



Province of Alberta

## ALBERTA HEALTH CARE INSURANCE ACT

# ALBERTA HEALTH CARE INSURANCE REGULATION

### **Alberta Regulation 76/2006**

With amendments up to and including Alberta Regulation 136/2017

### Office Consolidation

© Published by Alberta Queen's Printer

Alberta Queen's Printer  
Suite 700, Park Plaza  
10611 - 98 Avenue  
Edmonton, AB T5K 2P7  
Phone: 780-427-4952  
Fax: 780-452-0668

E-mail: [qp@gov.ab.ca](mailto:qp@gov.ab.ca)  
Shop on-line at [www.qp.alberta.ca](http://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 136/2017)

**ALBERTA REGULATION 76/2006**

**Alberta Health Care Insurance Act**

**ALBERTA HEALTH CARE INSURANCE REGULATION**

*Table of Contents*

1 Definitions

**Part 1  
Interpretation**

- 2 Insured oral and maxillofacial surgery services
- 2.1 Insured podiatric surgery services
- 3 Temporarily absent from Alberta
- 4 Information under section 22 of the Act
- 5 Deemed residents from outside Canada
- 6 Resident under section 22 of the Act
- 7 Dependants deemed residents
- 8 Resident who establishes permanent residence elsewhere

**Part 2  
Health Services and Benefits**

- 9 Benefits payable re basic health services
- 10 Benefits payable re extended health services
- 11 When entitlement commences
- 12 Services not considered basic or extended health services
- 13 Diagnostic imaging services

**Part 3  
Claims**

- 14 Extra billing
- 15 Information to be provided by practitioners
- 16 Minister to notify Alberta Cancer Board

**Part 4  
Reciprocal Payments**

- 17 Minister re reciprocal payments

### **Part 4.1 Physician Resource Planning**

- 17.1 Committees
- 17.2 Setting of number of additional physicians

### **Part 5 Program Costs**

- 18 Program and program benefits

### **Part 6 General**

- 19 Health Insurance Supplementary Fund (Canada)
- 20 Contract or self-insurance plan allowed under section 26 of Act
- 21 Repeal

#### **Definitions**

**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 *Alberta Health Care Insurance Act*;
- (c) “child” includes a foster child and any other person in respect of whom a resident or other person stands in the place of a parent.

**(2)** In the Act and the regulations, “dependant” means, in relation to any person,

- (a) the spouse or adult interdependent partner of that person,
- (b) each unmarried child under the age of 21 years who is wholly dependent on that person for support,
- (c) each unmarried child less than 25 years of age who is in full-time attendance at an accredited educational institute, and
- (d) each unmarried child 21 years of age or more who is wholly dependent on that person by reason of mental or physical infirmity.

## Part 1 Interpretation

### Insured oral and maxillofacial surgery services

**2** Those services that are provided by a dentist in the field of oral and maxillofacial surgery for which benefits are payable under the *Oral and Maxillofacial Surgery Benefits Regulation* are hereby specified as insured services for the purposes of section 1(n)(ii) of the Act.

### Insured podiatric surgery services

**2.1** The services referred to in section 1(b)(v) of the Act for which benefits are payable under the *Podiatric Surgery Benefits Regulation* are hereby declared to be insured services for the purposes of the Plan.

AR 128/2006 s2

### Temporarily absent from Alberta

**3(1)** For the purposes of this Regulation and section 5(2) of the Act, a person is “temporarily absent from Alberta” if the person

- (a) stays in another province or territory for a period that will not exceed 12 consecutive months, or
- (b) stays outside Canada for a period that will not exceed 6 consecutive months,

and the person intends to return to and maintain permanent residence in Alberta on the conclusion of the stay outside Alberta.

**(2)** The Minister may extend any period referred to in subsection (1) for a further period of time that the Minister considers proper,

- (a) if the person provides evidence satisfactory to the Minister that the person intends to return to and maintain permanent residence in Alberta after the extended period of time, or
- (b) if, in the opinion of the Minister, there are unforeseen and extenuating circumstances.

### Information under section 22 of the Act

**4** For the purposes of section 22 of the Act, “residents’ registration information” includes

- (a) any information necessary to identify or contact a personal representative, guardian, trustee or other legal representative of a resident, and

- (b) in the case of a person who is deemed to be a resident under section 6, any information that the Minister requires or receives regarding the person that would constitute residents' registration information if required or received from any resident.

#### **Deemed residents from outside Canada**

**5(1)** Subject to subsection (2), the following persons whose ordinary place of residence is outside Canada are deemed to be residents of Alberta for the purposes of the Act:

- (a) a person who is in Alberta under a work assignment, contract or arrangement and applies for registration under the Plan;
- (b) a person who is in full-time attendance as a student at an accredited educational institute in Alberta;
- (c) a person who is registered under the *Health Insurance Premiums Act* as a dependant of the person referred to in clause (a) or (b).

**(2)** Subsection (1) applies only if a person referred to in subsection (1)(a), (b) or (c)

- (a) has been lawfully admitted to Canada,
- (b) has established residence in Alberta, and
- (c) intends to remain in Alberta for 12 or more consecutive months.

#### **Resident under section 22 of the Act**

**6** A person whose ordinary place of residence is outside Alberta is deemed to be a resident of Alberta for the purposes of section 22 of the Act if that person receives health services in Alberta pursuant to any policy, program or arrangement for which the Department of Health

- (a) makes payment directly or indirectly, or
- (b) provides or arranges any funding or administrative services.

AR 76/2006 s6;170/2012

#### **Dependants deemed residents**

**7(1)** When a child is born outside Alberta to parents who are both temporarily absent from Alberta and are both registered under the

*Health Insurance Premiums Act*, the child is deemed to be a resident of Alberta for the purposes of the Act.

**(2)** If a dependant of a resident is

- (a) within Canada on a vacation or visit of not more than 12 months' duration, or
- (b) in full-time attendance as a student at an accredited educational institute,

with the intention to become a permanent resident of Alberta on the conclusion of the vacation, visit or attendance as a student at an accredited educational institute, that dependant is deemed to be a resident of Alberta for the purposes of the Act.

**Resident who establishes permanent residence elsewhere**

**8(1)** A resident who leaves Alberta for the purpose of establishing permanent residence in another province or territory of Canada is entitled to continue the resident's coverage under the Plan for the period beginning on the day the resident ceases to be a resident of Alberta and ending on the last day of the 2nd month following the month of arrival in the new province or territory, unless extended under subsection (3).

**(2)** Notwithstanding subsection (1), if a resident leaves Alberta for the purpose of establishing permanent residence outside Alberta and the spouse or adult interdependent partner of the resident

- (a) maintains a home in Alberta,
- (b) is not living apart from the resident pursuant to a court order or separation agreement or otherwise, and
- (c) intends to join the resident,

the resident is entitled to continue coverage under the Plan for a period not exceeding 12 months beginning on the day the resident ceases to be resident in Alberta.

**(3)** If the resident informs the Minister that vacation or travelling time will be taken in conjunction with the move referred to in subsection (1), the Minister may extend the duration of the coverage under the Plan for a further period not exceeding one month, except that under no circumstances may the total duration of the coverage under the Plan extend beyond the last day of the 4th month following the month of leaving Alberta, unless extended under subsection (4).

(4) If a resident, while travelling between Alberta and the province or territory of Canada in which the resident intends to establish permanent residence, is hospitalized, the resident remains entitled to continuing coverage under the Plan while the resident is continuously hospitalized for up to 12 months from the date the resident first became hospitalized.

(5) Subject to subsection (7), if a resident is establishing permanent residence outside Canada and notifies the Minister that the resident wishes to continue to be covered under the Plan, that resident is entitled to be covered under the Plan for the period beginning the day that resident ceases to be a resident of Alberta and ending one, 2 or 3 months, as prescribed by the Minister, following the month the resident ceases to be a resident of Alberta, unless the period is extended under subsection (6).

(6) Subject to subsection (7), if a person requires continuing coverage under the Plan while en route from Alberta to establish permanent residence outside Canada, the Minister may, in a particular case in which the Minister finds that unforeseen and extenuating circumstances so warrant, extend the duration of the continuing coverage under the Plan for a further period not exceeding 12 months.

(7) A resident is not entitled to continuing coverage under the Plan until the resident has paid

- (a) all arrears of premiums, and
- (b) the premiums applicable to the period of the continuing coverage

pursuant to the *Health Insurance Premiums Regulation* (AR 217/81).

## **Part 2**

### **Health Services and Benefits**

#### **Benefits payable re basic health services**

**9** The benefits payable by the Minister in respect of basic health services are the benefits specified in the regulations under section 17 of the Act.

#### **Benefits payable re extended health services**

**10** The benefits payable in respect of extended health services pursuant to section 3(2) of the Act are

- (a) for those goods and services provided by a dentist, a denturist, an optometrist or an optician that are listed in the *Extended Health Services Benefits Regulation*, and
- (b) subject to any terms and conditions that may form part of an agreement made under section 20 or 40 of the Act.

**When entitlement commences**

**11(1)** Entitlement to benefits for extended health services pursuant to section 3(2)(b) of the Act shall commence

- (a) on the date on which the registration under the *Health Insurance Premiums Act* becomes effective, if the resident is receiving a widow's pension at that time, or
- (b) on the date the resident becomes eligible for a widow's pension, if that date occurs after the effective date of registration.

**(2)** Entitlement to benefits for extended health services pursuant to section 3(2)(b) of the Act shall cease

- (a) at the end of the 2nd month following the month in which the death of the resident who was receiving the widow's pension occurs, or
- (b) at the end of the 2nd month following the month in which the resident becomes ineligible for the widow's pension,

whichever occurs first.

**Services not considered basic or extended health services**

**12(1)** For the purposes of this section, a service is available in Canada if a resident could have obtained the service in Canada within the time period generally accepted as reasonable by the medical or dental profession for any resident with a similar condition.

**(2)** Unless otherwise approved by the Minister, the following services are not basic health services or extended health services:

- (a) medical-legal services, including
  - (i) examinations performed at the request of third parties in connection with legal proceedings,
  - (ii) giving of evidence by a practitioner in legal proceedings, or

- (iii) preparation of reports or other documents relating to the results of a practitioner's examination for use in legal proceedings or otherwise and whether requested by the patient or by a third party;
- (b) advice by telephone or any other means of telecommunication and toll charges or other charges for telephone calls or telecommunication services except as provided for in the Schedule of Medical Benefits under the *Medical Benefits Regulation*;
- (c) transportation services, including ambulance services for
  - (i) transportation of a patient to a hospital or to a practitioner elsewhere, or
  - (ii) transportation of a practitioner to a hospital or to a patient elsewhere,whether the costs of those services are by way of charges for distance or charges for travelling time;
- (d) examinations required for the use of third parties;
- (e) services that a resident is eligible to receive under a statute of any other province or territory, the *Health Care Protection Act*, the *Hospitals Act*, any statute relating to workers' compensation or under any statute of the Parliament of Canada, including
  - (i) the *Aeronautics Act* (Canada),
  - (ii) the *Civilian War-related Benefits Act* (Canada),
  - (iii) the *Corrections and Conditional Release Act* (Canada),
  - (iv) the *Government Employees Compensation Act* (Canada),
  - (v) the *Merchant Seamen Compensation Act* (Canada),
  - (vi) the *National Defence Act* (Canada),
  - (vii) the *Pension Act* (Canada), and
  - (viii) the *Royal Canadian Mounted Police Act* (Canada);
- (f) services not provided by or under the supervision of a practitioner, except as provided for in the Schedule of Medical Benefits under the *Medical Benefits Regulation*;

- (g) services for which a patient would not be liable to pay in the absence of benefits for health services;
- (h) services that the Minister, on review of the evidence, determines not to be health services because the services
  - (i) are not required, or
  - (ii) are experimental or applied research;
- (i) services in connection with group immunizations against a disease or services in connection with group examinations by a practitioner;
- (j) services provided by a practitioner to the practitioner's children, grandchildren, siblings, parents, grandparents, spouse or adult interdependent partner or any person who is dependent on the practitioner for support;
- (k) laboratory and diagnostic imaging services provided in Alberta in a facility that does not meet the criteria for registration under the Alberta Health Care Insurance Plan and that is not registered with the Alberta Health Care Insurance Plan or for which benefits are not payable under the *Medical Benefits Regulation*, the *Podiatric Surgery Benefits Regulation*, the *Podiatric Benefits Regulation* or the *Oral and Maxillofacial Surgery Benefits Regulation*;
- (l) services provided outside Canada that are available inside Canada (other than services provided in the case of an emergency);
- (m) services provided outside Canada that are not available inside Canada unless approved by the Out-of-Country Health Services Committee or the Out-of-Country Health Services Appeal Panel under the *Out-of-Country Health Services Regulation*;
- (n) drugs, casts, surgical appliances and special bandages, except as provided for in the Schedule of Medical Benefits under the *Medical Benefits Regulation*, the Schedule of Podiatric Surgery Benefits under the *Podiatric Surgery Benefits Regulation* or the Schedule of Podiatric Benefits under the *Podiatric Benefits Regulation*;
- (o) non-hospital facility fee charges associated with any health services provided in a non-hospital facility outside of Alberta;

- (p) services for substance abuse, eating disorders or other addictive disorders provided outside of Alberta.

AR 76/2006 s12;128/2006;136/2009

#### **Diagnostic imaging services**

**13(1)** If benefits are paid or payable with respect to diagnostic imaging services provided to a resident, the practitioner who provided the services shall, as soon as is reasonably practicable after a request is made by the resident, make the resulting diagnostic images available to any other practitioner designated by the resident.

**(2)** A practitioner who receives diagnostic images under subsection (1)

- (a) may make copies of the images, and
- (b) shall, as soon as is reasonably practicable after the images have served the purpose for which they were required, return the original images to the practitioner who made the images available.

**(3)** If a practitioner fails to comply with a request under subsection (1),

- (a) the Minister may withhold the benefits payable to the practitioner with respect to the diagnostic imaging services provided to the resident, or
- (b) if benefits have already been paid to the practitioner or resident with respect to those services, the practitioner is liable for and shall repay to the Minister the benefits paid in respect of the services.

**(4)** If the practitioner fails to repay benefits under subsection (3)(b), the Minister may withhold the amount of the benefits from any other benefits payable to the practitioner.

**(5)** If a practitioner fails to comply with subsection (2)(b), the Minister may withhold from benefits payable to the practitioner an amount equivalent to the benefits paid or payable with respect to the diagnostic imaging services provided by the practitioner who made the diagnostic images available.

**(6)** If benefits are withheld by the Minister under subsection (3)(a), (4) or (5) or a practitioner repays benefits to the Minister under subsection (3)(b), the practitioner is not entitled to collect any amount from any person in respect of the services involved.

## Part 3 Claims

### Extra billing

**14(1)** Except as provided for in section 21 of the Act, a practitioner must not submit an account for payment to a resident or to another Government department or agency if the practitioner has submitted or intends to submit a claim for benefits to the Minister.

**(2)** A person who contravenes subsection (1) is guilty of an offence.

**(3)** To avoid any doubt, for the purposes of the Act and regulations, any good or service provided by a practitioner that is listed in the Schedule of Medical Benefits under the *Medical Benefits Regulation*, the Schedule of Podiatric Surgery Benefits under the *Podiatric Surgery Benefits Regulation* or the Schedule of Oral and Maxillofacial Surgery Benefits under the *Oral and Maxillofacial Surgery Benefits Regulation* is an insured service, whether the cost of that good or service is greater than or less than the maximum benefit payable for the good or service provided.

AR 76/2006 s14;128/2006

### Information to be provided by practitioners

**15(1)** A practitioner must, in a form approved by the Minister, provide to the Minister any information that the Minister may require regarding the practitioner's training, the type of practice the practitioner is engaged in or any other related information.

**(2)** If a practitioner provides goods or services to a resident of Alberta, the practitioner must retain the original documentation relating to the goods or services provided for a period of not less than 6 years and must, on request, make the documentation available to the Minister.

**(3)** If a practitioner on behalf of a resident claims benefits in respect of diagnosis or treatment of cancer, the practitioner, from time to time, must report to the Alberta Cancer Board, in writing, on forms established by that Board, any information that the Board requires concerning the claim, including the name of the person in respect of whom the services were provided, the nature of the illness and particulars of the services.

### Minister to notify Alberta Cancer Board

**16(1)** If requested to do so by the Alberta Cancer Board for any specific resident, the Minister shall notify the Alberta Cancer

Board whenever a claim for benefits is paid in respect of any services provided to that resident that may relate to cancer.

(2) If benefits for services are paid by the Minister before the practitioner complies with section 15(3) in respect of the reports, the College of Physicians and Surgeons of Alberta or the Alberta Dental Association and College, as the case may be, may, on being notified to do so by the Alberta Cancer Board, request, in writing, the practitioner to submit the reports to the Alberta Cancer Board.

(3) If a practitioner, on being requested by the College of Physicians and Surgeons of Alberta or the Alberta Dental Association and College under subsection (2) to submit the reports under section 15(3) fails to do so, the practitioner is liable for and shall repay to the Minister the benefits paid to the practitioner in respect of the services and the amount of such benefits constitutes a debt payable to the Crown.

(4) If the practitioner fails to repay benefits under subsection (3), the Minister may withhold the amount of the benefits from any other benefits payable to the practitioner.

(5) If a practitioner repays benefits to the Minister under subsection (3) or the benefits are withheld by the Minister under subsection (4), the practitioner is not entitled to collect any amount from any person in respect of the services involved.

(6) Subsections (3), (4) and (5) cease to apply when the practitioner complies with section 15(3) in respect of the reports.

## **Part 4 Reciprocal Payments**

### **Minister re reciprocal payments**

**17** The Minister is authorized under the Plan to make payments to a hospital or a physician in Alberta in respect of insured services provided by the hospital or by the physician to residents of another province or territory of Canada, where the making of such payments is the subject of an agreement between Her Majesty the Queen in right of the Province of Alberta as represented by the Minister of Health and the government of the other province or territory as represented by the appropriate Minister of that province or territory, and the agreement provides that those payments are recoverable from the provincial or territorial health authority of the other province or territory.

AR 76/2006 s17;170/2012

## **Part 4.1**

### **Physician Resource Planning**

#### **Committees**

**17.1(1)** The Minister may establish any committees that the Minister considers necessary for the purposes of physician resource planning.

**(2)** The Minister may, with respect to any committee established under this section,

- (a) appoint or provide for the manner of the appointment of its members,
- (b) prescribe the term of office of any member,
- (c) designate a chair, vice-chair and secretary, and
- (d) authorize, fix or provide for the payment of remuneration and expenses to its members.

**(3)** Remuneration and expenses referred to in subsection (2) must be determined

- (a) in accordance with any applicable regulations under the *Alberta Public Agencies Governance Act*, or
- (b) by the Minister if no regulations under the *Alberta Public Agencies Governance Act* are applicable.

**(4)** A committee established pursuant to this section may, with the approval of the Minister, make rules governing the calling of its meetings, the procedure to be used at its meetings, the conduct of business at its meetings, reporting and any other matters as required.

**(5)** A committee established pursuant to this section may exercise the powers and shall perform the duties and functions that the Minister approves or confers or imposes on it.

**(6)** The Minister may require any person appointed to a committee established under this section, before beginning the person's duties, to take an oath that the person will not, except as authorized by the Minister, divulge any information received by the person in the course of the person's duties as a member of the committee.

AR 136/2017 s2

**Setting of number of additional physicians**

**17.2(1)** Each year, the Minister may, by order, set out the number of additional physicians needed to provide insured services in Alberta.

**(2)** In making an order under subsection (1), the Minister shall take into account the following:

- (a) any advice provided by a committee established under section 17.1;
- (b) existing health resources;
- (c) Albertans' health needs;
- (d) the affordability and sustainability of paying benefits for insured services provided by the number of additional physicians to be set out in the order in view of the financial resources allocated for the payment of benefits;
- (e) short, medium and long-term planning for allocation of physician resources;
- (f) any other matter the Minister considers appropriate.

**(3)** The Minister may amend an order made under subsection (1) at any time.

**(4)** The Minister shall, on or before April 1, 2018, make an order under subsection (1) to take effect April 1, 2018, but is not required to make a subsequent order.

AR 136/2017 s2

## **Part 5 Program Costs**

**Program and program benefits**

**18(1)** In this section,

- (a) "program" means a program established under subsection (2);
- (b) "program benefit" means the benefit referred to in subsection (2).

**(2)** The Minister is authorized to establish by order or enter into an agreement with a person for the establishment of a program to benefit one or more physicians or categories of physicians who are entitled to receive payment of benefits under the Plan.

- (3) The order or agreement establishing a program must
- (a) provide for the basis on which eligibility for program benefits is determined,
  - (b) provide for the basis on which the rates for program benefits are determined,
  - (c) prescribe the manner in which program benefits are to be paid and the persons to whom program benefits are to be paid, the conditions of payment, if any, and the information required to be submitted in connection with claims for program benefits,
  - (d) provide for the term or manner of termination of the program,
  - (e) provide for the payment of costs, if any, to administer the program and the person to whom the costs are to be paid, and
  - (f) include such other provisions as the Minister considers appropriate in respect of the program.
- (4) The Minister is authorized to pay the administration costs and program benefits of a program under the Plan.

## **Part 6 General**

### **Health Insurance Supplementary Fund (Canada)**

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

### **Contract or self-insurance plan allowed under section 26 of Act**

**20(1)** Pursuant to section 26 of the Act, an insurer shall not enter into or issue a contract or initiate a self-insurance plan covering indemnification for the cost of basic health services or extended health services provided within Alberta except as otherwise provided in this section.

(2) An insurer may enter into or issue a contract or initiate a self-insurance plan under which a resident is indemnified for

- (a) repealed AR 136/2009 s3,

- (b) the cost of podiatric services provided to the resident by a podiatrist in excess of the amount that is payable in respect of each service under the *Podiatric Benefits Regulation*,
- (c) the cost of optometric services provided to the resident by an optometrist in excess of the amount that is payable under the *Optometric Benefits Regulation*, or
- (d) the cost of extended health services provided to the resident where those services are outside the limits prescribed in the *Extended Health Services Benefits Regulation*.

**(3)** An insurer may enter into or issue a contract or initiate a self-insurance plan under which a resident is indemnified for the cost of chiropractic services.

**(4)** Notwithstanding subsection (2), nothing in this Regulation prevents an individual from receiving indemnity for the cost of extended health services where the individual was eligible to receive such indemnity through some other plan provided by a private insurance carrier before the individual or the individual's dependants became eligible for extended benefits.

AR 76/2006 s20;136/2009

#### **Repeal**

**21** The *Alberta Health Care Insurance Regulation* (AR 216/81) is repealed.

**22** Repealed AR 4/2016 s1.





Printed on Recycled Paper 