

Health Statutes Amendment Act, SA 2020, c 27

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Bill 30

HEALTH STATUTES AMENDMENT ACT, 2020

Chapter 27

(Assented to July 29, 2020)

HER 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) **Section 4(2)** is amended by adding “this Act and” before “the regulations”.

(3) **Section 6(1)** is amended by striking out “No physician or dentist” and substituting “No physician, dentist or person referred to in section 20.1”.

(4) **Section 9** is amended

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

(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.

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

(2.1) If a person referred to in section 20.1 contravenes subsection (1.1), the Minister may,

(a) in the case of a first or subsequent contravention, send a written warning to the person,

(b) in the case of a 2nd or subsequent contravention, send a notice to the person that a 3rd or subsequent contravention will result in the immediate termination of the agreement or arrangement referred to in section 20.1(1)(a), and

(c) in the case of a 3rd or subsequent contravention, terminate the agreement or arrangement referred to in section 20.1(1)(a).

(2.2) An agreement or arrangement that is terminated pursuant to subsection (2.1)(c) is deemed to have been terminated with cause and the Minister shall not be liable with respect to any such termination of the agreement or arrangement.

(c) in subsection (3) by striking out “the physician or dentist affected by the order” **and substituting** “a physician, dentist or person referred to in section 20.1 who is affected by the order”.

(5) Section 12 is amended

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

(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.

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

(2) Section 9(2) applies where

(a) a physician or dentist contravenes subsection (1), or

(b) a person referred to in section 20.1 contravenes subsection (1.1).

(6) Section 13 is amended

(a) in subsection (1) by striking out “physician or dentist” **and substituting** “physician, dentist or person referred to in section 20.1”;

(b) in subsection (2)

(i) in clause (a) by striking out “physician or dentist” **and substituting** “physician, dentist or person referred to in section 20.1”;

(ii) in clause (c) by striking out “physician or dentist” **and substituting** “physician, dentist or person referred to in section 20.1”;

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

(2.1) Despite subsection (2)(a), the Minister may not withhold an amount from any benefits payable to a person referred to in section 20.1 if the amount or benefits received in contravention of section 9, 10 or 12 were received by a physician for services that were not provided

(a) as part of the physician’s employment with the person referred to in section 20.1, or

(b) pursuant to the service agreement between the person and the physician.

(7) Section 16 is amended

(a) by renumbering section 16 as section 16(1);

(a.1) by repealing clause (n) and substituting the following:

(n) authorizing the Minister to withhold the payment of benefits to any practitioner or person referred to in section 20.1 until the practitioner or person referred to in section 20.1 has complied with the regulations under clauses (l), (m) and (n.1);

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

(n.1) respecting information referred to in section 20.1(4)(b)(ii);

(n.2) further defining or setting out criteria in respect of “publicly funded health services” for the purposes of section 20.3(1)(b);

(n.3) respecting any matter or thing relating to a regulation under section 20.3(2) or (4), including regulations

(i) respecting the identification of any person or any part or all of an organization or body, whether incorporated or not, as a health entity for the purposes of section 20.3(2)(e), and

(ii) specifying part or all of any person, organization or body, whether incorporated or not, as a health entity for the purposes of section 20.3(2)(f);

(n.4) establishing criteria that must be met to exclude the disclosure of information, documents or records under section 20.3(5);

(n.5) respecting the documents, records and information, including practitioners’ personal information, required to be disclosed under section 20.3(2) and (4), including the types of documents, records and information required to be disclosed;

(n.6) respecting the disclosure of information, records and documents under section 20.3(2) and (4), including regulations respecting

(i) the form and manner of disclosure,

(ii) the time period and extension of the time period within which disclosure must take place, and

(iii) the disclosure of information, records and documents in partial or redacted form;

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

(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.

(8) Section 18 is amended

(a) in subsection (1) by striking out “resident or practitioner” wherever it occurs and substituting “resident, practitioner or person referred to in section 20.1”;

(b) in subsection (2)(b) by striking out “practitioner” and substituting “practitioner or person referred to in section 20.1”;

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

(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,
- (ii) by civil action as though the excess were a debt owing to the Crown in right of Alberta, 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.

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

(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 Queen’s Bench by way of application if the application is returnable within 60 days after the date on which that person was notified.

(9) Section 19 is amended

(a) in subsection (1) by striking out “practitioner” wherever it occurs and substituting “practitioner or person referred to in section 20.1”;

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

(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 Queen’s Bench to have the order rescinded or varied.

(10) Section 20 is amended by striking out “or arrangements” and substituting “or establish arrangements”.

(11) The following is added after section 20:

Remuneration to other person

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.
- (2) For the purposes of subsection (1) a “person” does not include an individual or a professional corporation.
- (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 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.
- (4) A person who submits a claim for benefits in accordance with subsection (1)
- (a) has all the duties of a practitioner with respect to the provision to the Minister of information required to facilitate the handling, assessing and payment of that claim for benefits, and
 - (b) shall provide the Minister
 - (i) on request, with a copy of an agreement referred to in subsection (1)(b), and
 - (ii) with any other information prescribed for the purposes of this section.

Minister not liable

20.2 The Minister is not liable in respect of

- (a) any provision of an agreement referred to in section 20.1(1)(b), or
- (b) any breach, termination or act done or omitted to be done by a party to an agreement referred to in section 20.1(1)(b).

Disclosure re practitioners and publicly funded health services

20.3(1) In this section,

- (a) “benefits” means
 - (i) the amounts payable by the Minister in respect of the cost of health services provided to residents, and
 - (ii) any other amounts payable by a health entity or the Minister in respect of publicly funded health services and in respect of practitioners;
 - (b) “personal information” means personal information as defined in the *Freedom of Information and Protection of Privacy Act*;
 - (c) subject to the regulations, “publicly funded health services” includes health-related programs and services that are funded fully or partially and directly or indirectly with public funds.
- (2) The Lieutenant Governor in Council may, by regulation, require the following health entities to disclose to the Minister, subject to the regulations and in the form and manner determined by the Minister or under the regulations, the information, documents and records, including practitioners’ personal information, required by the regulations with respect to any funding received, payments made or benefits provided by that health entity in respect of publicly funded health services and in respect of practitioners:

- (a) the Government of Alberta;
 - (b) a regional health authority and a subsidiary health corporation under the *Regional Health Authorities Act*;
 - (c) the Alberta Medical Association;
 - (d) Covenant Health and the subsidiaries of Covenant Health;
 - (e) any part or all of any other person, organization or body, whether incorporated or not, that provides or receives funding in respect of publicly funded health services;
 - (f) any part or all of any other person, organization or body, whether incorporated or not, that is specified in the regulations.
- (3) Subject to the regulations, the Minister may require an officer, director or employee of a person, organization or body, whether incorporated or not, that the Minister believes to be a health entity under subsection (2)(e) to provide any information, including practitioners' personal information, required to determine whether the person, organization or body is a health entity.
- (4) The Lieutenant Governor in Council may, by regulation, require the Minister to disclose to the public, subject to the regulations and in the form and manner determined by the Minister or under the regulations,
- (a) all or part of the information, documents and records, including practitioners' personal information, that have been disclosed to the Minister under subsection (2), and
 - (b) all or part of the information, documents and records, including practitioners' personal information, that are in the Minister's custody or control and that are required by the regulations with respect to any payments made or benefits provided by the Minister in respect of publicly funded health services and in respect of practitioners.
- (5) The Minister may, on application by a practitioner or a health entity on behalf of a practitioner, exclude information, documents or records, including practitioners' personal information, from disclosure to the public under subsection (4) if the Minister is of the opinion that
- (a) disclosure could unduly threaten the safety of the practitioner, or
 - (b) other criteria established by the regulations are met.
- (6) The Minister may use the information, records and documents disclosed under subsection (2), including practitioners' personal information, for purposes other than disclosure to the public under subsection (4).
- (7) This section does not authorize the disclosure of personal information about patients.

Disclosure permitted despite other laws

- 20.4(1)** Except for the *Alberta Bill of Rights*, section 20.3 prevails over any enactment that it conflicts or is inconsistent with, and a regulation under section 16(1)(n.2) to (n.6) or 20.3(2) or (4) prevails over any other bylaw, rule, order or regulation with which it conflicts.
- (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.

(12) Section 23 is repealed and the following is substituted:**Protection from action**

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 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.

(13) Section 24 is amended by adding “this Act and” before “the regulations”.**(14) Section 26(1)(a) is repealed and the following is substituted:**

(a) “carrier” means an insurer licensed under the *Insurance Act*;

(15) Section 28(1) is amended by adding “a person referred to in section 20.1 or” before “any other person authorized by the regulations to make the claim”.

(16) Section 39 is amended

(a) in subsection (1)

(i) in clause (a) by striking out “practitioner or group of practitioners” and substituting “practitioner or group of practitioners, or a person referred to in section 20.1”;

(ii) in clause (b) by striking out “practitioner or group of practitioners” and substituting “practitioner, group of practitioners or person referred to in section 20.1”;

(b) in subsection (2)(b) by striking out “the practitioner or the members of the group of practitioners” and substituting “the practitioner, the members of the group of practitioners or the person referred to in section 20.1”;

(c) in subsection (3) by striking out “practitioner and each member of a group of practitioners” and substituting “practitioner, each member of a group of practitioners and a person referred to in section 20.1”;

(d) by adding the following after subsection (4):

(5) If a person referred to in section 20.1 fails or refuses to provide access to premises or to books, accounts or records or fails or refuses to answer inquiries as required by subsection (3), the Minister may withhold the payment of benefits to that person in respect of claims made by that person until the access is provided or the answers are given.

(17) Section 40.2 is amended by adding the following after subsection (2):

(2.1) For greater certainty, an agreement or arrangement referred to in section 20.1(1)(a) is not an agreement respecting compensation matters for the purposes of this section.

(18) This section, except subsection (14), comes into force on Proclamation.**Health Care Protection Act****Amends RSA 2000 cH-1**

2(1) The *Health Care Protection Act* is amended by this section.

(2) The title and chapter number of the Act are repealed and the following is substituted:

HEALTH FACILITIES ACT

Chapter H-2.7

(3) The following is added before Part 1:

Definitions

0.1 In this Act,

- (a) “accredited”, in respect of a surgical facility, means that the facility is approved
 - (i) with respect to surgical services performed by physicians, by the council of the College of Physicians and Surgeons of Alberta under Schedule 21 of the *Health Professions Act* and the regulations under that Act, and
 - (ii) with respect to surgical services performed by dentists, by the dental facilities accreditation committee within the meaning of Schedule 7 of the *Health Professions Act* and the regulations under that Act;
- (b) “chartered surgical facility” means a surgical facility that is designated under Part 2, Division 1 or 2, as the context requires;
- (c) “council of the College” means the council of the College of Physicians and Surgeons of Alberta or the council of the Alberta Dental Association and College;
- (d) “dentist” means a person who is registered as a regulated member of the Alberta Dental Association and College;
- (e) “enhanced medical goods or services” means medical goods or services that exceed what would normally be used in a particular case in accordance with generally accepted medical practice;
- (f) “facility services” means any of the following services that are medically necessary and are directly related to the provision of a surgical service at a chartered surgical facility or a surgical facility referred to in section 16:
 - (i) standard ward accommodation, or a semi-private or private room where the patient’s condition requires it;
 - (ii) meals;
 - (iii) necessary nursing services, including private nursing care where ordered by the attending physician or dentist;
 - (iv) laboratory, radiological and other diagnostic procedures, together with the necessary interpretations;
 - (v) drugs, biologicals and related preparations when administered in the surgical facility;
 - (vi) use of operating room, case room and anesthetic facilities, including necessary equipment and supplies;
 - (vii) use of physical therapy services;
 - (viii) use of surgical equipment and supplies;
 - (ix) medical goods or services consistent with generally accepted medical practice in the particular case;
 - (x) transportation by ambulance or commercial vehicle of a patient from the surgical facility to an approved hospital under the *Hospitals Act*, a nursing home, a mental health facility or another surgical facility;

- (xi) other services provided by persons who receive remuneration for providing the services directly or indirectly from the operator of the surgical facility;
- (xii) any other service that is prescribed in the regulations;
- (g) “health authority” means a regional health authority;
- (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*;
- (i) “Minister” means the member of the Executive Council determined under [section 16](#) of the *Government Organization Act* as the Minister responsible for this Act;
- (j) “operator” means
 - (i) in the case of a chartered surgical facility, the person named as the operator in the designation, and
 - (ii) in the case of a surgical facility referred to in [section 16](#), the person who is shown in the records of the council of the College as the person responsible for the operation of the surgical facility;
- (k) “physician” means a regulated member of the College of Physicians and Surgeons of Alberta who holds a practice permit issued under the *Health Professions Act*;
- (l) “private hospital” means an acute care facility that
 - (i) provides emergency, diagnostic, surgical and medical services, and
 - (ii) admits patients for medically supervised stays exceeding 12 hours,
 but does not include a public hospital;
- (m) “public hospital” means
 - (i) a hospital that is established by or under, or the establishment or operation of which is governed by, the *Hospitals Act*, the *Regional Health Authorities Act* or the *Workers’ Compensation Act*, or
 - (ii) a hospital that is established by the Government of Alberta or the Government of Canada;
- (n) “regional health authority” means a regional health authority established under the *Regional Health Authorities Act*;
- (o) “standard ward” means a room having more than 2 beds;
- (p) “surgical facility” means a facility whose primary function is to provide a limited range of surgical services;
- (q) “surgical service” means the alteration of the human anatomy manually or through the use of an instrument or the introduction of any instrument into the human body, where such a procedure
 - (i) is carried out with the concurrent use of
 - (A) a drug to induce sedation, or
 - (B) local, regional or general anesthesia
 to a degree that requires the monitoring of vital signs,

or

(ii) is normally associated with the kind or degree of risk that is prescribed by the council of the College for the purposes of this clause in the bylaws under Schedule 21 of the *Health Professions Act*,

but does not include a surgical procedure that is exempted as a minor surgical procedure in regulations under section 25(1)(a) or is described as a minor surgical procedure for the purposes of this clause in the bylaws under Schedule 21 of the *Health Professions Act*;

(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*.

(4) Section 2(1) is amended

(a) by striking out “or” at the end of clause (a);

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

(b) a chartered surgical facility, or

(c) a surgical facility referred to in [section 16](#).

(5) Section 8 is amended

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

(1.1) The Minister or a person designated by the Minister shall assess the proposed agreement with respect to the following factors:

(a) access to insured surgical services in Alberta;

(b) quality of care;

(c) cost effectiveness and other economic considerations in Alberta;

(d) any other factors the Minister considers appropriate.

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

(3) The Minister shall not approve a proposed agreement unless

(a) the Minister is satisfied

(i) that the provision of insured surgical services as contemplated under the proposed agreement would be consistent with the principles of the *Canada Health Act (Canada)*,

(ii) that the proposed agreement indicates performance expectations and related performance measures for the insured surgical services and facility services to be provided, and

(iii) that the proposed agreement contains provisions showing how physicians' compliance with the following, as they relate to conflict of interest and other ethical issues in respect of the operation of the facility, will be monitored:

(A) the *Health Professions Act* and regulations under that Act;

(B) the bylaws of the College of Physicians and Surgeons of Alberta;

(C) the code of ethics and standards of practice adopted by the council of the College of Physicians and Surgeons of Alberta under the *Health Professions Act*,

and

(b) the Minister has considered the assessment referred to in subsection (1.1).

(6) **Section 11(1) is amended by striking out “by order” and substituting “in writing”.**

(7) **Section 17 is amended by striking out “public hospital or an approved surgical facility” and substituting “public hospital, a chartered surgical facility or a surgical facility referred to in [section 16](#)”.**

(8) **Section 18 is amended**

(a) in subsection (1) by striking out “section 8(3)” and substituting “section 8(1.1) and (3)(a)”;

(b) in subsections (4) to (6) by striking out “by order” and substituting “in writing”;

(c) by adding the following after subsection (6):

(7) Any action taken in writing by the Minister under subsections (4) to (6) with respect to a surgical facility designated under section 15(1) must be taken by order.

(9) **Section 20 is amended by striking out “an approved surgical facility” and substituting “a chartered surgical facility or a surgical facility referred to in [section 16](#)”.**

(10) **Section 25(1) is amended**

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

(l) governing the giving of notice of actions taken in writing by the Minister under section 18(4) to (6);

(b) in clauses (n), (o) and (q) by striking out “designated surgical facilities” and substituting “chartered surgical facilities”.

(11) **Part 5 is repealed.**

(12) **The following provisions are amended by striking out “designated surgical facility” wherever it occurs and substituting “chartered surgical facility”:**

[section 4](#);

section 5(1), (6)(a) and (b);

section 11(2);

section 12(b)(i);

section 15(3);

section 18(1), (2)(b), (4), (5) and (6);

- section 19(3);
- section 24(1)(a);
- section 25(1)(c)(i) and (ii) and (d).

Health Governance Transition Act

Repeals SA 2008 cH-4.3

- 3 The *Health Governance Transition Act* is repealed.**

Health Professions Act

Amends RSA 2000 cH-7

- 4(1) The *Health Professions Act* is amended by this section.**

- (2) Section 12(1) is amended**

- (a) by striking out “Twenty-five percent” and substituting “Fifty percent”;**
- (b) by striking out “25%” and substituting “50%”.**

- (3) The following is added after section 12:**

Transitional

12.1 Despite section 12, a proceeding before one of the following bodies, or a panel of any of them, commenced before the date on which this section comes into force and not concluded before that date, must continue to be dealt with in accordance with section 12 as it existed before this section came into force:

- (a) a council;
- (b) a complaint review committee;
- (c) a hearing tribunal.

- (4) Schedule 7 is amended in sections 11(e)(ii) and (f)(i), 12(2) and (4) and 17(2)(b) by striking out “*Health Care Protection Act*” and substituting “*Health Facilities Act*”.**

- (5) Schedule 21 is amended in section 8.7**

- (a) in clause (i) by striking out “section 2(2) and 29(r) of the *Health Care Protection Act*” and substituting “sections 0.1(q) and 2(2) of the *Health Facilities Act*”;**
- (b) in clause (j) by striking out “section 29(r) of the *Health Care Protection Act*” and substituting “section 0.1(q) of the *Health Facilities Act*”.**

- (6) Subsections (2) and (3) have effect on April 1, 2021.**

Health Quality Council of Alberta Act

Amends SA 2011 cH-7.2

- 5(1) The *Health Quality Council of Alberta Act* is amended by this section.**

- (2) Section 1 is amended**

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

- (a) “approved plan” means a plan under section 13.1 that is approved by the Minister;

- (b) by adding the following after clause (b):**

- (b.1) “Deputy Minister” means the Deputy Minister of the Minister;

(c) in clause (d) by striking out “system as measured by accessibility, acceptability, appropriateness, efficiency and effectiveness factors” **and substituting** “system, having regard to factors including accessibility, acceptability, appropriateness, efficiency and effectiveness”;

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

(h.1) “person-centred care” means care that

- (i) supports a person in acquiring the information and skills needed to make decisions about the person’s health care,
- (ii) acknowledges and respects the values of the person,
- (iii) focuses not only on the person but also on the person’s family and caregivers, if any, and health care service providers, and
- (iv) includes prevention and health promotion activities;

(3) Section 2(7) is repealed.

(4) Section 3 is amended

(a) in subsection (1) by striking out “safety” **and substituting** “safety, person-centred care”;

(b) in subsection (2)

(i) in the portion preceding clause (a) by adding “and in accordance with an approved plan” **after** “authorities”;

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

- (a) assist in
 - (i) the gathering of information and evidence, including by means of research activities and reviews,
 - (ii) the evaluation of programs and other initiatives, and
 - (iii) the synthesis, dissemination and exchange of knowledge relating to patient safety, person-centred care and health service quality in Alberta;

(iii) in clauses (b) and (c) by striking out “safety” **and substituting** “safety, person-centred care”;

(iv) by repealing clauses (d) and (e) and substituting the following:

- (d) engage with Albertans on their experience and satisfaction with patient safety, person-centred care and health service quality;
- (e) other activities as provided for in the regulations or required by a directive of the Minister under section 22.1.

(5) Section 4 is amended

(a) in subsections (1) and (2) by striking out “Lieutenant Governor in Council” **and substituting** “Minister”;

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

(4) The Minister may provide for the payment of expenses and remuneration of members of the board in accordance with the *Reform of Agencies, Boards and Commissions Compensation Act* and any applicable

regulations under that Act.

(c) by repealing subsection (7).

(6) The following is added after [section 4](#):

Meetings of the board

4.1(1) The board shall give the Deputy Minister or the Deputy Minister’s delegate notice of all meetings of the board and a copy of all meeting materials provided to the board.

(2) The Deputy Minister or the Deputy Minister’s delegate may attend meetings of the board but shall not vote on any matter.

(7) Section 7(1)(b)(i) is repealed.

(8) Section 8(2) is repealed and the following is substituted:

(2) The board shall set the compensation to be paid to the Chief Executive Officer in accordance with the [Reform of Agencies, Boards and Commissions Compensation Act](#) and any applicable regulations under that Act or under this Act.

(2.1) The compensation set under subsection (2) is subject to the Minister’s approval.

(9) Section 9 is amended by adding “and officer” after “director”.

(10) Section 12(a), (b) and (d) are amended by striking out “safety” and substituting “safety, person-centred care”.

(11) Section 13 is repealed.

(12) The following is added before [section 14](#):

Requirement for annual plan

13.1(1) The Council shall, before the end of each fiscal year, prepare and submit to the Minister a plan respecting its anticipated activities, funding and expenditures for the next fiscal year.

(2) A plan must

- (a) be submitted in the form and manner required by the Minister,
- (b) contain the information required by the Minister, and
- (c) be submitted to the Minister within the time set by the Minister.

(3) On reviewing a plan, the Minister may approve it or may require the Council to make changes in it and resubmit the plan for approval.

(13) [Section 14](#) is repealed and the following is substituted:

Records, reports and advice to the Minister

14 The Council shall

- (a) report to the Minister on any engagement it undertakes with Albertans under section 3(2)
- (d),
- (b) advise the Minister on
 - (i) the quality of health services in the health care system,
 - (ii) results and recommendations of the work of the Council on patient safety, person-centred care and health service quality, and
 - (iii) other matters as requested by the Minister,

and

(c) at the request of the Minister, submit any records or other information or prepare and submit to the Minister any reports respecting the activities of the Council that the Minister requires.

(14) Section 15 is amended by striking out “safety” wherever it occurs and substituting “safety, person-centred care”.

(15) The following is added before section 23:

Directives

22.1 The Minister may issue directives that the Council or the board, or both, must follow in carrying out duties and functions and exercising powers under this Act.

Compliance with directives

22.2(1) In this section, “directive” means

- (a) a directive issued under section 22.1, or
- (b) a policy set by the Minister under [section 10](#) of the *Alberta Public Agencies Governance Act*.

(2) The Council shall ensure that any directive issued to or required to be followed by the Council, and the board shall ensure that any directive issued to or required to be followed by the board, is implemented in a prompt and efficient manner and in accordance with section 9(b), and compliance by the Council or the board, as the case may be, with the directive is deemed to be in compliance with section 9(a).

(16) Section 23 is amended by striking out “duties or” and substituting “duties or functions or”.

(17) Section 24 is amended by striking out “Speaker of the Legislative Assembly” wherever it occurs and substituting “Minister”.

(18) Section 25 is amended

(a) by renumbering it as section 25(2) and adding the following before subsection (2):

Regulations

25(1) The Lieutenant Governor in Council may make regulations respecting the costs of conducting an inquiry.

(b) in subsection (2)

(i) in the portion preceding clause (a) by striking out “Lieutenant Governor in Council” and substituting “Minister”;

(ii) in clause (a) by striking out “Act” and substituting “Act, other than terms used in subsection (1) or sections 17 to 22”;

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

(b.1) expanding or clarifying the powers, duties or functions to be exercised or performed by the Council;

(iv) in clause (c) by striking out “conflict of interest guidelines, codes of conduct and any other”;

(v) by repealing clause (l);

(vi) by adding the following before clause (m):

(1.1) respecting compliance by the Council or the board with directives as defined in section 22.2(1);

Hospitals Act

Amends RSA 2000 cH-12

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

(2) Section 9(b) is amended by striking out “the Provincial Health Authorities of Alberta,”.

(3) Section 18 is amended

(a) in subsection (1)

(i) by striking out “, each for a term of not more than 3 years”;

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

(c) one person who has significant public sector administration experience at a senior level as determined by the Minister;

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

(2.1) In the event of the absence or inability to act of the chair, the members of the Appeal Board may elect one of the members to be chair during the absence or inability to act.

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

(3) No vacancy on the Appeal Board impairs the right of the remaining members to act until any vacancy is filled.

(d) by adding the following after subsection (4):

(5) A member of the Appeal Board may be appointed for a term of up to 3 years and may be reappointed for additional terms each not exceeding 3 years.

(4) Section 19 is amended

(a) in subsection (2) by striking out “A majority of the members then holding office constitutes” and substituting “Three members then holding office, at least one of whom must be a member appointed under section 18(1)(a), (b) or (d), constitute”;

(b) by repealing subsection (3).

Mental Health Act

Amends RSA 2000 cM-13

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

(2) Section 17(7)(i) is amended by striking out “, the Provincial Health Authorities of Alberta”.

Provincial Health Authorities of Alberta Act

Dissolution of Provincial Health Authorities of Alberta

8 The Provincial Health Authorities of Alberta is dissolved.

Repeals RSA 2000 cP-33

9 The *Provincial Health Authorities of Alberta Act* is repealed.

Public Health Act

Amends RSA 2000 cP-37

10(1) The *Public Health Act* is amended by this section.

(2) Section 33(2.1)(a) is amended by striking out “returning to” and substituting “entering”.

(3) Section 52.93(h) is amended by striking out “returning to” and substituting “entering”.

Regional Health Authorities Act

Amends RSA 2000 cR-10

11(1) The [Regional Health Authorities Act](#) is amended by this section.

(2) The following is added before the enacting clause:

Preamble

WHEREAS health care in Alberta has evolved since 1994, when multiple regional health authorities delivered health services, to its current state, with Alberta Health Services as Alberta’s single health authority and the first single provincial health authority in Canada;

WHEREAS, Covenant Health is Alberta’s largest provider of faith-based health services and a key strategic partner in Alberta’s integrated health system, and operates under Agreements with the Minister of Health and Alberta Health Services; and

WHEREAS the Government of Alberta believes that a single regional health authority is the most effective and efficient way to deliver health services to Albertans;

(3) The enacting clause is amended by adding “THEREFORE” before “HER MAJESTY”.

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

Responsibilities of authority

5(1) Subject to this Act and the regulations, a regional health authority shall, in accordance with subsection (2) and any applicable accountability framework established under section 8.1,

- (a) plan for the provision of health services in the health region, and
- (b) provide health services in the health region.

(2) Subject to this Act and the regulations, in carrying out its responsibilities under subsection (1), a regional health authority shall

- (a) promote and protect the health of the population in the health region and work toward the prevention of disease and injury,
- (b) assess on an ongoing basis the health needs of the health region,
- (c) determine priorities in the provision of health services in the health region and allocate resources accordingly,
- (d) ensure that reasonable access to quality health services is provided in and through the health region, and
- (e) promote the provision of health services in a manner that is responsive to the needs of individuals and communities and supports the integration of services and facilities in the health region.

Agreements for planning and provision of services

5.1(1) Subject to the regulations, if a regional health authority enters into an agreement with a person for the purposes of carrying out the regional health authority’s responsibility under section 5(1) to plan for the provision of or to provide health services in a health region, the agreement must

- (a) be in writing, and

(b) conform with any accountability framework established under section 8.1 that is applicable to the regional health authority, as amended from time to time.

(2) A regional health authority that enters into an agreement with a person for the purposes of carrying out its responsibility under section 5(1) to plan for the provision of or to provide health services in a health region is not absolved from carrying out its responsibilities under this Act in respect of the subject-matter of the agreement.

(5) The following is added after section 8:

Accountability framework

8.1 The Minister may by order

(a) establish an accountability framework in respect of a regional health authority or regional health authorities, and

(b) establish reporting requirements applicable to a regional health authority or regional health authorities in respect of an accountability framework.

(6) The following is added after section 11.1:

Alberta Cancer Foundation

11.2 The Alberta Cancer Foundation established under the *Cancer Programs Act*, RSA 2000 cC-2, is continued and is deemed to be a foundation established under [section 23\(1\)\(n\)](#).

(7) Section 23(2)(a.1) is repealed.

(8) Section 24 is amended by adding the following after clause (b):

(b.1) respecting agreements entered into by a regional health authority for the purposes of carrying out its responsibility under section 5(1) to plan for the provision of or to provide health services in a health region and the persons with whom a regional health authority enters into such agreements;

(b.2) providing that section 5.1 does not apply until a particular date in respect of an agreement or class of agreements entered into by a regional health authority for the purposes of carrying out its responsibility under section 5(1) to plan for the provision of or provide health services in a health region;

(b.3) establishing classes of agreements for the purposes of clause (b.2);

(9) The following is added after section 24:

Transitional regulations

24.1(1) The Lieutenant Governor in Council may make regulations

(a) respecting the transition to section 5.1(1) of any agreement or class of agreements entered into by a regional health authority for the purposes of carrying out its responsibility under section 5(1) to plan for the provision of or to provide health services in a health region before the coming into force of this section, and

(b) to remedy any confusion, difficulty, inconsistency or impossibility resulting from the transition.

(2) A regulation made under subsection (1) may be made retroactive to the extent set out in the regulation.

(3) A regulation made under subsection (1) is repealed on the earliest of the following:

(a) the coming into force of an amendment that adds the subject-matter of the regulation to this Act;

(b) the coming into force of a regulation that repeals the regulation made under subsection (1);

(c) 3 years after the regulation comes into force.

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