WHEREAS the *Canada Health Act* (Canada) sets out accessibility, universality, portability, comprehensiveness and public administration as the principles that guarantee access to health care services to all without financial or other barriers; and

WHEREAS those principles are compromised, and the credibility of the public health care system is undermined, when patients are denied access to necessary health care services on a timely basis; and

WHEREAS it is desirable to ensure improved access to health care services and improved health by guaranteeing not only the funding but also the timely delivery of health care services;

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

Definitions

**1** In this Act,

- (a) “diagnostic and treatment facility” means a health care facility providing medical or health care services on an outpatient or day surgery basis;
- (b) “hospital” means a hospital as defined in the *Hospitals Act*;
- (c) “insured services” means insured services as defined in the *Alberta Health Care Insurance Act*;

- (d) “medically necessary health care services” means health care services that are deemed by the Minister to be essential to the health and well-being of Albertans and includes insured services;
- (e) “Minister” means the Minister of Health and Wellness;
- (f) “nursing home” means a nursing home as defined in the *Nursing Home Act*;
- (g) “regional health authority” means a health authority established under the *Regional Health Authorities Act* or the Alberta Cancer Board under the *Cancer Programs Act*.

Recognition of rights

**2** An individual who is a resident of Alberta has the following rights:

- (a) the right to receive publicly funded and high quality health care services in the home and in the community;
- (b) the right to receive publicly funded and high quality health care services in hospitals and other health care facilities;
- (c) the right to receive all necessary health care services in a public health care system that
  - (i) is accessible, universal, comprehensive, portable, and publicly administered,
  - (ii) provides both diagnostic services and treatment in a timely manner,
  - (iii) does not allow financial barriers to access to health care services, and
  - (iv) recognises that a provider of health care services is a valued member of a multidisciplinary team.

Notice of patient rights

**3** A notice listing the rights in section 2 must be posted in a conspicuous location in a hospital, a health care facility and the place of business of a health professional.

Health Care Services Commissioner

**4(1)** There shall be appointed, as an officer of the Legislature, by the Lieutenant Governor in Council on the recommendation of the Legislative Assembly, a Health Care Services Commissioner to

carry out those duties and functions set out in this Act or any other enactment prescribed by the Lieutenant Governor in Council.

(2) The Health Care Services Commissioner may not be a Member of the Legislative Assembly.

(3) The Health Care Services Commissioner may be appointed on either a full-time or part-time basis.

Duties

**5(1)** The duties of the Health Care Services Commissioner include the following:

- (a) to make recommendations to the Legislative Assembly on the standards required to ensure timely access to
  - (i) medically necessary diagnostic procedures,
  - (ii) medically necessary surgery,
  - (iii) medically necessary non-surgical treatment,
  - (iv) referrals to medical specialists,
  - (v) emergency room services in a hospital or other health care centre,
  - (vi) acute care or palliative care in a hospital,
  - (vii) long-term health care facilities and nursing homes, and
  - (viii) home care services;
- (b) to review on an ongoing basis whether the standards for timely access to health care services referred to in clause (a) should be applied to other health care services, and to make recommendations to the Legislative Assembly on those matters;
- (c) to consult with a wide range of groups and individuals for their advice on matters set out in clause (a) or (b) including, but not limited to, health professionals, health care unions, patients, seniors and consumers;
- (d) to consult with the Department of Health and Wellness, regional health authorities, other provincial governments, and the Government of Canada for their advice on setting standards for health care services;

- (e) to make sure that residents of Alberta have timely access to high quality health care services everywhere in Alberta;
- (f) to make inquiries into and if possible resolve complaints from individuals who do not receive timely access to the health care services set out in subsection (a).

Report to  
Legislative  
Assembly

**6(1)** The Health Care Services Commissioner must report on timely access to health care services and make recommendations in writing to the Legislative Assembly not less than 6 months after being appointed and annually after that date.

**(2)** The Speaker of the Legislative Assembly must lay a copy of the report before the Legislative Assembly if it is then sitting or, if it is not then sitting, within 15 days after the commencement of the next sitting.

Select Special  
Committee

**7(1)** In the sitting in which a copy of the report is laid before the Legislative Assembly, the government must introduce a resolution in the Assembly that, if passed, would establish a Select Special Committee of the Assembly.

**(2)** The Select Special Committee, if established, must be called the “Select Special Committee on Health and Wellness”.

**(3)** The Select Special Committee must consist of no fewer than 6 and no more than 11 Members of the Assembly, who are representative of the parties in the Assembly.

Functions of  
Committee

**8(1)** The functions of the Select Special Committee are

- (a) to examine the report and recommendations of the Health Care Services Commissioner, and
- (b) to make recommendations to the Legislative Assembly with respect to establishing waiting time targets for health care services.

**(2)** The Select Special Committee shall prepare a report to the Assembly regarding the matters outlined in subsection (1) no later than 1 year after the report of the Health Care Services Commissioner is laid in the Legislative Assembly.

**(3)** The chairman of the Select Special Committee shall lay a copy of the report prepared by the Select Special Committee under

subsection (2) before the Assembly if it is then sitting or, if it is not then sitting, within 15 days after the commencement of the next sitting.

Medically  
necessary  
health care  
services

**9** Medically necessary health care services, other than those that can be safely performed in a registered medical or health professional's office, must be conducted and controlled by a regional health authority or other provincial agency that is created, continued or established under an Act.

Overnight  
patient stay

**10(1)** Medically necessary health care services that require an overnight patient stay must be performed in a hospital.

**(2)** A surgical, diagnostic or treatment procedure that, due to its invasive nature, necessitates an overnight patient stay must be performed in a hospital.

Queue  
jumping  
prohibited

**11** No person shall

- (a) give or accept any money or other valuable consideration,
- (b) pay for or accept payment for enhanced medical goods or services or non-medical goods or services, or
- (c) provide a service that is not an insured service

for the purpose of giving any person priority for the receipt of an insured service.

Provision of  
goods or  
services

**12(1)** No person shall require a person who receives an insured service at a hospital or a diagnostic and treatment facility to pay for

- (a) enhanced medical goods or services, or
- (b) non-medical goods or services

that are provided in connection with the provision of the insured service or that arise out of the stay at the hospital or designated and treatment facility.

Agreement  
public

**13(1)** A regional health authority may enter into an agreement with an operator of a diagnostic and treatment facility or a nursing home for the purpose of providing medically necessary health care

(2) If an agreement is entered into under subsection (1), despite the *Freedom of Information and Protection of Privacy Act*, the regional health authority must make the agreement available to the public for inspection during normal business hours.

Non-profit facilities

**14** A regional health authority must operate all hospitals and other health care facilities within its jurisdiction on a not-for-profit basis.

Diagnostic and treatment facilities

**15(1)** A diagnostic and treatment facility that, before July 1, 2001, was approved under the *Medical Profession Act* to provide medically necessary health care services is deemed to be approved under this Act.

(2) No further approvals will be given to new diagnostic and treatment facilities, that are owned on a for-profit basis, to provide medically necessary health care services on or after July 1, 2001.

(3) To continue to be eligible to provide medically necessary health care services, a diagnostic and treatment facility that is approved under subsection (1) must operate on a not-for-profit basis before July 1, 2003.

Nursing homes

**16(1)** A nursing home that, before July 1, 2001, was eligible to receive public funds under the *Nursing Homes Act* is deemed to be eligible to receive public funds under this Act.

(2) No further approvals will be given to nursing homes, that are owned on a for-profit basis, to receive public funds on or after July 1, 2001.

(3) To continue to be eligible to receive public funds, a nursing home that is approved under subsection (1) must operate on a not-for-profit basis before July 1, 2003.

Reimbursement for use of facilities

**17(1)** Physicians and dental surgeons who have opted out of the Alberta Health Care Insurance Plan referred to in section 3 of the *Alberta Health Care Insurance Act* must reimburse the relevant authority for the use of publicly funded health care facilities in accordance with the amounts specified in the regulations.

(2) The Minister may make regulations respecting the amount that physicians and dental surgeons must pay to reimburse authorities under subsection (1).