REGIONAL HEALTH AUTHORITIES ACT

COMMUNITY HEALTH COUNCILS REGULATION

Alberta Regulation 202/1997

With amendments up to and including Alberta Regulation 17/2018

Office Consolidation

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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.
Definition
1 In this Regulation, “Act” means the Regional Health Authorities Act.

Establishment of community health councils
2(1) Where the Minister approves a health plan proposal in respect of matters referred to in section 9(4)(b) and (c) of the Act, the regional health authority that submitted the proposal shall forthwith pass a by-law establishing the community health council in accordance with the proposal.

(2) The regional health authority shall submit to the Minister a copy of the by-law under subsection (1).

(3) No by-law under subsection (1) and no amendment or repeal of such a by-law has effect until it is approved by the Minister.

(4) On receiving a by-law under subsection (1), the Minister may

(a) approve the by-law as submitted, or
(b) refer the by-law back to the regional health authority to take further action as directed by the Minister and to resubmit the by-law.

AR 202/97 s2,251/2001

Contents of by-law

3(1) A by-law establishing a community health council must contain the following:

(a) the name of the council;

(b) the objects of the council and the purposes for which it is established;

(c) the functions and duties of the council, which may include any or all of the following:

(i) gathering information and public input respecting health, health needs and health services;

(ii) providing advice to the regional health authority that established the council about health issues, health needs and priorities, access to health services, the promotion of health and any other matters requested by the regional health authority;

(iii) promoting community health promotion activities;

(iv) providing health services pursuant to a delegation from the regional health authority;

(d) if the regional health authority intends to delegate to the community health council under clause (c)(iv) the power to provide health services on the regional health authority’s behalf,

(i) a statement to that effect, together with a list of health services that may be so delegated, and

(ii) a statement that the community health council is to be a corporation;

(e) the area or the communities served by the council;

(f) the number of members on the council;

(g) the composition of the council;

(h) subject to section 5, the qualifications and other eligibility requirements for becoming and remaining a member of the council;
(i) the criteria and process for selecting the members of the
council, including, without limitation, the consultative
process to be used by the regional health authority in
order to involve the communities to be served by the
council in the selection process;

(j) the term of office of each member of the council;

(k) the method of filling vacancies on the council;

(l) the method of selecting the chair of the council.

(2) No by-law may contain a statement referred to in subsection
(1)(d) unless the regional health authority’s health plan proposal
under section 9 of the Act contains a statement that the community
health council is to have the power to enter into agreements with
the regional health authority.

(3) When a by-law establishing a community health council has
been approved by the Minister, the regional health authority shall
appoint the members of the council in accordance with the by-law.

(4) A regional health authority shall submit to the Minister the
name of the chair of each community health council established by
the regional health authority.

Corporate status

4 Where the by-law establishing a community health council
provides that the council is to be a corporation, the council is
thereby established as a corporation consisting of its members.

Eligibility

5(1) No person is eligible to be or remain a member of a
community health council unless that person is ordinarily resident
in the health region for which the council is established.

(2) The following persons are not eligible to be or remain a
member of a community health council:

(a) all members of the regional health authority that
established the community health council;

(b) the chief executive officer of the regional health authority
that established the community health council;

(c) all regional health authority management personnel who
report directly to one or more members of the regional
health authority;
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(d) all regional health authority management personnel who report directly to the chief executive officer;

(e) all remaining regional health authority management personnel who report to management personnel referred to in clause (d);

(f) all persons who are engaged on a fee for service basis in a management capacity referred to in any of clauses (b) to (e).

(3) The following persons are eligible to be members of a community health council, but not more than 1/3 of the membership may consist of such persons:

(a) employees of the regional health authority that established the community health council, other than persons referred to in subsection (2) who are employees;

(b) independent health service providers who, directly or indirectly through a corporation, partnership or other association, receive from the Government of Alberta or the regional health authority that established the council, income through the provision of health services;

(c) employees of persons referred to in clause (b);

(d) other persons who rely in whole or part on contracts with the regional health authority as a means of earning their livelihood;

(e) directors, officers or employees of a corporation that is a person referred to in clause (d) or partners or employees of a partnership that is a person referred to in clause (d).

(4) Notwithstanding subsection (3), an employee of the regional health authority that established a community health council is not eligible to be or remain a member of the council where the regional health authority intends to delegate to the council the power to provide health services on the regional health authority’s behalf.

Conflict of interest

6(1) In this section,

(a) “member” means a member of a community health council;

(b) “minor child” includes a minor to whom a member has demonstrated a settled intention to treat as a child of the member’s family;
(c) “private corporation” means a corporation none of whose shares are publicly-traded securities;

(d) “private interest” does not include the following:

(i) an interest in a matter

(A) that is of general application,

(B) that affects a person as one of a broad class of the public, or

(C) that concerns the remuneration and benefits of a member;

(ii) an interest that is trivial;

(e) “publicly-traded securities” means

(i) securities of a corporation that are listed or posted for trading on a recognized stock exchange, or

(ii) securities of a corporation that has more than 15 shareholders and any of whose issued securities were part of a distribution to the public;

(f) “senior officer” means, with reference to a corporation,

(i) the president, vice-president, secretary, comptroller, treasurer or general manager of the corporation, or

(ii) any other person who performs functions for the corporation similar to those normally performed by persons holding the offices referred to in subclause (i);

(g) “spouse” means the husband or wife of a married person but does not include a spouse who is living separate and apart from the person if the person and spouse have separated pursuant to a written separation agreement or if their support obligations and family property have been dealt with by a court order.

(2) For the purposes of this section, a person is directly associated with a member if that person is

(a) the member’s spouse or adult interdependent partner,

(b) a corporation having share capital and carrying on business or activities for profit or gain and the member is a director or senior officer of the corporation,
(c) a private corporation carrying on business or activities for profit or gain and the member, the member’s spouse or adult interdependent partner or the member’s minor child owns or is the beneficial owner of shares of the corporation,

(d) a partnership having not more than 20 partners

(ii) of which one of the partners is a corporation directly associated with the member by reason of clause (b) or (c),

or

(e) a person or group of persons acting as the agent of the member and having actual authority in that capacity from the member.

(3) Subsection (2)(c) does not apply where the corporation is

(a) a cooperative as defined in the Cooperatives Act,

(b) a credit union continued or incorporated under the Credit Union Act,

(c) a co-operative credit society incorporated by or under an Act of the Parliament of Canada, or

(d) the United Farmers of Alberta Co-operative Limited.

(4) No member shall take part in a decision in the course of carrying out the member’s office or powers as a member knowing that the decision might further a private interest of the member, a person directly associated with the member or the member’s minor child.

(5) Where

(a) a matter for decision is before a community health council or a committee of the community health council, and

(b) a member has reasonable grounds to believe that the member, the member’s minor child or a person who is directly associated with the member has a private interest in the matter,

the member must declare that interest and must withdraw from the meeting without voting on or participating in the discussion of the matter.
(6) No member shall use the member’s office or powers as a member to influence a decision to be made by or on behalf of the community health council or a regional health authority to further a private interest of the member, a person directly associated with the member or the member’s minor child.

(7) No member shall use or communicate information not available to the general public that was gained by the member in the course of carrying out the member’s office or powers as a member to further or seek to further a private interest of the member, a person directly associated with the member or the member’s minor child.

Termination of a member
7 A regional health authority may, for cause, by notice in writing terminate the appointment of any member of a community health council established by it.

Fiscal year
8 The fiscal year of a community health council is April 1 to the following March 31.

Closed meetings
9(1) If a community health council decides under section 12 of the Act to hold a meeting or part of a meeting in private, the council shall ensure that the minutes of the meeting indicate

(a) the nature of the subject-matter to be discussed in private, and

(b) the reasons why the council considers it necessary to hold the meeting or part of the meeting in private.

(2) Where a meeting or part of a meeting is held in private under subsection (1), no resolution related to the subject-matter that was discussed in private may be passed unless the meeting reverts to being held in public.

(3) In determining under section 12 of the Act whether to hold a meeting or part of a meeting in private, a community health council shall take the following considerations into account:

(a) whether holding the meeting or part of the meeting in public would result in the release of information that would prejudice measures protecting health, safety, security or the maintenance of the law;
(b) whether holding the meeting or part of the meeting in private is justified in order to permit the council to carry out its responsibilities in an effective and efficient manner;

(c) any other relevant consideration.

AR 202/97 s9, 251/2001

Minutes

10(1) A community health council shall record the minutes of its meetings.

(2) At each meeting the community health council shall adopt the minutes of the previous meeting.

(3) A community health council shall forward a copy of the adopted minutes to the regional health authority that established the council within 7 days after the meeting at which the minutes were adopted.

(4) The regional health authority shall make the adopted minutes available for inspection by the public during normal business hours of the regional health authority.

(5) A regional health authority may exclude from minutes made available under subsection (4) any matter that relates to a meeting or part of a meeting that was held in private, other than a resolution that was passed in respect of that matter.

(6) A community health council and the regional health authority shall keep a copy of the minutes of each meeting of the council.

Expiry

11 For the purpose of ensuring that this Regulation is reviewed for ongoing relevancy and necessity, with the option that it may be re-passed in its present or an amended form following a review, this Regulation expires on October 31, 2023.
