



Province of Alberta

HOSPITALS ACT

HOSPITALIZATION BENEFITS REGULATION

Alberta Regulation 244/1990

With amendments up to and including Alberta Regulation 62/2013

Office Consolidation

© Published by Alberta Queen's Printer

Alberta Queen's Printer
7th Floor, Park Plaza
10611 - 98 Avenue
Edmonton, AB T5K 2P7
Phone: 780-427-4952
Fax: 780-452-0668

E-mail: qp@gov.ab.ca
Shop on-line at www.qp.alberta.ca

Copyright and Permission Statement

Alberta Queen's Printer holds copyright on behalf of the Government of Alberta in right of Her Majesty the Queen for all Government of Alberta legislation. Alberta Queen's Printer permits any person to reproduce Alberta's statutes and regulations without seeking permission and without charge, provided due diligence is exercised to ensure the accuracy of the materials produced, and Crown copyright is acknowledged in the following format:

© Alberta Queen's Printer, 20__.*

*The year of first publication of the legal materials is to be completed.

Note

All persons making use of this consolidation are reminded that it has no legislative sanction, that amendments have been embodied for convenience of reference only. The official Statutes and Regulations should be consulted for all purposes of interpreting and applying the law.

(Consolidated up to 62/2013)

ALBERTA REGULATION 244/90

Hospitals Act

HOSPITALIZATION BENEFITS REGULATION

Table of Contents

1	Interpretation
1.1	Review by regional health authority
2	Registration
3	Certificate of registration
4	Insured services
5	Authorized charges
5.1	Non-insured health services charges
5.2	Charges for enhanced goods and services
6	Patient transportation
9	Charges to non-entitled persons
12	Grants
13	Payments to federal hospitals
14	Payments to contract hospitals
15	Payments to approved facilities and agencies
16	Payment for out-of-province hospitalization
17	Hospital surpluses and discretionary revenue
18	Hospital deficits
19	Health Insurance Supplementary Fund (Canada)
20	Capital project costs
21	Interest on capital project funding
23	Purchasing equity
25.1	Offence
26	Repeal

Interpretation

1(1) In this Regulation,

- (a) “accredited educational institute” means a high school, college, university or any other educational institution recognized as such by the Minister for the purposes of this Regulation;
- (b) “Act” means the *Hospitals Act*;

- (c) “ancillary operations” means commercial operations of a hospital that are approved by the Minister as ancillary operations and that are not directly related to the care of patients, including, without limiting the generality of the foregoing, the operation of gift shops, barber shops, parking areas and television rentals;
- (d) “approved facility” means a facility approved by the Minister for the provision of insured services;
- (e) “approved hospital operating expenditures” means operating expenditures incurred in delivering approved hospital programs during a fiscal year, but does not include
 - (i) an interest expense,
 - (ii) depreciation,
 - (iii) a bad debt,
 - (iv) a capital expenditure, except where it is amortized over several years and where the capital expenditure and the amortization period have been approved by the Minister as an approved hospital operating expenditure,
 - (v) an expenditure with respect to a specific program, or
 - (vi) any other expenditure identified by the Minister as not being an approved hospital operating expenditure;
- (f) “approved hospital program” means a hospital program that has been approved by the Minister, but does not include a specific program;
- (g) “authorized charge” means a charge prescribed in section 5;
- (h) “bad debt” means a debt considered by the hospital to be uncollectable;
- (i) “board” means a board as defined in section 9(c) of the Act;
- (j) “certificate of registration” means a certificate of registration under section 24(2) of the *Health Insurance Premiums Act*;

- (k) “child” includes a foster child and any other person in respect of whom a resident or another person stands in the place of a parent;
- (l) “dependant” means, in relation to a person,
 - (i) the spouse or adult interdependent partner of that person,
 - (ii) each unmarried child under the age of 21 years who is wholly dependent on that person for support,
 - (iii) each unmarried child under the age of 25 years who is in full-time attendance at an accredited educational institute, or
 - (iv) each unmarried child of 21 years of age or over who is wholly dependent on that person by reason of mental or physical infirmity;
- (m) “discretionary revenue” means revenue received by a hospital board from the following sources:
 - (i) the following charges:
 - (A) in a general hospital
 - (I) preferred accommodation charges in excess of the aggregate amount collected from that source during the 1982/83 fiscal year, up to the aggregate amount collected from that source at rates not exceeding \$8 per day for semi-private room accommodation or \$16 per day for private room accommodation,
 - (II) on and from May 1, 1990, 50% of any amount collected in excess of \$8 or \$16, as the case may be, in daily authorized charges for accommodation in semi-private and private rooms,
 - (III) from May 1, 1990 to June 30, 1990 the amount in excess of \$14 from each daily authorized charge collected pursuant to section 5(8),
 - (IV) from July 1, 1990 to July 3, 1991 the amount in excess of \$16 from each daily authorized charge collected pursuant to section 5(8), and

(V) on and from July 4, 1991 the amount from each daily authorized charge collected pursuant to section 5(8) that is in excess of the amount chargeable under section 5(8) in respect of standard ward accommodation;

(B) repealed AR 243/91 s2;

- (ii) donations that are not subject to any prior trust conditions;
- (iii) foundations;
- (iv) user charges;
- (v) net income from ancillary operations;
- (vi) subject to section 21(4), as interest earned on investments;

but does not include revenue from authorized admission charges and preferred accommodation charges levied by the Lloydminster General Hospital;

- (n) “fiscal year” means the period from April 1 to March 31 next following;
- (o) “foundation” means a foundation to which Part 4 of the Act or Part 2 of the *Provincial General Hospitals Act* applies, the University Hospitals Foundation, the Alberta Cancer Foundation or any other foundation established under an enactment and approved by the Minister as a foundation for the purposes of this Regulation;
- (p) “hospital operating deficit” means the excess of approved hospital operating expenditures over operating revenue in a fiscal year;
- (q) “hospital operating surplus” means the excess of operating revenue over approved hospital operating expenditures in a fiscal year;
- (r) “newborn” means
 - (i) an infant newly born in the hospital, or
 - (ii) an infant newly born outside the hospital and admitted with his mother when she was admitted for maternity service, and who remained in the hospital as an in-patient,

- but does not include a stillborn infant,
- (s) “offset revenue” means revenue from
- (i) preferred accommodation charges up to the aggregate amount collected from that source during the 1982/83 fiscal year,
 - (ii) on and from May 1, 1990, 50% of any amount collected in excess of \$8 or \$16, as the case may be, in daily authorized charges for accommodation in semi-private and private rooms,
 - (iii) from May 1, 1990 to June 30, 1990 the first \$14 of each daily authorized charge collected pursuant to section 5(8),
 - (iv) from July 1, 1990 to July 3, 1991 the first \$16 of each daily authorized charge collected pursuant to section 5(8),
 - (iv.1) on and from July 4, 1991 the amount from each daily authorized charge collected pursuant to section 5(8) that is equivalent to the amount chargeable under section 5(8) in respect of standard ward accommodation,
 - (v) authorized charges under section 5(1)(d),
 - (vi) repealed AR 243/91 s2,
 - (vii) charges under section 9 to non-entitled patients or cost recoveries with respect to non-entitled patients,
 - (vii.1) charges for goods and services provided by the board in connection with non-insured health services referred to in section 5.1,
 - (vii.2) charges in excess of the cost of providing enhanced goods and services referred to in section 5.2(1),
 - (viii) charges for equipment or space rentals,
 - (ix) charges for goods and services provided to other institutions or organizations, or
 - (x) another source identified by the Minister as being offset revenue;
- (t) “operating grants” means grants made by the Minister with respect to approved hospital operating expenditures;

- (u) “operating revenue” means operating grants granted for the fiscal year and offset revenue earned for the fiscal year, but does not include discretionary revenue;
 - (v) “patient day” means the period of service to an in-patient between midnight on one day and the following midnight, except that
 - (i) the period of service on the day of admission is a patient day, but the period of service on the day of separation is not a patient day, and
 - (ii) where admission and discharge occur on the same day, the period of service is one patient day;
 - (w) “preferred accommodation” means semi-private rooms and private rooms in a general hospital;
 - (x) “prescribed form” means a form prescribed by the Minister;
 - (y) “private room” means a room with not more than one bed, as rated by the Minister;
 - (z) “registrant” means registrant as defined in the *Health Insurance Premiums Act*;
 - (aa) “registration form” means the registration form provided by the Minister under section 2;
 - (bb) “resident” means a person referred to in section 1(p) of the Act;
 - (cc) “semi-private room” means a room with 2 beds, as rated by the Minister;
 - (dd) “specific program” means a program, other than an approved hospital program, that in the opinion of the Minister is eligible for a specific program grant;
 - (ee) “specific program grant” means a grant made by the Minister with respect to a specific program;
 - (ff) “standard ward” means a room having more than 2 beds as rated by the Minister;
 - (gg) “temporarily absent from Alberta” has the same meaning as “temporarily absent” in the *Alberta Health Care Insurance Regulation* (Alta. Reg. 216/81).
- (2)** A resident of Alberta does not cease to be a resident by reason only of being temporarily absent from Alberta.

(3) A person who is in full-time attendance as a student at an accredited educational institute in Alberta but whose ordinary place of residence is outside Canada is deemed to be a resident if he intends to remain in Alberta for a period of 12 consecutive months while registered as a student at an accredited educational institute in Alberta.

(4) Subsection (3) does not apply to dependants of a person referred to in subsection (3) who reside outside Canada.

(5) Any person who registers a dependant referred to in subsection (1)(l)(iv) shall, in respect of that dependant, furnish to the Minister any proof of the dependant's mental or physical infirmity that the Minister requires.

(6) The Minister may, in any particular case in which he finds that

(a) unforeseen and extenuating circumstances so warrant, and

(b) the resident will return to Alberta,

extend any period referred to in subsection (1)(gg), for any further period of time that he determines proper.

AR 244/90 s1;243/91;126/92;138/92;162/95;251/2001;109/2003

Review by regional health authority

1.1 Where a provision of this Regulation requires that the board of an approved hospital obtain the approval of the Minister in respect of a proposed activity, the Minister may, prior to giving approval, require that the proposed activity be reviewed and approved by the regional health authority of the health region or regions in which the board operates a hospital.

AR 401/94 s2

Registration

2(1) Where a resident or his dependant is not registered with the Minister and receives an insured service within the meaning of Part 3 of the Act, the hospital board shall furnish the Minister with any information regarding the resident and his dependants, if any, that is required by the Minister, in the prescribed form, to enable the Minister to register the resident and his dependants.

(2) If a patient refuses or is unable to give sufficient information for the hospital to complete the prescribed form required under subsection (1), the hospital shall notify the Minister and furnish the Minister with as much information as it can obtain.

(3) On admission to a hospital, proof of registration is the responsibility of the patient or person acting on his behalf.

(4) Where the Minister registers a resident and his dependants pursuant to subsection (1), he shall notify the hospital board of the registration number of the registrant or dependant.

AR 244/90 s2

Certificate of registration

3 A person registered with the Minister who receives an insured service pursuant to Part 3 of the Act shall present his certificate of registration to the appropriate official of the hospital.

AR 244/90 s3

Insured services

4(1) The following goods and services, in addition to standard ward hospitalization, are included in insured services under Part 3 of the Act:

- (a) to in-patients,
 - (i) a semi-private or private room, where a patient's medical condition makes it necessary;
 - (ii) private nursing care for a patient where ordered by the attending physician and approved in accordance with the hospital's by-laws;
 - (iii) subject to subsection (2)(f) and (g), drugs, biologicals and related preparations when administered in a hospital, unless they are enhanced goods and services referred to in section 5.2;
 - (iv) pacemakers, steelplates, pins, joint prostheses, valve implants and any other goods approved by the Minister, unless they are enhanced goods and services referred to in section 5.2;
 - (v) transportation in Alberta, whether by ambulance or other commercial vehicle, to transport a patient in the circumstances described in section 6;
 - (vi) goods and services included in an approved hospital program or a specific program but not included in subclauses (i) to (v), unless they are enhanced goods and services referred to in section 5.2;
 - (vii) enhanced goods or services provided under section 5.2(2);
- (b) to out-patients, any medically necessary goods and services that may be provided on an out-patient basis,

including goods used in a medical procedure but excluding goods provided to a patient for use after discharge from an approved hospital or facility.

- (2) The following services are not insured services:
- (a) examinations required for the use of third parties, except as otherwise directed by the Minister;
 - (b) services that a resident is eligible to receive under a statute of any other province, any Act of Alberta relating to workers' compensation or any statute of the Parliament of Canada, including
 - (i) the *Aeronautics Act* (Canada),
 - (ii) the *Civilian War Pensions and Allowances Act* (Canada),
 - (iii) the *Government Employees Compensation Act* (Canada),
 - (iv) the *Merchant Seamen Compensation Act* (Canada),
 - (v) the *National Defence Act* (Canada),
 - (vi) the *Pension Act* (Canada),
 - (vii) the *Royal Canadian Mounted Police Act* (Canada), and
 - (viii) the *Veterans Rehabilitation Act* (Canada);
 - (c) services that a resident is entitled to receive under the *Alberta Health Care Insurance Act*, unless approved by the Minister;
 - (d) services that a patient is declared not to be in need of pursuant to section 31 of the Act;
 - (d.1) those services provided by the board in connection with non-insured health services that are referred to in section 5.1;
 - (d.2) enhanced goods and services referred to in section 5.2(1);
 - (e) laboratory and X-ray services performed in a facility not approved by the Minister;
 - (e.1) services provided by a facility outside of Canada (other than services provided in the case of an emergency)

without the prior approval of the Minister, unless the Minister directs otherwise;

- (f) any drugs, biologicals and related preparations that are not considered necessary for the proper treatment of patients
 - (i) by the pharmacy-therapeutic committee of any hospital,
 - (ii) by the joint pharmacy-therapeutic committee of The Alberta Medical Association, The Alberta Pharmaceutical Association and the Alberta Hospital Association in respect of any hospital having a rated capacity of
 - (A) fewer than 180 beds, or
 - (B) 180 beds or more if, in the opinion of that committee, this view represents the majority of the hospital pharmacy-therapeutic committees or the practising physicians in the geographic area of Alberta in which the hospital is located;
- (g) any drugs, biologicals and related preparations that, in the opinion of that joint committee, have not been proven by experimental or clinical trials to be satisfactory for general use in hospitals.

(3) Notwithstanding subsection (2)(g), the joint committee may recommend limited experimental or clinical trials under close supervision in order to determine whether or not materials referred to in that clause should be approved for general use in hospitals.

AR 244/90 s4;417/91;138/92;251/2001;141/2005

Authorized charges

5(1) A resident of Alberta who is admitted as an in-patient to an approved hospital shall be required to pay authorized charges at the following rates:

- (a) in the case of a newborn who is not considered to be in need of hospital care and who, at the request of the Department of Human Services by reason of a consideration for adoption, is retained in a hospital up to 15 days from date of birth, at the rate determined by the Minister;
- (b) in the case of a patient declared to be no longer in need of the services provided by the hospital and deemed to be a trespasser pursuant to the Act, the non-entitled rate of that hospital as established by the Minister;

- (c) in a general hospital, where preferred accommodation is provided at the patient's request, the patient will be responsible for the authorized charges set out in subsection (7);
- (d) in an auxiliary hospital, where a patient has been assessed as requiring chronic care and is more or less a permanent resident in the auxiliary hospital, the patient will be responsible for accommodation charges for standard ward accommodation, semi-private room accommodation or private room accommodation at the same rates as are prescribed in section 3(1) of the *Nursing Homes Operation Regulation* (Alta. Reg. 258/85).

(1.1) Notwithstanding subsection (1), a resident of Alberta who is admitted to an auxiliary hospital as an in-patient for the purpose of receiving palliative care or sub-acute care services shall not be required to pay an accommodation charge.

(1.2) The exemption in subsection (1.1) ceases to apply if the patient is assessed as no longer requiring palliative care or sub-acute care services.

(2) Notwithstanding subsection (1)(c) or (d), if the patient's condition, due to medical necessity, requires that the patient be cared for in a semi-private room or a private room, the patient is not responsible for the additional charge between standard ward and semi-private or private room accommodation.

(3) Subsection (7) does not apply to a patient who has been assessed as requiring auxiliary hospital or nursing home level care under subsection (8).

(4) Notwithstanding anything in this section, for the purpose of levying authorized charges in an approved general hospital, the board shall treat not less than 60% of the accommodation in the hospital as if it were standard ward accommodation.

(5) Repealed AR 243/91 s3.

(6) Patients admitted to semi-private accommodation in an auxiliary hospital on or before January 31, 1988 shall only be levied the standard ward charge for that semi-private accommodation.

(7) Subject to subsection (8), in an approved general hospital the authorized charges for preferred accommodation shall be determined by the board of the regional health authority of the health region in which the approved general hospital is situated.

(8) In a general hospital, authorized charges in respect of standard ward accommodation, semi-private room accommodation or private room accommodation may be made for a patient who has been assessed as requiring auxiliary hospital or nursing home level care at the same rates as are prescribed in section 3(1) of the *Nursing Homes Operation Regulation* (Alta. Reg. 258/85).

(9) The charges set out in subsection (8) commence on the day the patient is assessed as requiring auxiliary hospital or nursing home level care and apply only to patients who are assessed after January 31, 1988.

(10) A patient

- (a) in an auxiliary hospital, or
- (b) in a general hospital who has been assessed as requiring auxiliary hospital or nursing home level care under subsection (8)

shall not be charged for a private room unless the patient has requested a private room and if the patient is occupying a private room but has not requested a private room, the patient may be charged not more than the semi-private room accommodation charge.

AR 244/90 s5;243/91;320/91;394/91;126/92;206/2001;
267/2003;141/2005;68/2008;31/2012

Non-insured health services charges

5.1(1) If a person receives in-patient or out-patient health services from a physician in an approved hospital that are not insured services under the *Alberta Health Care Insurance Act*, the board of that hospital shall charge that person for goods and services provided by the board in connection with those non-insured health services.

(2) The amount to be charged under subsection (1) shall be determined in accordance with section 9.

AR 138/92 s4

Charges for enhanced goods and services

5.2(1) In this section,

- (a) “good or service” does not include accommodation;
- (b) “hospital” means an approved hospital located in the region of the regional health authority.

(2) A regional health authority may determine

- (a) whether or not hospitals may charge a person who requests and receives an enhanced good or service the cost of the enhanced good or service, and
- (b) the amount that hospitals may charge for an enhanced good or service, but in no case may the charge exceed the actual cost of the good or service plus a reasonable administrative allowance.

(3) If, due to a medical necessity as determined by the patient's attending physician, a patient requires an enhanced good or service, the patient is not responsible for the cost of that enhanced good or service.

AR 138/92 s4;141/2005

Patient transportation

6(1) Charges for the transportation referred to in section 4(1), resulting from a temporary transfer of a patient

- (a) from a general hospital to another general hospital or to a mental health hospital, an auxiliary hospital, a nursing home or an approved facility, or
- (b) from an auxiliary hospital to a general hospital, a mental health hospital, another auxiliary hospital, a nursing home or an approved facility,

is the responsibility of the general hospital or auxiliary hospital from which the patient is transferred.

(2) A charge for the transportation resulting from a permanent transfer within Alberta

- (a) from a general hospital to another general hospital or to a mental health hospital, an auxiliary hospital, a nursing home or an approved facility, or
- (b) from an auxiliary hospital to a general hospital, a mental health hospital, another auxiliary hospital, a nursing home or an approved facility,

is the responsibility of the general hospital or the auxiliary hospital discharging the patient, and a charge shall not be made to the patient.

(3) For the purposes of this section, "mental health hospital" means a Mental Health Hospital established or continued by or under the *Provincial General Hospitals Act*.

AR 244/90 s6

7 and 8 Repealed AR 162/95 s3.

Charges to non-entitled persons

9(1) A person who is not entitled under the Act to receive insured services and who is admitted as an in-patient to an approved hospital other than the Lloydminster General Hospital shall pay

- (a) the patient day standard ward fees approved for the hospital by the Minister, in the case of a non-entitled person who is a resident of Canada, or
- (b) the patient day standard ward fees approved for that purpose by the Minister in the case of a non-entitled person who is a non-resident of Canada.

(2) A person who is not entitled under the Act to receive insured services and who receives goods or services as an out-patient in an approved hospital or an approved facility shall pay a fee for the out-patient goods or services provided in accordance with a schedule of fees approved by the Minister.

(3) Repealed AR 260/91 s2.

(4) Every person who is not entitled under the Act to receive insured services and who is provided semi-private room accommodation or private room accommodation shall be charged

- (a) the patient day semi-private room accommodation rate or the patient day private room accommodation rate in accordance with section 5, in the case of a non-entitled person who is a resident of Canada, or
- (b) the patient day semi-private room accommodation rate or the patient day private room accommodation rate approved for that purpose by the Minister in the case of a non-entitled person who is a non-resident of Canada.

(5) The rate charged for a non-entitled newborn retained in hospital after 30 days shall be the approved adult rate of that hospital established by the Minister.

AR 244/90 s9;260/91;136/97

10 and 11 Repealed AR 162/95 s3.

Grants

12(1) The Minister may make grants in respect of the operation of approved hospitals.

(2) Repealed AR 162/95 s4.

(3) Any payments by a hospital in respect of the interpretation of X-ray, laboratory and other diagnostic procedures shall only be made under contract or agreement with a qualified radiologist or pathologist or such other medical personnel as are recommended by the College of Physicians and Surgeons of the Province of Alberta.

(4) The Minister shall not pay for insured services that are furnished to a person

- (a) who is entitled to receive them or the cost of them pursuant to an Act of any jurisdiction, other than the Act,
- (b) who was eligible to have become entitled to them from some other province, or
- (c) while he is declared pursuant to Part 2 of the Act to be not in need of active treatment hospitalization.

AR 244/90 s12;162/95

Payments to federal hospitals

13 The Minister shall pay federal hospitals in respect of the costs of insured services furnished to residents and their dependants at the rates established for each hospital, in accordance with agreements between the Minister and the federal hospital.

AR 244/90 s13

Payments to contract hospitals

14 The Minister may make contracts with hospitals, other than approved hospitals, situated in Alberta to provide insured services to residents and their dependants and shall pay the hospitals at rates specified in the contracts.

AR 244/90 s14

Payments to approved facilities and agencies

15(1) The Minister may make payments to the operator of an approved facility at a rate agreed on by the Minister and the operator.

(2) The Minister may make payments to The Canadian Red Cross Society and the Canadian Blood Agency/Agence Canadienne du Sang for services approved by the Minister.

AR 244/90 s15;144/92

Payment for out-of-province hospitalization

16(1) Subject to section 4(2), the Government shall pay the following amounts in respect of goods and services provided outside Alberta to residents of Alberta who are temporarily absent from Alberta or entitled to continuing coverage under the *Alberta Health Care Insurance Act* by virtue of section 14 of the *Alberta Health Care Insurance Regulation* (Alta. Reg. 216/81), which goods and services if provided in Alberta would be insured services:

- (a) for goods or services provided in Canada to in-patients or out-patients in hospitals, except for the Lloydminster General Hospital, or in any other facility approved by the Minister, at the rate that is approved by the health care insurance plan of the province in which the goods or services are provided, unless the Minister has entered into an agreement with the government of any province to apportion the cost between them in a different manner;
- (b) for goods or services provided outside Canada by a hospital operating under the law of the jurisdiction in which it is located or by another facility approved by the Minister, to in-patients or out-patients, at the lesser of the rates prescribed by the Minister and the rates charged by the hospital or facility.

(2) In prescribing the rates under subsection (1)(b), the Minister may take into account the size, standards of service and type of hospitals and other relevant factors.

(3) For the purposes of this section, services to a patient who is admitted as an in-patient on the same day or during the first visit to a hospital shall not be classified as out-patient services.

(4) In this section, “health care insurance plan” has the same meaning as in the *Canada Health Act* (Canada).

(5) Where a resident has paid his out-of-province hospital or facility account and submits satisfactory evidence of payment, the resident shall be reimbursed in accordance with the amount established under this section.

(6) Where a resident has not paid his out-of-province hospital or facility account and submits satisfactory evidence of receipt of goods or services, the hospital or facility that provided the goods or services shall be paid in respect of those goods or services in accordance with the amount established under this section.

(7) Subject to an agreement referred to in subsection (1)(a), payment for out-of-province goods or services shall be made only if a resident or his agent completes the required application form

and provides a satisfactory hospital or facility account and a medical statement that shows the diagnosis and, if surgery was performed, the name of the operation.

(8) Where a resident, in respect of one particular illness or accident, obtains goods or services outside Alberta extending more than 3 months from the date the first of the goods or services were received, the resident or a person acting on his behalf shall, within that 3-month period, notify the Minister of the reasons why continuation of out-of-province care is necessary and shall provide any details the Minister may request.

(9) When the Minister receives claims with respect to goods or services referred to in subsection (8), the Minister may

- (a) continue the payment in respect of the goods or services,
- (b) prescribe the period in which payment will continue to be made, or
- (c) terminate the payment in respect of the goods or services.

(10) Where a resident fails to comply with subsection (8) and no arrangements have been made to return the resident to Alberta as soon as practicable, the Minister may terminate payments under this section with respect to that illness or accident at any time after 3 months from the date the first of the goods or services were provided.

AR 244/90 s16;417/91

Hospital surpluses and discretionary revenue

17(1) Hospital operating surpluses and discretionary revenue remaining after a board complies with subsections (2) and (3) may be used

- (a) for any purpose within the authority of the board that will benefit the hospital, and
- (b) if the hospital has a foundation, for transfers to the foundation.

(2) Hospital operating surpluses shall be returned to the Minister to the extent that they are attributable to a reduction or transfer of services, programs or activities that have not been approved by the Minister or to duplicate payments or overpayments made by the Minister.

(3) Discretionary revenue and hospital operating surpluses, other than those that must be returned to the Minister under subsection (2), may be retained by the board and shall be used to offset

hospital operating deficits and deficits for programs other than approved hospital programs.

(4) The board of an approved hospital may not make an appropriation or disposition from hospital operating surpluses or discretionary revenue under this section without the written approval of the Minister.

AR 244/90 s17;401/94

Hospital deficits

18 If a hospital operating deficit incurred during a fiscal year cannot be absorbed through the use of accumulated hospital operating surpluses or discretionary revenue, the board shall, within 4 months after the commencement of the next following fiscal year, submit a plan to the Minister outlining how the hospital operating deficit will be absorbed during the next 2 fiscal years following the fiscal year in which the deficit was incurred.

AR 244/90 s18

Health Insurance Supplementary Fund (Canada)

19 The Minister may participate in the Health Insurance Supplementary Fund (Canada) in respect of residents of Alberta who through no fault of their own have ceased to be entitled to benefits or are not eligible for benefits.

AR 244/90 s19

Capital project costs

20(1) In this section and in sections 21 and 25,

- (a) “capital costs” includes the following capital projects costs, in whole or in part:
 - (i) the approved cost of construction, expansion or renovation of a hospital or hospital related building,
 - (ii) the approved cost of construction of
 - (A) staff residences and health services clinics in isolated areas of Alberta, as determined by the Minister, and
 - (B) parking structures,
 - (iii) the cost of essential services approved by the Minister including, but not limited to,
 - (A) roads and sidewalks,

- (B) gravelled parking lots, including essential lighting,
 - (C) all grading, levelling and spreading of existing top soil,
 - (D) mechanical and electrical services from site boundaries to buildings, including fire protection,
 - (E) outdoor signs, and
 - (F) necessary demolition of existing buildings obstructing approved construction,
- (iv) the approved cost of construction contingencies,
- (v) approved consulting fees incurred for the project, and
- (vi) approved
- (A) furniture and equipment allowances,
 - (B) administrative planning costs, and
 - (C) pre-opening expenses

related to a project;

- (b) “CCITF” means the Consolidated Cash Investment Trust Fund;
- (c) repealed AR 189/96 s2;
- (d) “minor construction” means a capital construction project for which the estimated capital project costs are initially established at less than \$5 000 000.

(2) An expenditure by a board for capital project costs, whether funded through the issue of debentures or otherwise,

- (a) for other than minor construction, is subject to prior approval by the Treasury Board, and
- (b) for minor construction requiring a minor construction grant, is subject to prior approval by the Minister.

(3) Borrowing by a board, whether through the issue of debentures or otherwise, in respect of capital project costs is subject to prior approval by the Minister.

(4) If debentures have been issued by a board for capital project costs approved under subsection (2), the Minister shall make grants to the board with respect to repayment of principal and interest on the debentures.

(5) If debentures have not been issued by a board for capital project costs approved under subsection (2), the Minister shall make grants to the board with respect to payment of the capital project costs.

(6) Repealed AR 189/96 s2.

(7) Grants in respect of approved capital project costs necessarily incurred prior to the commencement of the construction phase may be made on a reimbursement basis.

(8) Except as provided in subsection (7), grants referred to in subsection (5) shall be paid in advance by the Minister into the CCITF to the credit of the board.

(9) Funds received through the issue of debentures shall be deposited in the CCITF account.

(10) Funds received from federal sales tax and excise tax refunds shall be deposited in the CCITF account.

(11) Funds in the CCITF account may be expended only for capital project costs.

(12) The unexpended balance in the CCITF account shall be refunded by the board to the President of Treasury Board and Minister of Finance following completion of the project audit or as directed by the Minister.

(13) The Minister may make grants to the Lloydminster Hospital Board under this section and the grants shall be based on that portion of the approved interest and principal payments for which Alberta municipalities are responsible under the terms of the *Lloydminster Hospital Act*, the *Hospitals Act* and agreements or arrangements made under either or both of those Acts between the Minister and the Minister of Health for Saskatchewan.

AR 244/90 s20;162/95;189/96;77/2000;
27/2002;68/2008;8/2011;31/2012;62/2013

Interest on capital project funding

21(1) Grants by the Minister to a board with respect to interest on debt resulting from capital project costs shall be based on the rate contracted by the board borrowing from an agency other than the Alberta Capital Finance Authority, or at the rate charged by the

Alberta Capital Finance Authority at the date the financing contract was entered into by the board, whichever is the lesser.

(2) Subject to subsection (4), all interest earned on the CCITF account shall remain in that account until disposed of in accordance with section 20 and this section.

(3) Approved expenditures for interest by a board on short-term borrowings for capital project costs may be reimbursed from the CCITF account.

(4) Interest earned on grants made under section 20 with respect to capital project costs may be expended only

- (a) to offset capital interest expenses related to that project, or
- (b) if authorized by the Minister, instead of grants due under section 20(5).

AR 244/90 s21;108/2004

22 Repealed AR 162/95 s3.

Purchasing equity

23(1) In this section, “agreement” means the agreement between the Minister and the owner of a non-district hospital, that establishes

- (a) the method of calculating the amount of the owner’s equity in a non-district hospital on January 1, 1959 and annually after that date,
- (b) the procedure for purchasing the owner’s equity, and
- (c) the method of calculating the amount to be paid annually by the Minister to the owner as a return on the owner’s equity.

(2) The Minister shall pay to a hospital board designated by the Minister to assume ownership of a non-district hospital purchased in accordance with an agreement

- (a) the amount of the purchase price of the owner’s equity on the date that ownership is relinquished, and
- (b) interest on the purchase price of the owner’s equity calculated at a rate established by the Alberta Capital Finance Authority from time to time for the period commencing on the date that ownership of the hospital is relinquished by the owner and ending on the closing date of the purchase of the hospital.

(3) The Minister may purchase real and personal property that is considered by him to be necessary for the continued operation of the hospital.

(4) The Minister shall pay to the owner of a non-district hospital interest on the owner's equity calculated annually in accordance with an agreement.

AR 244/90 s23;108/2004

24 and 25 Repealed AR 189/96 s2.

Offence

25.1 A person who contravenes section 17(4) or 20(2) or (3) is guilty of an offence and liable to a fine of not more than \$2000 in the case of a first offence and \$5000 in the case of a subsequent offence.

AR 401/94 s5;162/95

Repeal

26 The *Alberta Hospitalization Benefits Regulations* (Alta. Reg. 355/73) are repealed.

AR 244/90 s26



Printed on Recycled Paper 