



Province of Alberta

# **HEALTH STATUTES AMENDMENT ACT, 2020 (NO. 2)**

Statutes of Alberta, 2020  
Chapter 35

Assented to December 9, 2020

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Bill 46

## **HEALTH STATUTES AMENDMENT ACT, 2020 (NO. 2)**

### **Chapter 35**

*(Assented to December 9, 2020)*

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

#### **Part 1 ABC Benefits Corporation Act**

**Amends RSA 2000 cA-1**

**1** The *ABC Benefits Corporation Act* is amended by this Part.

**2** The title and chapter number of the Act are repealed and the following is substituted:

#### **ALBERTA BLUE CROSS ACT**

Chapter A-14.15

#### **Consequential Amendments**

**Amends RSA 2000 cA-15**

**3** The *Alberta Corporate Tax Act* is amended in section 86(1)(d)(iv) by striking out “*ABC Benefits Corporation Act*” and substituting “*Alberta Blue Cross Act*”.

**Amends RSA 2000 cA-20**

**4** The *Alberta Health Care Insurance Act* is amended in section 1(a) by striking out “ABC Benefits Corporation Act” and substituting “Alberta Blue Cross Act”.

#### **Part 2 Health Facilities Act**

**Amends RSA 2000 cH-2.7**

**5** The *Health Facilities Act* is amended by this Part.

**6 Section 0.1 is amended**

- (a) **in clause (f)(x) by striking out** “under the *Hospitals Act*” **and substituting** “under Part 2.1”;
- (b) **in clause (k) by striking out** “means” **and substituting** “means, except in Part 2.1,”;
- (c) **in clause (m)(i) by striking out** “the *Hospitals Act*” **and substituting** “Part 2.1”.

**7 The following is added after section 20:****Part 2.1  
Hospitals****Definitions****20.1** In this Part,

- (a) “Appeal Board” means the Hospital Privileges Appeal Board established under section 20.26;
- (b) “approved hospital” means a hospital designated by the Minister as an approved hospital pursuant to Division 2;
- (c) “auxiliary hospital” means a hospital for the treatment of long term or chronic illnesses, diseases or infirmities;
- (d) “board of management” means a board of management referred to in section 20.13;
- (e) “council” means
  - (i) in the case of a city, town, village or municipal district, its council,
  - (ii) in the case of an improvement district, the Minister responsible for the *Municipal Government Act*,
  - (iii) in the case of a special area, the Minister responsible for the *Special Areas Act*, and
  - (iv) in the case of a national park, its superintendent;
- (f) “general hospital” means a hospital providing diagnostic services and facilities for medical or surgical treatment in the acute phase for adults and children and obstetrical care, or any of them;

- (g) “health region” means a health region established under the *Regional Health Authorities Act*;
- (h) “hospital” means an institution operated for the care of diseased, injured, sick or mentally disordered people;
- (i) “included municipality” means a municipality the whole or a part of which is included in a health region;
- (j) “municipality” means a city, town, village, summer village, municipal district, improvement district and special area;
- (k) “non-regional hospital” means a hospital that is owned or operated by a person other than a regional health authority;
- (l) “nursing home” means a nursing home as defined in the *Nursing Homes Act*;
- (m) “physician” means
  - (i) with reference to medical services provided in Alberta, a person registered as a regulated member of the College of Physicians and Surgeons of Alberta under the *Health Professions Act* authorized to use the title “physician” who holds a practice permit issued under that Act, and
  - (ii) with reference to medical services provided in a place outside Alberta, a person lawfully entitled to practise medicine or osteopathy in that place;
- (n) “resident of Alberta” means a person entitled by law to reside in Canada who makes the person’s home and is ordinarily present in Alberta, but does not include a tourist, transient or visitor to Alberta.

**Reference to Hospitals Act**

**20.11** In any enactment or in any other legal instrument, a reference to the *Hospitals Act* is to be construed as a reference to this Part and a reference to any provision of the *Hospitals Act* is to be construed as a reference to the provision of this Part relating to the same subject matter as the provision of the *Hospitals Act*.

**Division 1  
Non-regional Hospitals****Plan for hospital facilities**

**20.12(1)** On the request of the owner of a non-regional hospital that serves a health region, or on the request of the regional health authority, the Minister may cause a plan to be prepared for the use of the services of the non-regional hospital by the regional health

authority and for the integration of the operation, management and financing of all hospitals serving the health region.

(2) On being satisfied that a plan prepared pursuant to subsection (1) meets the needs of the regional health authority and the owners of the non-regional hospitals and serves the interests of the residents of the health region, the Minister may, by order, declare the plan to be in force in the health region.

(3) After consultation with the regional health authority and the owners of non-regional hospitals who are parties to a plan prepared pursuant to this section, the Minister, by order,

- (a) may amend the plan, and
- (b) may, on reasonable notice in writing to the parties, terminate the plan.

(4) An order terminating a plan under subsection (3) may contain any provisions the Minister considers necessary

- (a) to provide for the disposition of assets and property;
- (b) to provide for the assumption of liabilities and obligations;
- (c) to facilitate the winding up of the plan.

#### **Board of management**

**20.13(1)** A plan under section 20.12 may require the establishment of a board of management for a non-regional hospital consisting of members appointed by the regional health authority and a greater number of members appointed by the owner of the non-regional hospital.

(2) On the coming into force of a plan under section 20.12 that requires a board of management for a non-regional hospital, the board of management

- (a) is on that coming into force constituted as a corporation with the name and membership given in the plan and with the powers, objects and duties necessary for it to operate and administer the affairs of the hospital, except the power to dispose of the real and personal property of the non-regional hospital, and
- (b) becomes the governing board of the hospital and has full control of the hospital and has absolute and final authority and responsibility in respect of all matters appertaining to the operation of the hospital,

subject to any limitations on its authority imposed by statute or the regulations or the plan.

### **Regulations**

**20.14** The Lieutenant Governor in Council may make regulations to carry out the intent of this Division and, without restricting the generality of the foregoing, may make regulations to

- (a) govern the manner of appointment, including nomination of members of boards of management;
- (b) subject to the *Local Authorities Election Act* and the regulations under that Act, govern the qualifications for membership and conditions of disqualification from membership, terms of office, procedure for filling vacancies, and other matters pertaining to members of boards of management;
- (c) govern the election of officers, fixing quorums, times of meetings, books and records to be kept, reports and returns to be made, travelling and expense allowances to be paid and other matters pertaining to the organization of boards of management and the management of their affairs;
- (d) prescribe the manner in which boards of management may borrow money and fix the rate of interest on it, fix the terms of borrowing and the periods of borrowing;
- (e) prescribe conditions that must be contained in or that apply to plans prepared pursuant to section 20.12 and other matters that are relevant to the relationship between regional health authorities and the owners of non-regional hospitals;
- (f) prescribe any procedures relating to the provision of financial assistance to a board of management or the owner of a non-regional hospital by a regional health authority pursuant to a plan under section 20.12.

### **Minister acting instead of municipality**

**20.15** When under this Part an act or thing is directed to be done forthwith or within a specified time by an included municipality or by a council of it or by a regional health authority or board of management or by an officer of one of those bodies and the act or thing is not done, the Minister may do the act or thing with the same effect as if it had been done by that body.

### **Dismissal of board members**

**20.16(1)** The Minister by order may for cause dismiss the members of a board of management and appoint an official administrator in their place.

- (2) An official administrator appointed under this section
- (a) has the powers and authorities conferred by this Part on a board of management,
  - (b) shall perform all the duties of a board of management, and
  - (c) shall be paid the salary the Minister determines together with proper expenses, as an operating expense of the regional health authority.
- (3) The Minister may by order terminate at any time the appointment of an official administrator and restore the affairs of the board of management to an authority selected pursuant to the regulations.

## **Division 2**

### **Operation of Approved Hospitals**

#### **Definitions**

**20.17** In this Division,

- (a) “administrator” means the person who is the most senior official in the administrative organization of a hospital and is responsible for the day to day operation and management of the affairs of the hospital;
- (b) “Associations” means The Alberta Medical Association (C.M.A. Alberta Division), the College and Association of Registered Nurses of Alberta, the Alberta College of Pharmacy and any professional association that is representative of a group of employees or of professional staff or medical staff of a hospital;
- (c) “board” means the corporate body or person that owns or operates a hospital, and includes a regional health authority;
- (d) “medical staff” means the physicians appointed by a board to serve as the medical staff of a hospital or hospitals owned or operated by the board;
- (e) “patient” means a person who is admitted to the hospital as an in-patient or as an out-patient for diagnosis or treatment services, or both;
- (f) “professional staff” means professional staff as defined in the regulations.

#### **Governing board**

**20.18(1)** Each approved hospital must have a governing board and, subject to any limitations of its authority imposed by Acts of

the Legislature and regulations under them, the board has full control of that hospital and has absolute and final authority in respect of all matters pertaining to the operation of the hospital.

(2) A board may be the board of more than one approved hospital.

#### **Bylaws**

**20.19(1)** The board of each approved hospital shall enact general bylaws governing the organization, management and operation of the hospital that it owns or operates.

(2) The board or the administrator shall send to the Minister a true copy of all general bylaws enacted including all amendments, variations or repeals.

(3) General bylaws enacted by a board shall provide for the adoption of rules that may govern the duties and responsibilities of the administrator and other hospital staff, the detailed organization and administration of hospital departments and any other matters the board considers to be necessary or desirable.

#### **Board is final authority**

**20.2** The board has final authority in respect of the appointment of the medical staff of the approved hospitals it owns or operates.

#### **Access to hospital facilities**

**20.21** The board may grant physicians and other health care practitioners access to hospital facilities on any terms and conditions set out in the medical staff bylaws, the general bylaws or any contract for services or employment.

#### **Responsibility of medical staff**

**20.22** The medical staff of an approved hospital is responsible to the board

- (a) for the quality of the professional services provided by the medical staff,
- (b) for reviewing professional practices of the medical staff,
- (c) for the improvement of the care of patients under the care of the medical staff, and
- (d) for the clinical and scientific work of the medical staff.

#### **Hospital services utilization committee**

**20.23(1)** The general bylaws of a board shall provide for the establishment of a committee to be called the “hospital services utilization committee” and may prescribe the powers and duties of that committee.

(2) The hospital services utilization committee of an approved hospital, in addition to its powers and duties under the general bylaws of the board,

- (a) shall conduct a review of a continuing nature of the utilization of all hospital services, and
- (b) is entitled to require from the board and its employees any information the committee reasonably requires for the purposes of its duties and access to the relevant records of the board for those purposes.

**Protection to hospital staff review committee**

**20.24(1)** No action for defamation lies against any member of a hospital staff review committee in respect of

- (a) advice given or statements, decisions or recommendations made in good faith to the board of an approved hospital by the committee, or
- (b) anything done or omitted to be done by the member in good faith in the exercise of powers or performance of duties given to the committee by this Part, the regulations or the bylaws of the board or of the medical staff.

(2) In this section, “hospital staff review committee” means a committee appointed by the board of an approved hospital or by the medical staff

- (a) to evaluate and control clinical practice in the hospital on a continuing basis for the purpose of maintaining and improving the safety and quality of patient care, or
- (b) to perform any functions in relation to the appraisal and control of the quality of patient care in the hospital.

**Medical staff bylaws**

**20.25(1)** The board of an approved hospital

- (a) shall require the preparation and adoption of bylaws by its medical staff governing the organization and conduct of the medical staff practising in the hospital and the procedures whereby the medical staff must make recommendations to the board concerning the appointment, re-appointment, termination or suspension of appointment of, and the delineation of hospital privileges of, members of the medical staff;
- (b) may from time to time require the amendment or repeal of the bylaws of the medical staff.

- (2) Bylaws under this section are ineffective until they have been approved by the board and the Minister.
- (3) Where the board and the medical staff agree on the contents of bylaws under this section, the board shall send a true copy of the bylaws signed by the appropriate officers of the medical staff and of the board to the Minister for approval.
- (4) Where the board and the medical staff cannot agree on the contents of bylaws under this section, the board shall refer the draft bylaws and the matters in dispute to the Minister, whose decision is final, and the medical staff shall adopt the bylaws and the board shall approve them in accordance with the Minister's decision.
- (5) The board and the medical staff may make independent written representations to the Minister on the matters in dispute.
- (6) Bylaws under this section must provide for
- (a) the adoption of rules governing the day to day management of medical affairs in the hospital and the amendment or replacement of those rules from time to time as the need arises, and must provide that the rules become effective only on their approval by the board;
  - (b) a procedure for the review of decisions made by the medical staff or the board pertaining to or affecting the privileges of members of the medical staff;
  - (c) a procedure to ensure that all applications for appointment to the medical staff reach the board in the time prescribed in the bylaws, whether or not the appointment is recommended by the medical staff;
  - (d) a procedure to ensure that the board gives notice to an applicant for an appointment to the medical staff within a reasonable time of the decision of the board as to whether the application has been accepted;
  - (e) mechanisms to ensure that the board considers medical staff input respecting patient care and that medical staff have input into strategic planning, community needs assessment, facility use management and quality assurance activities of the board;
  - (f) mechanisms to promote ethical behaviour, evidence-based decision making and participation in continuing medical education by medical staff.

(7) The board and the medical staff shall comply with bylaws under this section.

#### **Hospital Privileges Appeal Board**

**20.26(1)** There is hereby established the Hospital Privileges Appeal Board consisting of the following members appointed by the Minister:

- (a) 2 physicians;
- (b) one member of The Law Society of Alberta or of the judiciary;
- (c) one person who has significant public sector administration experience at a senior level as determined by the Minister;
- (d) one member of the College and Association of Registered Nurses of Alberta;
- (e) 2 other persons.

(2) The Minister shall designate one of the members to be chair.

(3) 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.

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

(5) The members of the Appeal Board may be paid remuneration for their services and allowances for the expenses necessarily incurred by them in the performance of their duties at rates fixed by the Minister in accordance with any applicable regulations under the *Alberta Public Agencies Governance Act*.

(6) 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.

#### **Rules re hearings**

**20.27(1)** The Appeal Board may make rules not inconsistent with this Part governing the hearing of appeals.

(2) Three members then holding office, at least one of whom must be a member appointed under section 20.26(1)(a), (b) or (d), constitute a quorum at a hearing of the Appeal Board.

(3) A party to an appeal to the Appeal Board may be represented by counsel at the hearing of the appeal.

(4) The Appeal Board has, for the purposes of an appeal under section 20.29, the powers, privileges and immunities conferred on a commissioner under sections 3 and 4 of the *Public Inquiries Act*.

**Deemed decision not to re-appoint**

**20.28(1)** For the purposes of an appeal under section 20.29, if a board does not re-appoint a member of its medical staff who has applied for re-appointment to the medical staff, it is deemed to have made a decision not to so re-appoint that member.

(2) For the purposes of subsection (1) and section 20.29, a regulated member of the Alberta Dental Association and College who has or who has had privileges in a hospital is deemed to be a member or former member of the medical staff.

**Appeal to Appeal Board**

**20.29(1)** A member or former member of the medical staff of an approved hospital who feels personally aggrieved by a decision of the board of the approved hospital

- (a) not to re-appoint the member or former member as a member of the medical staff or to re-appoint the member or former member with different hospital privileges than those that the member or former member had immediately prior to the re-appointment,
  - (b) terminating or suspending
    - (i) the member's or former member's appointment as a member of the medical staff, or
    - (ii) the member's or former member's hospital privileges,
- or
- (c) varying the member's or former member's hospital privileges,

may appeal the decision by giving written notice of appeal to the Appeal Board within 90 days after receiving notice of the board's decision.

(2) The Appeal Board on hearing an appeal under this section may, by order, either

- (a) confirm the decision of the board,
- (b) direct that the former member be re-appointed to the medical staff or that the member's hospital privileges on re-appointment be varied,

- (c) direct the reinstatement of
  - (i) the former member's appointment as a member of the medical staff, or
  - (ii) the member's hospital privileges,
- (d) remove or vary the suspension, or
- (e) direct that the member's hospital privileges be varied.

**(3)** A person whose appeal is heard by the Appeal Board, or the board, may appeal an order of the Appeal Board on a matter of law only by filing an application with the Court of Queen's Bench within 30 days after being notified in writing of the order, and the Court may make any order that the Appeal Board may make under subsection (2) or may refer the matter back to the Appeal Board with any directions that the Court considers appropriate.

**Model bylaws**

**20.3(1)** After consultation with the Associations, the Minister may prescribe

- (a) model general bylaws for the guidance of boards of approved hospitals, and
- (b) model bylaws of the medical staff for the guidance of physicians practising in an approved hospital and for the guidance of the board of an approved hospital.

**(2)** In respect of model bylaws prescribed under subsection (1), the Minister may designate that the bylaws are applicable to all approved hospitals or to any type, grade or size-group of approved hospitals the Minister may specify.

**(3)** If model bylaws are prescribed pursuant to this section, the Minister may, by order, direct

- (a) that bylaws of the same or like effect must be enacted by the board or must be prepared and adopted by the medical staff and approved by the board, as the case may be, in respect of all approved hospitals or in respect of the type, grade or size group of approved hospitals to which the model bylaws have been designated as applicable, and
- (b) that true copies of the bylaws and amendments shall be sent to the Minister within 6 months of the date of publication of the Minister's order.

(4) The approval of a bylaw by the Minister may be withdrawn at any time by notice in writing to the board of the hospital and, on that withdrawal, the bylaw for which approval has been withdrawn ceases to have effect.

**Administrator**

**20.31** The board of each approved hospital shall appoint an administrator and shall appoint or shall cause to be appointed, as the bylaws or regulations may require, any other officers and employees required for the efficient operation of the hospital and shall prescribe their duties, remuneration and other terms of employment.

**Records of treatment**

**20.32(1)** The board of each approved hospital shall cause to be kept by the attending physician or any other person providing diagnostic or treatment services to a patient a record of the diagnostic and treatment services provided in respect of each patient in order to assist in providing a high standard of medical care.

(2) Except as permitted or required under this Part, a board or employee of a board, the Minister or a person authorized by the Minister or a physician may disclose health information obtained from hospital records or from persons having access to them only in accordance with the *Health Information Act*.

(3) For the purposes of assessing the standards of care furnished to patients, improving hospital or medical procedures, compiling medical statistics, conducting medical research, enforcing the Crown's right of recovery under Division 5, or for any other purpose considered by the Minister to be in the public interest, the Minister, or a person authorized by the Minister, may require that all or any of the following be sent to the Minister or authorized person or a person designated by the Minister or authorized person:

- (a) health information and other records of any patient;
- (b) extracts from and copies of any health information or other records of any patient.

(4) The Minister or any person authorized by the Minister may, for the purpose of enforcing the Crown's right of recovery under Division 5, disclose information obtained under subsection (3).

(5) A board or employee of a board, the Minister or a person authorized by the Minister, or a physician or a member of a professional staff may, without the written consent of a patient, disclose health information relating to the patient to

- (a) a Workers' Compensation Board,
- (b) the Alberta Blue Cross Plan, or
- (c) any other provincial hospital insurance authority,

if the information is required in order to establish responsibility for payment by the organization or insurer, or to any other hospital to which the patient may be transferred or admitted or to other attending physicians or attending professional staff.

**(6)** The following applies with respect to disclosing records of diagnostic and treatment services in respect of a patient:

- (a) the Minister may, for the purposes mentioned in subsection (3) and without the consent of any other person, disclose to or obtain from
  - (i) the Director of Medical Services appointed under the *Occupational Health and Safety Act*,
  - (ii) The Alberta Medical Association (C.M.A. Alberta Division),
  - (iii) the Department of Health (Canada) for purposes in connection with the *Canada Health Act* (Canada), or
  - (iv) the government of a province or territory of Canada or an agent of that government for purposes in connection with any health services or hospital care insurance plan administered by that government or its agent,any records of diagnostic and treatment services provided in respect of a patient in an approved hospital;
- (b) the board of an approved hospital shall, after the discharge of a patient from the hospital for the purpose of transferring the patient to another hospital or nursing home inside or outside Alberta, forward to that other hospital or nursing home copies of the appropriate records of diagnostic and treatment services provided in respect of that patient for the use of the staff of that other hospital or nursing home;
- (c) the board of an approved hospital may disclose any records of diagnostic and treatment services provided in respect of a patient
  - (i) to a Public Guardian, if the diagnosis, record or information is, in the opinion of the person making the

disclosure, relevant to the making of a guardianship order, or

- (ii) to the Public Trustee, if the diagnosis, record or information is, in the opinion of the person making the disclosure, relevant to the making of a trusteeship order

under the *Adult Guardianship and Trusteeship Act* in respect of the person to whom the diagnosis, record or information relates;

- (d) the board of an approved hospital may disclose any records of diagnostic and treatment services provided in respect of a patient to a board of review appointed pursuant to the *Criminal Code* (Canada) that is to review the case of the person to whom the records relate.

**(7)** The board of an approved hospital may, in accordance with subsections (8) and (9), disclose to an authorized person information respecting diagnostic and treatment services provided to or in respect of a patient.

**(8)** Information may be disclosed under subsection (7) only if it is needed for a preliminary investigation, a discipline proceeding or a practice review conducted pursuant to a professional Act.

**(9)** Information may be disclosed under subsection (7) only if

- (a) an officer of an association regulated by a professional Act makes a written request for it and the patient or the patient's legal representative consents to the disclosure, or
- (b) the disclosure is made by a member of the board of the approved hospital in compliance with a notice, issued pursuant to a professional Act, to attend as a witness or produce documents.

**(10)** For the purposes of subsections (7), (8), (9) and this subsection,

- (a) "authorized person" means a person or body that is authorized by a professional Act to conduct a preliminary investigation, a discipline proceeding or a practice review;
- (b) "professional Act" means an Act that regulates a profession.

**(11)** An Appeal Board is entitled, for the purpose of an appeal under section 20.29, to inspect and make copies of any health information or other records relating to a patient and may admit a copy of the health information or other records in evidence of the

appeal, but all proceedings related to the health information or other records must be held in private.

(12) In this section,

- (a) “health information” means health information as defined in the *Health Information Act*;
- (b) “legal representative” means an executor or administrator of the estate of a deceased person, the guardian or trustee of a represented adult under the *Adult Guardianship and Trusteeship Act*, the agent designated in a personal directive made by a person in accordance with the *Personal Directives Act* or the guardian of a minor;
- (c) “mentally competent” means able to understand the subject-matter in respect of which consent is requested and able to appreciate the consequences of giving or refusing consent.

#### Information to Minister

**20.33(1)** The board of an approved hospital shall on the written request of the Minister provide to the Minister at the times and in the manner specified in the request the records, reports and returns that are specified in the request.

(2) Subject to subsection (3), the council of a municipality that is included in a health region may, if the regional health authority appoints members to a board of management, require the board of management to send to the council a copy of the minutes of each of the meetings of the board of management.

(3) A board of management shall remove from any copy of minutes sent to a council under subsection (2) any portion of those minutes pertaining to personal matters affecting an individual employee of the board or any matter affecting the diagnosis or treatment of an individual patient, where the name of the employee or patient is revealed or is otherwise identifiable in the minutes.

#### Inquiry re management

**20.34** The Minister and employees of the Government authorized by the Minister for the purpose may make all necessary inquiries into the management and affairs of hospitals, may visit and inspect hospitals and may examine hospital records for the purpose of verifying the accuracy of reports and ensuring that this Part and the regulations under this Part are adhered to.

#### Investigation or mediation committee

**20.35(1)** When the Minister is requested to do so by the board of an approved hospital, the Minister may authorize

- (a) an investigation into the administration or operation of the hospital or any particular matter or problem that has arisen in connection with the administration or operation of the hospital, or
  - (b) the mediation of any dispute that has arisen in the course of the administration or operation of the hospital.
- (2)** When the Minister authorizes an investigation or mediation proceedings pursuant to subsection (1), the Minister may designate any person or entity to conduct or participate in the investigation or mediation proceedings.
- (3)** Where the Minister designates one or more Associations to conduct or participate in an investigation or mediation proceedings, the governing body of each designated Association shall appoint one or more of the Association's members to the committee that is to conduct the investigation or mediation proceedings and shall inform the Minister accordingly.
- (4)** The committee consisting of the person or persons appointed pursuant to this section
- (a) shall elect one of their number as chair, if there are 2 or more members on the committee,
  - (b) shall conduct the investigation or mediation proceedings authorized by the Minister, and
  - (c) is entitled to require from the board and its employees all information the committee reasonably requires for the purpose of the investigation or mediation proceedings and is entitled to access to the relevant records of the board for that purpose.
- (5)** On the completion of the investigation or mediation proceedings, the committee shall prepare a report on it and submit a copy of the report to the board concerned, the Minister and the persons and entities designated pursuant to subsection (2).
- (6)** No action lies against any person or entity designated pursuant to subsection (2) or against any member of a committee constituted under this section in respect of
- (a) any advice given or statements made in the committee's report, or
  - (b) anything done or omitted to be done by the committee or any member of the committee in good faith in the course of conducting the investigation or mediation proceedings.

**Regulations**

**20.36(1)** The Lieutenant Governor in Council may make regulations

- (a) regarding the approval of the locations, design and construction of hospitals and the conditions under which approval will be granted;
- (b) prescribing the standards of service to be provided by approved hospitals;
- (c) prescribing the admission policies of approved hospitals and the types of patients that may be admitted;
- (d) concerning the establishment and operation of schools, centres or other facilities for the education or training of nurses or other hospital staff;
- (e) concerning the disposal of human tissues, whether removed during an operation, autopsy or otherwise;
- (f) prescribing the powers and duties of boards concerning the appointment, re-appointment, suspension and termination of appointment and the delineation of hospital privileges of members of medical staffs;
- (g) defining “professional staff” for the purposes of this Division;
- (h) prohibiting a board or board of management from using any of its funds to pay a physician for providing insured services, as defined in the *Alberta Health Care Insurance Act*, without the prior approval of the Minister;
- (i) prescribing procedures for the mediation of a decision of a board of an approved hospital to refuse the appointment of a physician to its medical staff;
- (j) governing the use of out-patient hostels or hostel beds instead of in-patient beds in approved hospitals;
- (k) governing the establishment of central placement offices for admission to an auxiliary hospital or a nursing home;
- (l) concerning any other matters that in the opinion of the Lieutenant Governor in Council are necessary in order to carry out the purposes of this Division.

**(2)** The Minister may, by order,

- (a) determine which hospitals offer a standard of service that qualifies them as approved hospitals and declare them to be approved hospitals, and
- (b) direct, regulate and control any other matters that may be required by this Part or the regulations under this Part.

**Committee of inquiry**

**20.37(1)** The Minister may appoint a committee of inquiry to which or to any member or members of which a question respecting the conduct or management of an approved hospital may be referred for the purpose of making an inquiry into the affairs of the hospital and reporting on it to the Minister.

(2) The committee, or any member or members, to whom a question is referred have all the powers of a commissioner appointed under the *Public Inquiries Act*.

(3) The member or members of the committee shall receive any remuneration that may be fixed by the Minister.

**Liability for hospital charges**

**20.38(1)** When hospital, medical or other services are provided by a board to a person,

- (a) if the person is a minor and is unmarried and is not an adult interdependent partner, that person and that person's parents or guardians and their respective executors and administrators are liable to the board of the hospital for the payment of all proper charges for any services so provided;
- (b) if the person is an adult, that person and the spouse or adult interdependent partner, if any, of that person and their respective executors and administrators are liable to the board of the hospital for the payment of all proper charges for any services so provided;
- (c) if that person is a minor and married or in an adult interdependent relationship, that person and the spouse or adult interdependent partner of that person and their respective executors and administrators are liable to the board of the hospital for the payment of all proper charges for any services so provided;
- (d) if the person or any other person signs an agreement, admission form or other document assuming responsibility for the payment of charges as a result of which act the admission of the patient to the hospital is gained or hospital services are obtained, the person or persons who sign the document and their respective executors and administrators,

notwithstanding the *Guarantees Acknowledgment Act*, are liable to the board of the hospital for the payment of all proper charges for any services so provided.

- (2) Notwithstanding subsection (1), a spouse or adult interdependent partner is not liable to pay for hospital charges incurred by the other spouse or adult interdependent partner
- (a) if the other spouse or adult interdependent partner has deserted the spouse or adult interdependent partner and has not contributed to the spouse's or adult interdependent partner's support for at least 6 months immediately preceding the hospitalization,
  - (b) if the spouses are legally separated from each other, or
  - (c) if the spouses or adult interdependent partners are living separate and apart and a spouse or an adult interdependent partner, as the case may be, has not contributed to the other spouse's or adult interdependent partner's support for at least 6 months immediately preceding the hospitalization.
- (3) In this section, "proper charges" means the charges for services not provided as insured services under Division 3 or charges for the payment of which patients are liable pursuant to Division 3 or the regulations.
- (4) The board of a hospital may recover from any person liable for the payment of it, in a court of competent civil jurisdiction as a debt, the amount of any charges for the payment of which a person is made liable by this section.

**Discharge or transfer of patients**

**20.39(1)** Subject to subsections (2) and (3), the Minister or the board or administrator of an approved hospital may

- (a) declare that a patient is no longer in need of the services provided by that hospital or of the services provided in a particular ward, section or unit of that hospital, and is eligible for transfer or discharge;
- (b) move the patient
  - (i) to another type of accommodation or to another ward, section or unit of that hospital,
  - (ii) to another approved hospital, or
  - (iii) to a nursing home or other accommodation.

(2) The Minister may act under subsection (1) on the basis of reports of the attending physician or the attending professional staff and the hospital records.

(3) The board or administrator may act under subsection (1) only after the board or administrator has consulted with the attending physician or the attending professional staff or a committee established to consider matters referred to in subsection (1).

(4) Any patient who has been declared eligible for transfer or discharge as provided in this section and who refuses or fails to move or to leave when requested to do so is a trespasser.

(5) Any other person who remains on hospital premises without the consent of the board or of a representative of the board and who fails or refuses to leave the premises when ordered to do so is a trespasser.

#### **Removal of discharged patients**

**20.4(1)** When a patient has been declared eligible for discharge under section 20.39(1), the board or a representative of the board may require that the removal of that patient be effected by

- (a) any person made liable for the payment of hospital services in respect of the patient pursuant to section 20.38, or
- (b) the Minister of Community and Social Services in the case of a patient who is a tourist, transient or visitor in Alberta.

(2) The administrator may by registered mail notify the person responsible for the removal of a patient to remove the patient from the hospital within 10 days from the date of receipt of notification.

(3) The administrator shall send a copy of any notice given pursuant to subsection (2) to the local welfare officer, the Department of Community and Social Services and the Minister.

(4) A person referred to in subsection (1)(a) who fails to comply with a notice given pursuant to subsection (2) is guilty of an offence and liable to a fine of not more than \$50 and in default of payment to imprisonment for a term not exceeding 10 days.

(5) Notwithstanding any other Act, a person referred to in subsection (1)(a) who fails to comply with a notice given pursuant to subsection (2) is liable to pay to the board of the hospital or to the Minister, the cost of caring for the patient from the date of the mailing of the notice; the cost to be calculated by multiplying the number of days during which the patient remained in the hospital subsequent to that date by the daily rate for non-eligible patients that is currently in effect under Division 3 or the regulations.

(6) In the event of a dispute arising between a person referred to in subsection (1)(a) and a board in respect of this section, the matter may be referred to the Minister by the person or the board, and the Minister's decision on the matter is final.

**Registration of births, stillbirths and deaths**

**20.41** The board of an approved hospital, in respect of each birth, stillbirth and death that occurs in the hospital, and where burial permits in respect of a stillbirth or death are issued by the hospital, shall ensure that the documents required under the *Vital Statistics Act* are completed and delivered to the Registrar of Vital Statistics in accordance with that Act.

**Notice of board appointments**

**20.42** The board of each approved hospital shall forward to the Minister the names and postal addresses of

- (a) in the case of the board of a non-regional hospital, the members of the board and its officers;
- (b) the administrator of the hospital;
- (c) any other officers or employees of the board that the Minister may from time to time require,

immediately on the election or appointment of those persons.

**Withholding of grants**

**20.43** If the board of an approved hospital fails to comply with this Part or the regulations under this Part, the Minister may suspend or adjust any grants or payments to which the hospital may be entitled under this Part until the board complies with this Part or the regulations under this Part.

### **Division 3 Hospitalization Benefits Plan**

**Definitions**

**20.44** In this Division,

- (a) "approved operating costs" means the portion of costs of operating hospitals met by the hospitalization plan;
- (b) "authorized charges" means authorized charges as defined in the regulations;
- (c) "beneficiary" means a person who receives insured services under this Division;
- (d) "capital costs" includes the annual amount of principal and interest on debentures or loans as approved;

- (e) “group contract” means a contract of insurance whereby 2 or more persons other than members of the same family are insured severally under a single contract of insurance;
- (f) “insured services” means the hospital services the operating costs of which will be provided for under this Division;
- (g) “insurer” means an insurer licensed under the *Insurance Act*;
- (h) “standard ward hospitalization” means the following services to in-patients:
  - (i) accommodation and meals at the standard or public ward level;
  - (ii) necessary nursing services;
  - (iii) laboratory, radiological and other diagnostic procedures, together with the necessary interpretation, for the purpose of maintaining health, preventing disease and assisting in the diagnosis and treatment of any injury, illness or disability;
  - (iv) drugs, biologicals and related preparations when administered in a hospital;
  - (v) use of operating room, case room and anaesthetic facilities, including necessary equipment and supplies, where available;
  - (vi) routine surgical supplies;
  - (vii) use of radiotherapy facilities, where available;
  - (viii) use of physical therapy facilities, where available;
  - (ix) services rendered by persons who receive remuneration for those services from the hospital.

**Insured services**

**20.45(1)** The insured services to be provided under this Division shall be those furnished

- (a) by an approved hospital of the patient’s choice, and
- (b) by any other institutions or persons that are prescribed in the regulations.

**(2)** The insured services to be provided under this Division shall include

- (a) standard ward hospitalization in an approved hospital, and
- (b) any other goods and services that are prescribed in the regulations.

**Entitlement to insured services**

**20.46(1)** Subject to the following exclusions, a resident of Alberta is entitled to receive insured services under this Division except when, in respect of those services,

- (a) the resident is entitled to receive hospital services pursuant to any workers' compensation statute of any province or territory,
- (b) the resident is entitled to receive hospital services under any statute of Canada or of any province or territory of Canada, or
- (c) the resident is declared, pursuant to Division 2, to be not in need of hospital services.

**(2)** Notwithstanding subsection (1), a resident of Alberta is not entitled to receive insured services

- (a) if the resident is registered under Part 1.1 of the *Alberta Health Care Insurance Act* but has filed a declaration under section 28.33 of that Act or is a dependant of that person and to whom the declaration extends and applies and the services are provided during a period in which the declaration is effective, or
- (b) if the insured services are provided during a waiting period applicable to the resident and prescribed by the regulations.

**(3)** For the purposes of this section, the registration of a person under Part 1.1 of the *Alberta Health Care Insurance Act* shall be accepted as proof, in the absence of evidence to the contrary, that the resident is a resident of Alberta.

**(4)** Notwithstanding anything in this or any other Act, no person shall, in an emergency, be refused admission to an approved hospital or be refused the provision of any services by an approved hospital by reason only of the fact that the person is not entitled to receive insured services.

**Recovery of cost of services**

**20.47** When hospital services are provided to a person who has filed a declaration under section 28.33 of the *Alberta Health Care Insurance Act*, or to a dependant of that person, during a period in which the declaration is effective, the board of the approved

hospital is entitled to recover the cost of those services only from the person filing the declaration, and no part of those costs shall be shared by the Government of Alberta.

**Payment for insured services**

**20.48** Nothing in this Division is to be construed to prevent a person who does not desire to receive insured services as provided pursuant to this Division from assuming the entire responsibility for the payment of the costs of the person's hospital services.

**Operating costs**

**20.49** Approved hospital operating costs shall be shared between the patients and the Government of Alberta on a basis that is to be set out in the regulations.

**Debentures**

**20.5(1)** When pursuant to any regulations, provision is made for the payment of sums for capital costs to the owners of approved hospitals, the Minister may in accordance with the regulations undertake to provide the sums required by making any payments or part of them of principal and interest on specified debentures or of any rentals or part of them or otherwise as may be required in the circumstances, either to the approved hospital or to its assignee or agent as agreed on by the hospital and the Minister.

(2) An undertaking by the Minister under this section may be endorsed on any debentures of the approved hospital to which the undertaking applies or on any instrument of lease or conveyance of the property of the approved hospital and the signature of the Minister and the endorsement may be engraved, lithographed or otherwise mechanically reproduced on it.

**Regulations**

**20.51** The Lieutenant Governor in Council may make regulations

- (a) prescribing the basis on which the Minister may make contracts with hospitals, other than approved hospitals, for the provision of standard ward hospitalization or other services to be furnished to patients as insured services under this Division;
- (b) prescribing the goods and services for the purpose of section 20.45(2)(b);
- (c) prescribing the institutions and persons for the purpose of section 20.45(1)(b);
- (d) respecting the amounts payable by the Government of Alberta in respect of goods and services provided to a resident of Alberta outside Alberta that if provided in Alberta would be insured services;

- (e) respecting a schedule of fees for goods and services provided to a person not entitled to receive insured services;
- (f) respecting the disposition of fees that are authorized under clause (e) and are charged for goods and services provided to non-residents of Canada;
- (g) prescribing the waiting period, not exceeding 3 months, for a person who is or becomes a resident of Alberta and during which that person is not entitled to be provided with insured services;
- (h) prescribing the basis on which approved operating costs and capital costs of hospitals are determined;
- (i) prescribing the rates and manner of payment by the Minister of the Minister's share of the operating and capital costs of hospitals and the manner of accounting by hospitals for those payments;
- (j) providing for the payment of sums for capital costs to the owners of approved hospitals in Alberta including the payment of sums required under approved lease-back arrangements;
- (k) defining "authorized charges";
- (l) respecting the basis of sharing the operating costs of hospitals between the Minister, patients and other persons using hospital facilities, the assessment and collection of authorized charges and charges for accommodation and meals where hostel accommodation is provided, and exemptions from those charges;
- (m) providing for the payment by the Minister of all or any part of the authorized charges on behalf of patients suffering from specific diseases or conditions;
- (n) providing for the imposition of penalties in the way of suspension or cancellation of payments that may be imposed on an approved hospital that gives incorrect information to the Minister, or that withholds from the Minister information that the approved hospital is required by this Part or the regulations under this Part to supply;
- (o) prohibiting or regulating changes in existing services or educational programs in approved hospitals or the introduction of new services or educational programs in approved hospitals;

- (p) prohibiting or regulating the sale, lease or other disposition of real and personal property by a board of an approved hospital, other than a regional health authority;
- (q) concerning any other matter considered necessary to carry out the purposes and objects of this Division.

**Group contracts**

**20.52(1)** Subject to subsection (2), an insurer shall not make a new contract or add new members to a group contract under which a resident of Alberta is to be provided with or is to be reimbursed or indemnified for the cost of

- (a) standard ward hospitalization, including authorized charges for it, or
- (b) any other insured services, other than authorized charges for those other services.

**(2) An insurer**

- (a) may continue to renew all contracts in existence on July 1, 1961 and
- (b) may issue a contract of insurance in respect of the cost of insured services if
  - (i) the contract is issued to a person who has filed a declaration under section 28.33 of the *Alberta Health Care Insurance Act*,
  - (ii) the contract provides insurance coverage for that person and that person's dependants as defined in the regulations under that Act,
  - (iii) the insurance coverage relates to insured services provided during a period for which the person's declaration is effective, and
  - (iv) no coverage is provided in respect of the cost of authorized charges for standard ward hospitalization.

**(3)** A contract made in contravention of subsection (1) or that does not comply with subsection (2)(a) or (b) is void.

**Agreements**

**20.53** The Minister may on behalf of the Government of Alberta enter into an agreement with the Government of Canada providing for the making of contributions by Canada to Alberta in respect of the costs incurred by Alberta in providing insured services to Indians residing in Indian reserves in Alberta.

**Penalty**

**20.54** A person who contravenes this Division or the regulations under this Division is guilty of an offence and liable to a fine of not more than \$1000 and in default of payment to a term of imprisonment not exceeding one year.

**Use of word “hospital”**

**20.55** No owner or operator of an institution for the care of diseased, mentally disordered, injured or sick people shall describe the institution or permit it to be described as a hospital or use or permit the use of the word “hospital” in the name of the institution unless the institution

- (a) is an approved hospital, or
- (b) is owned or operated by the Crown or an agent of the Crown.

## **Division 4 Hospital Foundations**

**Definitions**

**20.56** In this Division,

- (a) “board” means a board as defined in section 20.17, but does not include
  - (i) a provincial health board under the *Regional Health Authorities Act*,
  - (ii) a regional health authority;
- (b) “foundation”, except in section 20.66, means a foundation established under this Division.

**Establishment, status and composition**

**20.57(1)** A board may by bylaw establish a hospital foundation.

**(2)** A bylaw establishing a foundation on or after March 29, 1985 has no effect until a certified copy of the bylaw is filed with the Minister.

**(3)** A foundation, on its establishment, is a corporation.

**(4)** A foundation consists of the following, who are the trustees of the foundation:

- (a) the chair of the board,
- (b) 2 other persons who are members of and are-appointed trustees by the board, and

- (c) 2 persons who
  - (i) are residents of Alberta,
  - (ii) are not members of the board, and
  - (iii) are appointed trustees by the board.

(5) Appointments referred to in subsection (4)(b) and (c) shall be made for terms not exceeding 3 years.

#### **Chair**

**20.58** The trustees shall appoint a chair of the foundation from among themselves.

#### **Bylaws and frequency of meetings**

**20.59(1)** The trustees may make bylaws governing the procedure and business of the foundation, including the expenses referred to in section 20.63(2).

(2) Notwithstanding subsection (1), the trustees shall meet at least once a year on a date that, unless fixed by the bylaws, is to be fixed by the chair of the trustees.

#### **Objects**

**20.6** The objects of a foundation are

- (a) to solicit and receive by gift, bequest, devise, transfer or otherwise, property of every nature and description,
- (b) subject to any prior trust conditions imposed on the use of the property, to hold, use and administer the property generally for maintaining and enhancing hospital care for the people of the community served by the hospitals administered by the board, and, in particular, to finance or assist in the financing of the construction, equipping, operation, maintenance and management of those hospitals or facilities forming part of those hospitals, and
- (c) to further health care education in that community.

#### **Transfer of property to board**

**20.61** A foundation may, subject to any prior trust conditions, transfer any of its property to the board on any terms that it considers expedient.

#### **Transfer of board property**

**20.62** Except as provided by regulation, a board may not transfer any of its property to a foundation.

**Payments to trustees**

**20.63(1)** The payment of any dividend or remuneration out of the funds of a foundation to any of the trustees is prohibited.

(2) A trustee may be reimbursed out of the funds of a foundation for the travelling and living expenses provided for in the bylaws that are necessarily incurred by the trustee in the performance of the trustee's duties.

**Fiscal year and annual report**

**20.64(1)** The fiscal year of a foundation is April 1 to the following March 31.

(2) At the end of the fiscal year a foundation shall prepare and submit to the Minister an annual report that shall include the audited financial statements and any other statements and reports that the Minister may require.

**Non-application of Loan and Trust Corporations Act**

**20.65** Notwithstanding anything in the *Loan and Trust Corporations Act*, a foundation shall not be considered to be a trust corporation for the purposes of that Act.

**Prohibitions against establishing and operating hospital foundations**

**20.66(1)** A board shall not establish a hospital foundation except in accordance with this Division.

(2) No person shall operate a hospital foundation established to benefit a general or auxiliary hospital, including any corporation established before March 29, 1985, to receive, hold, administer and apply any property or the income from it for purposes or objects in connection with a hospital, unless exempted by the Minister subject to any terms and conditions the Minister prescribes.

**Winding-up**

**20.67(1)** In the event of the winding-up of a foundation, the property of the foundation must be used

- (a) first, in the payment of any costs incurred in the winding-up of the foundation,
- (b) 2nd, in the discharge of all liabilities of the foundation, and
- (c) 3rd, to give effect, as far as possible, to any outstanding applicable trust conditions,

and the balance, if any, shall be disposed of in accordance with the regulations.

(2) A regulation under subsection (1) must not be inconsistent with any trust condition under which the property is held.

#### **Regulations**

**20.68** The Lieutenant Governor in Council may make regulations

- (a) respecting the types and amounts of property that a board may transfer to a foundation and the circumstances under which that property may be transferred;
- (b) subject to section 20.67, governing the winding-up of a foundation.

#### **Consequential Amendments and Repeal**

##### **Amends RSA 2000 cA-18**

**8** The *Alberta Evidence Act* is amended in section 9(1)(b)(i)(D) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

##### **Amends RSA 2000 cA-20**

**9** The *Alberta Health Care Insurance Act* is amended

- (a) in section 11(2) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in section 22(7)(j) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

##### **Amends RSA 2000 cC-12**

**10** The *Child, Youth and Family Enhancement Act* is amended in section 109(1)(b) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

##### **Amends RSA 2000 cF-9**

**11** The *Fatality Inquiries Act* is amended in section 21(3)(b) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

##### **Amends RSA 2000 cF-25**

**12** The *Freedom of Information and Protection of Privacy Act* is amended in section 1(g)(i) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

##### **Amends RSA 2000 cG-10**

**13** The *Government Organization Act* is amended

- (a) in section 1(1)(b)(i) of Schedule 7 by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;

- (b) in section 5 of Schedule 11 by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

**Amends RSA 2000 cH-2**

- 14** The *Health Disciplines Act* is amended in section 2(4)(a)(i) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

**Amends RSA 2000 cH-5**

- 15** The *Health Information Act* is amended in section 1(1)

- (a) in clause (a)(iii) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in clause (f)(i) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

**Amends RSA 2000 cH-7**

- 16** The *Health Professions Act* is amended

- (a) in section 51(1)(a) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in section 119(1)(b)(ii) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (c) in section 12(2)(a) of Schedule 7 by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (d) in section 10(2)(c) of Schedule 20 by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (e) in section 8.1(2)(a) of Schedule 21 by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

**Amends SA 2003 cI-0.5**

- 17** The *Income and Employment Supports Act* is amended in section 8 of the Schedule

- (a) in clause (a)(iv) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in clause (b)(iv) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

**Amends RSA 2000 cL-1****18 The *Labour Relations Code* is amended**

- (a) in section 48(1)(d) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in section 95.2(1)(a) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (c) in section 96(1)(c) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

**Amends SA 2019 cL-20.8****19 The *Local Authorities Capital Financing Act* is amended in section 1(1)(b)**

- (a) in subclause (i) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in subclause (ii) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

**Amends SA 2018 cL-22****20 The *Long Term Care Information Act* is amended**

- (a) in section 1
  - (i) in clause (c) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
  - (ii) in clause (f)(ii) by striking out “Part 2 of the *Hospitals Act*” and substituting “Part 2.1, Division 2 of the *Health Facilities Act*”;
- (b) in section 2(1)
  - (i) in clause (h) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
  - (ii) in clause (j) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
  - (iii) in clause (k) by striking out “section 27 of the *Hospitals Act*” and substituting “section 20.35 of the *Health Facilities Act*”.

**Amends RSA 2000 cM-13****21 The *Mental Health Act* is amended**

- (a) in section 1(1)(c)(i) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in section 17(b) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (c) in section 18(2) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (d) in section 53(2) by striking out “the *Hospitals Act* or the regulations under that Act” and substituting “Part 2.1 of the *Health Facilities Act* or the regulations under that Part”.

**Amends SA 2018 cM-13.2**

**22** The *Mental Health Services Protection Act* is amended in section 1(k) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

**Amends RSA 2000 cM-22**

**23** The *Motor Vehicle Accident Claims Act* is amended in section 10(6)(c) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

**Amends RSA 2000 cM-26**

**24** The *Municipal Government Act* is amended in section 596(1)(b) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

**Amends RSA 2000 cN-7**

**25** The *Nursing Homes Act* is amended in section 10(2) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

**Amends RSA 2000 cP-13**

**26** The *Pharmacy and Drug Act* is amended in section 1(1)(j)(i) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

**Amends SA 2009 cP-29.1**

**27** The *Protection for Persons in Care Act* is amended in section 1(1)(m)(ii) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

**Amends SA 2005 cP-27.5**

**28** The *Protection of Children Abusing Drugs Act* is amended in section 9

- (a) in subsection (1)(c) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;

- (b) in subsection (3) by striking out “the *Hospitals Act*,” and substituting “Part 2.1 of the *Health Facilities Act* or under the”.

**Amends RSA 2000 cP-30.3**

**29 The *Protection of Sexually Exploited Children Act* is amended in section 6.5**

- (a) in subsection (1) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in subsection (3) by striking out “the *Hospitals Act*,” and substituting “Part 2.1 of the *Health Facilities Act* or under the”.

**Amends RSA 2000 cP-37**

**30 The *Public Health Act* is amended**

- (a) in section 1(1)(t) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;
- (b) in section 37(2)(a) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

**Amends RSA 2000 cP-39**

**31 The *Public Inquiries Act* is amended in section 7(2)(b)(ii) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.**

**Amends RSA 2000 cR-10**

**32 The *Regional Health Authorities Act* is amended**

- (a) in section 11.1(2) by striking out “Section 24 of the *Hospitals Act*” and substituting “Section 20.32 of the *Health Facilities Act*”;
- (b) in section 18 by striking out “Parts 2 and 3 of the *Hospitals Act*” and substituting “Part 2.1, Divisions 2 and 3 of the *Health Facilities Act*”;
- (c) in section 23
  - (i) in subsection (1)(r) by striking out “Parts 2 and 3 of the *Hospitals Act*” and substituting “Part 2.1, Divisions 2 and 3 of the *Health Facilities Act*”;
  - (ii) in subsection (2)(a) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.

**Amends SA 2017 cR-16.7****33 The Resident and Family Councils Act is amended****(a) in section 1**

**(i) in clause (a) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;**

**(ii) in clause (h)(iii) by striking out “Part 2 of the *Hospitals Act*” and substituting “Part 2.1, Division 2 of the *Health Facilities Act*”;**

**(b) in section 5(l) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”;**

**(c) in section 6****(i) in subsection (7)**

**(A) in clause (a) by striking out “section 26 of the *Hospitals Act*” and substituting “section 20.34 of the *Health Facilities Act*”;**

**(B) in clause (b) by striking out “section 26 of the *Hospitals Act*” and substituting “section 20.34 of the *Health Facilities Act*”;**

**(ii) in subsection (8) by striking out “section 26 of the *Hospitals Act*” and substituting “section 20.34 of the *Health Facilities Act*”.**

**Amends SA 2009 cS-23.5**

**34 The Supportive Living Accommodation Licensing Act is amended in section 2(2)(b) by striking out “the *Hospitals Act*” and substituting “Part 2.1 of the *Health Facilities Act*”.**

**Amends SA 2007 cV-4.1****35 The Vital Statistics Act is amended**

**(a) in section 1(1)(l) by striking out “section 9(a) of the *Hospitals Act*” and substituting “section 20.17(a) of the *Health Facilities Act*”;**

**(b) in section 4**

**(i) in subsection (3) by striking out “section 1 of the *Hospitals Act*” and substituting “section 20.1 of the *Health Facilities Act*”;**

- (ii) **in subsection (3.1) by striking out** “section 1 of the *Hospitals Act*” **and substituting** “section 20.1 of the *Health Facilities Act*”.

**Repeal**

- 36** The *Hospitals Act*, RSA 2000 cH-12, is repealed.

**Part 3**  
**Health Information Act****Amends RSA 2000 cH-5**

- 37** The *Health Information Act* is amended by this Part.

- 38** Section 11(2)(b) is amended by striking out “practice review” and substituting “practice visit”.

- 39** Section 22(2) is amended by adding the following after clause (g):

- (h) where disclosure of the information is authorized by an enactment of Alberta or Canada.

- 40** Section 23 is repealed and the following is substituted:

**Use of device to collect health information**

**23** A custodian that collects health information from an individual using any device that may not be visible to the individual must, before collecting the health information, obtain the written consent of the individual to use the device.

- 41** Section 27(1) is amended

- (a) **in clause (c) by striking out** “practice reviews” **and substituting** “practice visits”;
- (b) **in clause (d)(i) by striking out** “proposal” **and substituting** “proposed research protocol”.

- 42** Section 30 is amended by renumbering it as section 30(1) and by adding the following after subsection (1):

(2) If there is an inconsistency or conflict between subsection (1) and a provision of the *Freedom of Information and Protection of Privacy Act* or the *Personal Information Protection Act*,

subsection (1) prevails to the extent of that inconsistency or conflict.

**43 Section 35 is amended**

**(a) in subsection (1)**

**(i) in clause (m)(ii) by striking out “an imminent danger” and substituting “a significant risk of harm”;**

**(ii) by repealing clause (q) and substituting the following:**

(q) to its successor where the successor is a custodian,

**(b) in subsection (4) by striking out “practice review” and substituting “practice visit”.**

**44 Section 36(a) is amended by striking out “section 35(1) or (4)” and substituting “section 35(1), (4) or (5)”.**

**45 Section 41(1.1) is amended**

**(a) by striking out “a database” and substituting “an electronic system”;**

**(b) by striking out “the database” and substituting “the electronic system”.**

**46 Section 47(1) is amended in the text preceding clause (a) by striking out “, (iv) or (vii)” and substituting “or (iv)”.**

**47 The heading preceding section 49 is repealed and the following is substituted:**

**Division 3  
Research**

**48 Section 49 is amended by striking out “proposal” and substituting “proposed research protocol”.**

**49 Section 52(a) and (b) are amended by striking out “proposal” and substituting “research protocol”.**

**50 Section 54 is amended**

(a) **in subsection (1)(b) by striking out** “proposed research” **and substituting** “research in accordance with the research protocol”;

(b) **by adding the following after subsection (3):**

**(3.1)** A researcher that enters into an agreement under this section must

- (a) comply with the terms and conditions of the agreement and the conditions set out in the research ethics board’s response to the research protocol, and
- (b) collect, use and disclose health information only in accordance with the agreement and the research protocol.

(c) **by repealing subsection (4) and substituting the following:**

**(4)** If a researcher contravenes or fails to comply with the terms and conditions of an agreement under this section, or the conditions set out in the research ethics board’s response to the research protocol,

- (a) the agreement is cancelled, and
- (b) the researcher is no longer authorized to use the health information for any purpose and must destroy the health information or return it to the custodian.

**51 Section 56.1 is amended**

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

- (a) “Alberta EHR” means the integrated electronic health information system established to provide shared access to health information in a secure environment as may be further defined or described in the regulations;

(b) **by repealing clause (c).**

**52 Section 56.2 is amended**

(a) **by renumbering it as section 56.2(1);**

**(b) by repealing subsection (1) and substituting the following:**

**(1)** The purpose of this Part is to enable access to and use of health information via the Alberta EHR.

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

**(2)** Only the health information that is of a class or type prescribed by the regulations may be accessible via the Alberta EHR.

**(3)** Unless otherwise specified, nothing in this Part affects the application or operation of any provision in another Part of this Act respecting collection, use or disclosure of health information.

**53 The following is added after section 56.2:**

**Department authorities and duties re Alberta EHR**

**56.21(1)** The Department shall manage and operate the Alberta EHR.

**(2)** For the purpose of fulfilling the duties under subsection (1), the Department shall do all of the following:

- (a)** take reasonable steps in accordance with the regulations to maintain administrative, technical and physical safeguards that will protect the confidentiality and security of health information accessible via the Alberta EHR and the privacy of the individuals who are the subjects of that information;
- (b)** determine eligibility for access to the Alberta EHR, grant access to the Alberta EHR, and limit, revoke or prohibit access by authorized custodians and their affiliates and other authorized users to the Alberta EHR and health information accessible via the Alberta EHR, in accordance with the regulations;
- (c)** respond to access requests under section 56.6 or 56.61 for health information accessible via the Alberta EHR, in accordance with the regulations, if any;
- (d)** provide reports to authorized custodians and other authorized users related to their access to the Alberta EHR and to authorized custodians related to the access to the Alberta EHR by their affiliates.

- (3) For the purpose of fulfilling the duties under subsection (1), the Department may do any or all of the following:
- (a) in accordance with the regulations, audit and investigate matters relating to the Alberta EHR in respect of
    - (i) unauthorized access to, use or disclosure of health information accessible via the Alberta EHR,
    - (ii) data integrity,
    - (iii) patient safety, or
    - (iv) other matters prescribed in the regulations;
  - (b) subject to subsection (4) and in accordance with the regulations, provide access to health information accessible via the Alberta EHR to a medical examiner with the Office of the Chief Medical Examiner and staff working under the direction of a medical examiner;
  - (c) provide access, in accordance with the regulations, if any, to health information accessible via the Alberta EHR to a health services provider who provides a health service outside Alberta to a resident of Alberta for the purposes of providing continuing treatment and care;
  - (d) exercise any other power, duty or function that the Department considers necessary in order to manage and operate the Alberta EHR.
- (4) The Department may provide a medical examiner with the Office of the Chief Medical Examiner and staff working under the direction of a medical examiner with access to health information accessible via the Alberta EHR for the purpose of conducting investigations under the *Fatality Inquiries Act*, only if
- (a) the Office of the Chief Medical Examiner has submitted a privacy impact assessment respecting the access to the Commissioner, and
  - (b) the medical examiner with the Office of the Chief Medical Examiner and the staff working under the direction of a medical examiner meet all eligibility requirements and obligations imposed by the regulations.
- (5) For greater certainty, the Department is not an information manager for authorized custodians by virtue of managing and operating the Alberta EHR.

**54 Section 56.3 is amended****(a) in subsection (1)**

- (i) by striking out** “prescribed health information” **and substituting** “health information”;
- (ii) by striking out** “to authorized custodians”;

**(b) in subsection (2)**

- (i) by striking out** “prescribed health information” **wherever it occurs and substituting** “health information”;
- (ii) by striking out** “to authorized custodians” **wherever it occurs**;

**(c) in subsection (3)(b)**

- (i) by striking out** “the information” **and substituting** “the health information”;
- (ii) by adding** “via the Alberta EHR” **after** “accessible”;

**(d) in subsection (5)**

- (i) by striking out** “prescribed health information” **and substituting** “the health information prescribed in the regulations that is”;
- (ii) by striking out** “to authorized custodians”;

**(e) in subsection (6)**

- (i) by striking out** “prescribed health information” **and substituting** “the health information prescribed in the regulations that is”;
- (ii) by striking out** “to authorized custodians”;

**(f) in subsection (7)**

- (i) by striking out** “For greater certainty, the” **and substituting** “The”;
- (ii) by striking out** “prescribed health information” **and substituting** “health information”;
- (iii) in clause (a) by adding** “by any person” **after** “that information”.

**55 Section 56.4 is repealed and the following is substituted:****Duties in making health information  
accessible via Alberta EHR**

**56.4(1)** In deciding how much health information to make accessible via the Alberta EHR, a regulated health professional or an authorized custodian must consider as an important factor any expressed wishes of the individual who is the subject of the health information relating to access to that information, together with any other factors the regulated health professional or authorized custodian considers important.

(2) If a regulated health professional or an authorized custodian decides to limit the health information that is to be made accessible via the Alberta EHR under subsection (1), it must impose the limitations in accordance with the regulations.

**56 Section 56.5 is repealed and the following is substituted:****Accessing health information via the Alberta EHR**

**56.5(1)** Subject to the regulations, an authorized custodian may access health information via the Alberta EHR for all the purposes and functions for which that authorized custodian may use health information under section 27.

(2) A medical examiner with the Office of the Chief Medical Examiner and staff working under the direction of a medical examiner may access health information via the Alberta EHR only for the purpose of conducting investigations under the *Fatality Inquiries Act*.

(3) The use of health information that is accessed via the Alberta EHR does not constitute collection of that information under this Act.

(4) The use of health information that is accessed via the Alberta EHR does not constitute disclosure of that information by any person under this Act.

(5) For greater certainty, if the Department grants access to the Alberta EHR to other authorized users outside Alberta in accordance with the regulations, the accessing of health information via the Alberta EHR by an authorized user outside Alberta does not constitute disclosure of that information by any person under this Act.

**57 Section 56.51 is repealed.****58 Section 56.6 is amended**

- (a) **by repealing subsection (1) and substituting the following:**

**Maintaining record of Alberta EHR access**

**56.6(1)** The Department must keep an electronic log of the following for each time the Alberta EHR is accessed:

- (a) the name or number that identifies the authorized custodian or other authorized user who accessed the Alberta EHR;
- (b) the date and time that the Alberta EHR was accessed;
- (c) a description of the health information that was accessed;
- (d) any other information prescribed in the regulations.

- (b) **in subsection (2)**

(i) **by striking out** “authorized custodian” **and substituting** “Department”;

(ii) **by striking out** “use” **and substituting** “access”;

- (c) **in subsection (3) by striking out** “authorized custodian or the information manager of the Alberta EHR” **and substituting** “Department”;

- (d) **in subsection (4)**

(i) **by striking out** “information manager of the Alberta EHR” **wherever it occurs and substituting** “Department”;

(ii) **by striking out** “used” **and substituting** “accessed”;

(iii) **by striking out** “prescribed health information” **and substituting** “health information”;

(iv) **by striking out** “custodians” **and substituting** “authorized custodians and other authorized users”;

(v) **by striking out** “section 56.5” **and substituting** “this Part”.

**59** The following is added after section 56.6:

**Access request for health information  
accessible via the Alberta EHR**

**56.61(1)** An individual may make a request to access the individual's health information accessible via the Alberta EHR

- (a) to an authorized custodian who
  - (i) is a health services provider described in section 1(1)(f)(ix), and
  - (ii) has provided health services to the individual,
- or
- (b) to a custodian described in section 1(1)(f)(iv)

and Part 2 applies in respect of the request.

**(2)** If an authorized custodian or a custodian described in section 1(1)(f)(iv) responds that it is unable to provide access to health information requested by an individual under subsection (1), the individual may make a request to the Department for access to the individual's health information accessible via the Alberta EHR, and Part 2 applies in respect of the request.

**Authorized custodian duties, authority**

**56.62** An authorized custodian shall

- (a) comply with an audit or investigation conducted by the Department in respect of the Alberta EHR, and
- (b) carry out any duty or function specified in the regulations.

**60 Section 56.7(1) is repealed and the following is substituted:****Multi-disciplinary data stewardship committee**

**56.7(1)** The Minister shall establish a multi-disciplinary data stewardship committee.

**(1.1)** The function of the multi-disciplinary data stewardship committee is to provide advice and make recommendations to the Minister and the Department respecting the Alberta EHR.

**61 The following is added after section 56.7:**

**Termination of agreement and protocol**

**56.71(1)** Despite any other provision of this Act or regulations or any information manager agreements entered into under section 3(1)(d) of the *Alberta Electronic Health Record Regulation* (AR 118/2010) or entered into with custodians described in section 3(3) of that regulation or the Alberta Netcare Electronic Health Record Information Exchange Protocol referred to in those information manager agreements, the Department may access and use health information that is accessible via the Alberta EHR for any purpose or function that is authorized by section 27.

(2) All information manager agreements entered into under section 3(1)(d) of the *Alberta Electronic Health Record Regulation* (AR 118/2010) or entered into with custodians described in section 3(3) of that regulation and the Alberta Netcare Electronic Health Record Information Exchange Protocol referred to in those information manager agreements are terminated effective on the coming into force of this subsection.

(3) Subsection (1) is repealed on Proclamation.

**62 Section 56.8 is amended**

(a) by renumbering it as **section 56.8(1)**;

(b) in subsection (1)

(i) in clause (c) by striking out “as prescribed health information” and substituting “that may or must be made accessible via the Alberta EHR”;

(ii) by adding the following after clause (c):

(c.1) respecting administrative, technical and physical safeguards in respect of the health information accessible via the Alberta EHR;

(iii) in clause (d)

(A) by adding “may or” after “or an authorized custodian”;

(B) by striking out “prescribed health information” and substituting “health information prescribed in the regulations that is”;

(C) by striking out “to an authorized custodian”;

**(iv) by adding the following after clause (d):**

- (d.1) respecting the granting of access to the Alberta EHR, including, without limitation, respecting eligibility for access to the Alberta EHR;

**(v) by repealing clause (e) and substituting the following:**

- (e) respecting the purposes and functions for which an authorized custodian may access and use health information via the Alberta EHR;

**(vi) in clause (f)**

- (A) in the portion preceding subclause (i) by adding “operation,” after “governance,”;**

- (B) by repealing subclause (i);**

- (C) in subclause (ii) by striking out “information manager” and substituting “Department”;**

**(vii) in clause (g) by striking out “prescribed health information” and substituting “health information”;****(viii) by adding the following after clause (g):**

- (g.1) respecting the manner in which a regulated health professional or an authorized custodian may limit the health information that is to be made accessible via the Alberta EHR;
- (g.2) respecting access to the Alberta EHR by a medical examiner with the Office of the Chief Medical Examiner and staff working under the direction of a medical examiner or by a health services provider outside of Alberta to provide continuing treatment and care to an individual who is a resident of Alberta;
- (g.3) limiting, revoking or prohibiting
  - (i) access to the Alberta EHR by an authorized custodian or its affiliate, a medical examiner with the Office of the Chief Medical Examiner or staff working under the direction of a medical examiner, or by a health services provider outside of Alberta providing continuing treatment and

care to an individual who is a resident of Alberta,  
or

- (ii) use of health information accessible via the Alberta EHR by an authorized custodian or its affiliate, by a medical examiner with the Office of the Chief Medical Examiner or staff working under the direction of a medical examiner, or by a health services provider outside of Alberta providing continuing treatment and care to an individual who is a resident of Alberta;
  - (g.4) respecting technical or security standards, specifications or requirements in respect of the Alberta EHR, including, without limitation, interoperability specifications and standards;
  - (g.5) respecting electronic logging for the purposes of section 56.6 and reporting in respect of the logging;
  - (g.6) respecting access requests under sections 56.6 and 56.61 for health information accessible via the Alberta EHR;
  - (g.7) respecting the reasons for which an authorized custodian is unable to provide access to health information requested by an individual;
- (ix) by repealing clause (h) and substituting the following:**
- (h) respecting the audit or investigation of any matter related to the Alberta EHR, including, without limitation, regulations
    - (i) setting out or establishing an auditing regime, and
    - (ii) setting out powers and duties to be exercised concerning audits and investigations;

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

**(2)** A regulation made under subsection (1) may incorporate, adopt or declare in force a code, standard, guideline, schedule or body of rules, including a code, standard, guideline, schedule or body of rules developed by the Minister, relating to any matter in respect of which a regulation may be made under subsection (1).

(3) Where a code, standard, guideline, schedule or body of rules is incorporated, adopted or declared in force by a regulation made under subsection (1), the Minister shall ensure that a copy of the code, standard, guideline, schedule or body of rules is readily available to the public.

(4) The *Regulations Act* does not apply to a code, standard, guideline, schedule or body of rules incorporated, adopted or declared in force by a regulation made under subsection (1).

(5) A code, standard, guideline, schedule or body of rules may be incorporated, adopted or declared in force by a regulation made under subsection (1)

- (a) in whole or in part or with modifications, and
- (b) as it reads on a specific day or as amended from time to time.

**63 Section 64 is amended**

- (a) **in subsection (1) by striking out “Each custodian” and substituting “Subject to subsection (3), each custodian”;**
- (b) **in subsection (2) by striking out “The custodian” and substituting “Subject to subsection (3), the custodian”;**
- (c) **by adding the following after subsection (2):**

(3) Subsections (1) and (2) do not apply to custodians described in section 1(1)(f)(iv), (ix.1) and (xii) in the collection, use or disclosure of health information between or among these custodians for a function set out in section 27(2), unless the custodians will implement a new information system or change an existing information system in conjunction with the collection, use or disclosure.

**64 Section 66(1)(c) is repealed and the following is substituted:**

- (c) provides information management or information technology services in a manner that requires the use of health information

but does not include an individual employed by a custodian who performs any of the functions listed in clauses (a) to (c).

**65 Section 78 is repealed and the following is substituted:****Refusal to conduct inquiry**

**78** The Commissioner may refuse to conduct an inquiry pursuant to section 77 if in the opinion of the Commissioner

- (a) the subject of the request for a review under section 73 has been dealt with in an order or investigation report of the Commissioner, or
- (b) the circumstances warrant deciding not to conduct an inquiry.

**66 Section 104(1)(d) is repealed and the following is substituted:**

- (d) if the individual is deceased,
  - (i) by the individual's personal representative, if the exercise of the right or power relates to the administration of the individual's estate, or
  - (ii) by the individual's nearest relative as defined in the *Personal Directives Act*, if the exercise of the right or power is for the purpose of processing an insurance claim,

**67 Section 105 is amended by striking out** "including, without limitation, any failure to do something where a person has discretionary authority to do something but does not do it".

**68 Section 107 is amended**

**(a) in subsection (4) by adding** "as defined in section 66(1)" **after** "manager";

**(b) by repealing subsection (6) and substituting the following:**

**(6)** A person who contravenes this section is guilty of an offence and is liable

- (a) in the case of an individual, to a fine of not more than \$200 000, and
- (b) in the case of any other person, to a fine of not more than \$1 000 000.

**(c) by repealing subsections (6.1), (7) and (8);**

(d) **in subsection (9) by striking out** “subsection (1.1)(b) or (c) or (1.2)” **and substituting** “this section”.

(e) **by adding the following after subsection (9):**

(10) In respect of offences other than those under subsection (1.1)(b) or (c) or (1.2), subsection (9) applies to offences committed after this subsection comes into force.

(11) In respect of offences other than those under subsection (1.1)(b) or (c) or (1.2), notwithstanding the repeal of subsection (8), subsection (8) continues in effect and applies to offences committed before this subsection comes into force.

**69 Section 108(2) is amended**

(a) **in clause (a.1) by striking out** “research proposal” **and substituting** “proposed research protocol”;

(b) **by repealing clause (b).**

**Part 4  
Health Professions Act**

**Amends RSA 2000 cH-7**

**70 The *Health Professions Act* is amended by this Part.**

**71 Section 1(1)(nn) is amended by striking out** “Schedule 7.1 to the *Government Organization Act*” **and substituting** “Part 0.1”.

**72 The following is added after section 1.1:**

**Part 0.1  
Health Services  
Restricted Activities**

**Definitions**

**1.2** In this Part,

- (a) “activity of daily living” means an activity that individuals normally perform on their own behalf to maintain their health and well being, and includes
  - (i) routine and invasive self care activities, including but not restricted to the removal of splinters and the cleaning of wounds, and

- (ii) specifically taught procedures, which generally result in predictable and stable responses, including but not restricted to catheterization, maintenance of drainage tubes and administration of drugs by injection;
- (b) “administration of a drug” means the supplying of a dose of a drug to a person for the purpose of immediate ingestion, application, inhalation, insertion, instillation or injection;
- (c) “compound” means to mix together 2 or more ingredients of which at least one is a drug for the purposes of dispensing a drug or drugs, but does not include reconstituting a drug or drugs with only water;
- (d) “dispense” means
  - (i) with respect to drugs, to provide a drug pursuant to a prescription for a person, but does not include the administration of a drug to a person, and
  - (ii) with respect to corrective lenses, to verify corrective lenses objectively to the prescription;
- (e) “drug” means drug as defined in the *Pharmacy and Drug Act*;
- (f) “restricted activity” means an activity named as a restricted activity in section 1.3;
- (g) “sell” includes
  - (i) distribute, trade or barter for money or other valuable consideration,
  - (ii) distributing and giving away without expectation or hope of compensation or reward,
  - (iii) keeping for sale, and
  - (iv) offering for sale;
- (h) “surrogate” means a person authorized by an individual or by the individual’s guardian, if the guardian is authorized to give such authorization, to assist the individual in carrying on an activity of daily living.

**Restricted activities**

**1.3(1)** The following, carried out in relation to or as part of providing a health service, are restricted activities:

- (a) to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue
  - (i) below the dermis or the mucous membrane or in or below the surface of the cornea, or
  - (ii) in or below the surface of teeth, including scaling of teeth;
- (b) to insert or remove instruments, devices, fingers or hands
  - (i) beyond the cartilaginous portion of the ear canal,
  - (ii) beyond the point in the nasal passages where they normally narrow,
  - (iii) beyond the pharynx,
  - (iv) beyond the opening of the urethra,
  - (v) beyond the labia majora,
  - (vi) beyond the anal verge, or
  - (vii) into an artificial opening into the body;
- (c) to insert into the ear canal
  - (i) under pressure, liquid, air or gas, or
  - (ii) a substance that subsequently solidifies;
- (d) to set or reset a fracture of a bone;
- (e) to reduce a dislocation of a joint except for a partial dislocation of the joints of the fingers and toes;
- (f) to use a deliberate, brief, fast thrust to move the joints of the spine beyond the normal range but within the anatomical range of motion, which generally results in an audible click or pop;
- (g) to prescribe a Schedule 1 drug within the meaning of the *Pharmacy and Drug Act*;
- (h) to dispense, compound, provide for selling or sell a Schedule 1 drug or Schedule 2 drug within the meaning of the *Pharmacy and Drug Act*;
- (i) to administer a vaccine or parenteral nutrition;

- (j) to prescribe, compound or administer blood or blood products;
- (k) to prescribe or administer diagnostic imaging contrast agents;
- (l) to prescribe or administer anesthetic gases, including nitrous oxide, for the purposes of anesthesia or sedation;
- (m) to prescribe or administer radiopharmaceuticals, radiolabelled substances, radioactive gases or radioaerosols;
- (n) to order or apply any form of ionizing radiation in
  - (i) medical radiography,
  - (ii) nuclear medicine, or
  - (iii) radiation therapy;
- (o) to order or apply non-ionizing radiation in
  - (i) lithotripsy,
  - (ii) magnetic resonance imaging, or
  - (iii) ultrasound imaging, including any application of ultrasound to a fetus;
- (p) to prescribe or fit
  - (i) an orthodontic or periodontal appliance,
  - (ii) a fixed or removable partial or complete denture, or
  - (iii) an implant-supported prosthesis;
- (q) to perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs
  - (i) judgment,
  - (ii) behaviour,
  - (iii) capacity to recognize reality, or
  - (iv) ability to meet the ordinary demands of life;
- (r) to manage labour or deliver a baby;

(s) to prescribe or dispense corrective lenses.

**(2)** Despite subsection (1), the following are not restricted activities:

- (a) activities of daily living, whether performed by the individual or by a surrogate on the individual's behalf;
- (b) giving information and providing advice with the intent of enhancing personal development, providing emotional support or promoting spiritual growth of individuals, couples, families and groups;
- (c) drawing venous blood.

#### **Regulations**

**1.4** The Minister may make regulations authorizing a person or a category of persons, other than a regulated member or category of regulated members, to perform one or more restricted activities subject to any conditions included in the regulations.

#### **Public health emergency**

**1.5** For the purposes of preventing, combating or alleviating a public health emergency as defined in the *Public Health Act*, the Minister may by order authorize a person or category of persons to perform one or more restricted activities subject to any terms or conditions the Minister may prescribe.

#### **Offence**

**1.6(1)** No person shall perform a restricted activity or a portion of it on or for another person unless

- (a) the person performing it
  - (i) is a regulated member and is authorized to perform it by the regulations,
  - (ii) is authorized to perform it by a regulation under section 1.4,
  - (iii) is authorized to perform it by an order under section 1.5, or
  - (iv) is authorized to perform it by another enactment, or
  - (v) has the consent of, and is being supervised by, a regulated member described in clause (a)(i),and
- (b) there are standards of practice adopted by the council of the college of the regulated member respecting

- (i) how a regulated member performs the restricted activity,
- (ii) who may be permitted to perform the restricted activity under the supervision of a regulated member, and
- (iii) how a regulated member must supervise persons who provide restricted activities under the regulated member's supervision.

**(2)** Despite subsection (1), if no person who is authorized under subsection (1) is available to perform the restricted activity or a portion of it, a person may without expectation or hope of compensation or reward provide a restricted activity or a portion of it to provide physical comfort to or to stabilize another person who is ill, injured or unconscious as a result of an accident or other emergency.

**(3)** No person, other than a person authorized to perform a restricted activity under subsection (1)(a), shall or shall purport to consent to, provide supervision of and control of, another person performing the restricted activity or a portion of a restricted activity.

**(4)** No person shall require another person to perform a restricted activity or a portion of a restricted activity if that other person is not authorized in accordance with subsection (1) to perform it.

#### **Penalty**

**1.7(1)** A person who contravenes section 1.6 is guilty of an offence and liable

- (a) for a first offence, to a fine of not more than \$5000,
- (b) for a 2nd offence, to a fine of not more than \$10 000, and
- (c) for a 3rd and every subsequent offence, to a fine of not more than \$25 000 or to imprisonment for a term of not more than 6 months or to both fine and imprisonment.

**(2)** A prosecution for an offence under this Part may not be commenced more than 2 years after the date on which the alleged offence occurs.

#### **Burden of proof**

**1.8** In a prosecution under this Part, the burden of proving that a person was authorized to perform a restricted activity by section 1.6(1) is on the accused.

#### **Injunction**

**1.9** The Court of Queen's Bench, on application by a person authorized by the Minister, may grant an injunction enjoining any

person from doing any act that contravenes section 1.6 despite any penalty that may be provided by section 1.7 in respect of that contravention.

**73 Section 3 is amended**

- (a) in subsection (1)(e) by striking out “carry on” and substituting “must carry on”;**
- (b) in subsection (2) by striking out “unless the Minister grants the college an approval under section 27”;**
- (c) by adding the following after subsection (3):**
  - (4)** A college may carry out functions other than those set out in subsection (1) or elsewhere in this Act if those functions are consistent with the college’s role as set out in this section.
  - (5)** A college must not act or hold itself out as a professional association.
  - (6)** Nothing in this section prevents a college from collaborating or cooperating with or engaging the services of a professional association, labour union or regulatory body in any jurisdiction to undertake activities that align with the role of the college, including but not limited to,
    - (a) developing programs for the professional development of regulated members,
    - (b) engaging the services of educational program accreditation agencies,
    - (c) developing competency best practices,
    - (d) promoting national standards and labour mobility, and
    - (e) providing for national examinations.

**74 The following is added after section 3:**

**Cessation of professional association functions by college**

**3.1** A college that immediately before the coming into force of this section serves or purports to serve as a professional association must

- (a) within 6 months after the coming into force of this section, provide the Minister with a plan to divest itself of its professional association functions, and
- (b) effective 18 months after the coming into force of this section, have no functions of, connection to or affiliation with a professional association.

**75 Section 4(1)(d) is repealed.**

**76 The following is added after section 5:**

**Ineligibility of officer of professional association, etc.**

**5.1(1)** An individual who is an officer or senior employee of a professional association or a labour union that represents members of a regulated health profession is not eligible to be appointed or elected to any of the following positions:

- (a) member of a council;
- (b) member of a registration committee, competence committee or hearing tribunal;
- (c) complaints director or the complaints director's delegate;
- (d) hearings director or the hearings director's delegate;
- (e) registrar or the registrar's delegate;
- (f) president of a council or the president's delegate.

**(2)** If an individual appointed or elected to a position listed in subsection (1) subsequently becomes an officer or senior employee of a union or professional association representing members of the college, the individual is not eligible to continue to serve and the individual's appointment or elected term is terminated.

**77 Section 10 is amended**

**(a) in subsection (1)(b)**

- (i) **by striking out** "regulation" **and substituting** "standards of practice";
- (ii) **by striking out** "practice visits" **and substituting** "assessments of a regulated member's competence";

- (b) in subsection (5) by striking out “section 12” and substituting “subsection (2)”;**
- (c) in subsection (6)(b)**
  - (i) by striking out “the regulations” and substituting “standards of practice”;**
  - (ii) by striking out “practice visits” and substituting “assessments of regulated members’ competence”;**
  - (iii) by striking out “a practice visit of regulated members” and substituting “an assessment of regulated members’ competence”;**
- (d) in subsection (7) by striking out “practice visits” and substituting “assessments of a regulated member’s competence”.**

**78 Section 25 is amended by adding the following after subsection (2):**

- (2.1)** If a group of persons referred to in subsection (1) applies for the establishment of a college to govern the proposed regulated profession, the application must provide
- (a) a rationale for why a college should be established and why an existing college would not be appropriate to govern the proposed regulated profession, and
  - (b) a preliminary budget for the proposed profession, including the preliminary budget for management of the proposed college and the performance of the proposed college’s responsibilities under this Act.
- (2.2)** If a group of persons referred to in subsection (1) applies for a proposed profession to be regulated by an existing college, the application must provide
- (a) a written statement of support from the existing college for the application, and
  - (b) confirmation that members of the proposed profession will be regulated members of the college with the same rights and duties as the existing regulated members of the college.

**79 The following is added after section 25:**

**Amalgamation of existing colleges**

**25.1(1)** Where 2 or more colleges propose to amalgamate, an application must be made to the Minister.

**(2)** An application for the amalgamation of colleges must contain the following:

- (a) written confirmation of each college that the amalgamation is approved by its council;
- (b) a rationale for the amalgamation;
- (c) evidence of the nature and extent of consultation with regulated members of the affected colleges;
- (d) a proposed name for the amalgamated college;
- (e) proposed content for a schedule or revised schedule to this Act;
- (f) proposals for addressing transitions, including, without limitation, transitions of
  - (i) the composition of the council, registration committee and competence committee of the amalgamated college,
  - (ii) college officials as set out in section 21,
  - (iii) regulated members of the amalgamated college, and
  - (iv) ongoing applications, investigations and disciplinary hearings.

**80 Section 27 is repealed.**

**81 Section 28 is amended**

**(a) in subsection (1)**

**(i) by repealing clause (c) and substituting the following:**

- (c) proof of
  - (i) having professional liability insurance of the type and amount set out in the bylaws, or

- (ii) membership in an organization set out in the bylaws,
- (ii) in clause (d) by striking out “regulations” and substituting “bylaws”;**
- (iii) in clause (e) by striking out “, if required by the regulations”;**
- (iv) by repealing clause (f) and substituting the following:**
  - (f) evidence of English language proficiency, as set out in the bylaws,
- (v) in clause (i) by striking out “jurisdiction,” and substituting “jurisdiction or has previously been disciplined by another regulatory body responsible for the regulation of the profession or of another profession,”;**
- (vi) by striking out “and” at the end of clause (k);**
- (vii) by adding “, and” at the end of clause (l);**
- (viii) by adding the following after clause (l):**
  - (m) on the request of the registrar, evidence respecting the applicant’s fitness to practise.
- (b) in subsection (2)**
  - (i) in clause (b) by striking out “regulations or the council” and substituting “bylaws”;**
  - (ii) in clause (c) by striking out “satisfying the registrar, registration committee or competence committee, of”;**

**82 The following is added after section 29:****Registrar consideration of applicant character, reputation**

**29.1(1)** The registrar may request any or all of the following as evidence of the applicant’s good character and reputation:

- (a) written references from professional colleagues who have knowledge of the applicant’s character and reputation;
- (b) a written statement by the applicant as to whether any previous application by the applicant for registration as a professional in another jurisdiction had been rejected;

- (c) a written statement by the applicant as to whether the applicant has ever been convicted, without having been pardoned, of a criminal offence in Canada or an equivalent offence in another jurisdiction;
  - (d) a written statement by the applicant as to whether the applicant had been granted privileges in respect of a hospital or other facility, and if privileges had been granted, whether the privileges are currently or have previously been voluntarily or involuntarily limited, suspended or revoked;
  - (e) any other relevant evidence as the registrar determines is necessary.
- (2) When considering an applicant's character and reputation, the registrar may
- (a) contact any regulatory body responsible for the regulation of a profession or another jurisdiction to confirm the veracity and particulars of the information and documentation submitted by the applicant under this section, and
  - (b) consider information in addition to the information and documentation submitted under this section, if the registrar has given the applicant sufficient particulars of the information and sufficient time for the applicant to respond to the particulars of the information.
- (3) If an applicant has engaged in an activity that has, in the opinion of the registrar, undermined the applicant's character and reputation, the registrar must provide the applicant with particulars of the information respecting that activity and with an opportunity to provide evidence of the applicant's rehabilitation.

**83 Section 33 is amended**

- (a) in subsection (4)
  - (i) in clause (a) by striking out "the regulations" and substituting "the bylaws";
  - (ii) by repealing clause (b) and substituting the following:
    - (b) must require regulated members and applicants for registration as regulated members to provide, in

accordance with the bylaws and the regulations under section 134, information respecting

- (i) the demographic status of the regulated member or applicant, including, without limitation, addresses, email addresses and other contact information,
- (ii) education, training and experience of the regulated member or applicant, including, without limitation, degrees, diplomas, certificates and professional examinations, and
- (iii) the regulated member's practice of the regulated profession, including, without limitation, practice locations, areas of practice, specializations, names of supervisors or supervisees and other professional registrations within Alberta or in other jurisdictions.

**(b) by adding the following after subsection (4):**

**(4.1)** The registrar must require regulated members and applicants for registration to provide all changes to the information required under subsection (4)(b) whenever that information changes.

**84 Section 40 is amended**

**(a) in subsection (1)**

- (i) in clause (b)(i) by striking out "regulations" and substituting "standards of practice";**
- (ii) in clause (c) by striking out "regulations, if the insurance is required by the regulations" and substituting "bylaws";**
- (iii) in clause (d) by striking out "33(4)(b) and any other information that the regulations require to be provided, and" and substituting "33(3) and (4)(b),";**

**(iv) by adding the following after clause (d):**

- (d.1) who, on the request of the registrar, provides current evidence of the registered member's character and reputation,

- (d.2) who, on the request of the registrar, provides current evidence of the member's fitness to practise, and

**(b) in subsection (2)**

- (i) **in clause (a) by striking out** “subject to any conditions imposed by the registrar, registration committee or competence committee”;

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

- (b) to issue a practice permit subject to conditions imposed under this Part, Parts 3, 3.1 or 4 or a direction under section 118,

**85 The following is added after section 40:**

**Conditions on a practice permit**

**40.1(1)** Where the registrar, complaints director, registration committee or competence committee imposes conditions on a regulated member's practice permit, the conditions that may be imposed include, but are not limited to, conditions that

- (a) the regulated member practise under supervision,
- (b) the regulated member's practice be limited to specified professional services or to specified areas of the practice,
- (c) the regulated member refrain from performing specified restricted activities,
- (d) the regulated member refrain from engaging in sole practice,
- (e) the regulated member submit to additional practice visits or other assessments,
- (f) the member report to the registrar on specified matters on specified dates,
- (g) the practice permit is valid only for a specified purpose and time,
- (h) the member be prohibited from supervising students, other members or other health professionals, and
- (i) the member complete the continuing competence requirements within a specified time.

**(2)** If the registrar, complaints director, registration committee or competence committee imposes conditions on a practice permit,

the registrar, complaints director, registration committee or competence committee must provide reasons for that decision.

**86 Section 45(2) is amended by striking out “the regulations” and substituting “section 45.1”.**

**87 The following is added after section 45:**

**Reinstatement following cancellation of practice permit, registration under Part 4**

**45.1(1)** A person whose practice permit and registration have been cancelled under Part 4 of this Act may, subject to section 45(3), apply in writing to the registrar to have the practice permit reissued and registration reinstated.

- (2) An application under subsection (1)
- (a) subject to section 45(4), must not be made earlier than 3 years after the date of the cancellation, and
  - (b) must not be made more frequently than once in each year after an application is refused under subsection (6)(a).
- (3) An application under subsection (1) must provide evidence of the applicant’s qualifications for registration.
- (4) An application under subsection (1) must be considered by the registrar, registration committee or competence committee in accordance with the process set out in sections 28 to 30.
- (5) When reviewing an application under subsection (1), the registrar, registration committee or competence committee must consider
- (a) the record of the hearing at which the applicant’s practice permit and registration were cancelled, and
  - (b) whether the applicant
    - (i) meets the current requirements for a practice permit and registration,
    - (ii) has met any conditions imposed under Part 4 of the Act before the applicant’s practice permit and registration were cancelled,
    - (iii) is fit to practise, and

(iv) does not pose a risk to public safety or to the integrity of the profession.

(6) The registrar, registration committee or competence committee may, on completing the review of the application in accordance with subsections (4) and (5), issue a written decision containing one or more of the following orders:

- (a) an order refusing the application;
- (b) an order approving the application;
- (c) an order to defer the reissuance of the practice permit and reinstatement of the registration until the applicant has complied with conditions imposed by the registrar, registration committee or competence committee;
- (d) an order directing the applicant to pay any or all of the college's expenses incurred in respect of the application, as provided for in the bylaws;
- (e) any other order that the registrar, registration committee or competence committee considers necessary for the protection of the public.

(7) An applicant whose application is refused or whose application for reissuance and reinstatement is deferred under subsection (6)(c) may, within 30 days of receipt of the decision, request a review of the decision by the council.

(8) Sections 31 and 32 apply to a review requested under subsection (7).

(9) The registrar, registration committee and competence committee referred to in subsection (4) and the council referred to in subsection (7) may order that its decision be published in a manner it considers appropriate.

(10) The college must publish or otherwise make available a decision under subsection (6) or (8) for a period of at least 2 years from the date of the decision.

#### **88 Section 50 is amended**

- (a) **by repealing subsection (1) and substituting the following:**

**Continuing competence program**

**50(1)** A council that exists immediately before the coming into force of this subsection must establish a continuing competence program within its standards of practice within 18 months after the coming into force of this subsection.

**(1.1)** A council that is established after the coming into force of this subsection must establish a continuing competence program within its standards of practice within 18 months from the date that the schedule to this Act with respect to the profession comes into force.

**(1.2)** Section 133 applies in respect of the adoption of standards of practice under this section as if the standards of practice were adopted under section 133.

**(b) in subsection (2)**

**(i) in clause (a) by adding** “by participating in a program for self-directed professional development” **after** “services”;

**(ii) in clause (b)**

**(A) by striking out** “, if authorized by the regulations,”;

**(B) by adding** “, examinations, interviews or other competence assessments” **after** “visits”.

**89 Section 51 is amended****(a) in subsection (2)**

**(i) by striking out** “the regulations” **and substituting** “standards of practice”;

**(ii) by striking out** “practice visits” **and substituting** “assessments of a regulated member’s competence”;

**(iii) by striking out** “a practice visit” **and substituting** “an assessment of a regulated member’s competence”;

**(b) in subsection (5)(b)(ii) by striking out** “regulations” **and substituting** “standards of practice”.

**90 Section 51.1 is amended**

**(a) in subsection (1) by striking out** “practice visit or”;

- (b) in subsection (2) in the portion preceding clause (a) by striking out “practice visit” and substituting “continuing competence assessment”.

**91 Section 58 is amended**

- (a) in subsection (1) by striking out “provided for in the regulations”;

- (b) by adding the following after subsection (3):

(3.1) When a complainant and an investigated person have agreed to enter into an alternative complaint resolution process, the complaints director must appoint a person in accordance with subsections (2) and (3) to conduct the alternative complaint resolution process.

(3.2) The person conducting the alternative complaint resolution process must, in accordance with Division 2 of Part 4 and in consultation with the complainant and the investigated person, establish the procedures for and objectives of the alternative complaint resolution process, which must be set out in writing and signed by the complainant, the investigated person and a representative of the college.

(3.3) The complainant and the investigated person must, subject to sections 59 and 60, agree to treat all information shared during the process as confidential.

(3.4) The complainant or the investigated person may withdraw from the alternative complaint resolution process at any time.

**92 Section 119 is amended**

- (a) in subsection (1)(f) by striking out “and information respecting any order made by a hearing tribunal or council under Part 4”;

- (b) by adding the following after subsection (1):

(1.1) Subject to the bylaws, the registrar may publish or distribute information respecting any order made by a hearing tribunal or council under Part 4.

- (c) by repealing subsection (4) and substituting the following:

(4) If a member of the public, during regular business hours, requests from a college information referred to in this section, section 33(3) or 85(3) or any information published on the college's website, or information as to whether a hearing is scheduled to be held or has been held under Part 4 with respect to a named regulated member, the college must provide the information with respect to that regulated member

- (a) on payment of costs referred to in section 85(4), and
- (b) if the request is submitted within the applicable time period of the following:
  - (i) for information about conditions on a practice permit, while the conditions are in effect;
  - (ii) for information about suspensions, while the suspension is in effect;
  - (iii) for information about a direction under section 118, while the direction is in effect;
  - (iv) for information about a cancellation of a practice permit or registration, within 2 years after the cancellation;
  - (v) for information about a hearing, until the hearing has been completed;
  - (vi) for information about an order under Part 4, within 5 years after the order was issued;
  - (vii) for the written decision and the testimony given before the hearing tribunal, other than the part of the testimony that was given while the hearing was held in private, within 5 years after the written decision.

**93 Section 122(1) is amended by adding** “or providing information about regulated health professionals to the public,” **after** “development.”

**94 Section 128 is amended**

**(a) by adding the following after subsection (2):**

**(2.1)** Regulated members may, in accordance with this section and standards of practice, use the titles, abbreviations and

initials as set out in the schedules to this Act with respect to the profession with which the regulated members are registered.

**(2.2)** Where standards of practice authorize the use of abbreviations, initials and titles within the meaning of the schedules to this Act, the standards of practice may also authorize the use of these abbreviations, initials and titles in combination with the word “provisional” or the initial “P”.

**(b)** in subsection (3) by striking out “regulations” and substituting “standards of practice”;

**(c)** in subsection (9) by striking out “Schedule 10, 24 or 25 or” and substituting “a schedule to this Act or pursuant to”;

**(d)** by adding the following after subsection (10):

**(10.1)** No regulated member shall use the abbreviations, initials or titles within the meaning of the schedules to this Act, or the words “specialist”, “registered” or “regulated” or the phrase “regulated health professional” except in accordance with the standards of practice.

**(10.2)** No regulated member shall use the word “provisional” or the initial “P” in combination with a title, abbreviation or initial set out in section 2 of a schedule to this Act unless the person is authorized to do so by standards of practice.

**(e)** by repealing subsection (11).

#### **95 Section 131 is amended**

**(a)** in subsection (1)

**(i)** by repealing clause (a)(ii) to (vii);

**(ii)** by repealing clauses (c) to (h) and (j.1) to (l);

**(iii)** in clause (m) by striking out “and the entry of information in the register and removal of that information from the register”;

**(iv)** by repealing clauses (n) to (p);

**(b)** in subsection (2) by striking out “Lieutenant Governor in Council” and substituting “Minister”.

#### **96 Section 132(1) is amended**

- (a) by repealing clause (m.1);**
- (b) by repealing clauses (n) and (s);**
- (c) by adding the following after clause (u):**
  - (v) respecting recognizing professions in other jurisdictions for the purposes of section 28(2)(b);
  - (w) respecting requirements for the purposes of section 28(2)(b);
  - (x) respecting the type and amount of liability insurance that regulated members are required to carry, or the organization in which regulated members must have membership, for the purposes of section 28 or 40;
  - (y) respecting evidence to be provided of being a Canadian citizen or lawfully permitted to work or study in Canada;
  - (z) respecting evidence to be provided of having good character and reputation;
  - (aa) respecting the evidence to be provided of English language proficiency;
  - (bb) respecting a register of regulated members including, without limitation,
    - (i) respecting information to be provided to the registrar by regulated members under section 33, and
    - (ii) respecting disclosure of information about its members;
  - (cc) respecting the payment of a college's expenses in accordance with section 45.1(6)(d);
  - (dd) respecting conditions to be imposed on a regulated member within a continuing competence program.

**97 Section 134 is amended**

- (a) by renumbering it as section 134(1);**
- (b) in subsection (1) by adding the following after clause (f):**
  - (f.1) subject to subsection (2), respecting the restricted activities that a practitioner or category of practitioners registered as regulated members of a college may perform;

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

**(2)** A regulation under subsection (1)(f.1) that adds or removes a restricted activity must be made on the recommendation of the Minister after the Minister has consulted with the affected college.

**98 Section 135.4(2) is amended by striking out** “by the Lieutenant Governor in Council”.

**99 Schedules 1 to 3 are amended in section 2 by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”.

**100 Schedule 4 is amended in section 2**

**(a) by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”;

**(b) by repealing clause (c.1).**

**101 Schedules 5 and 6 are amended in section 2 by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”.

**102 Schedule 7 is amended**

**(a) in section 2 by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”.

**(b) in section 18(2) by striking out** “Lieutenant Governor in Council” **and substituting** “Minister”.

**103 Schedule 8 is amended in section 2**

**(a) by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”.

**(b) by repealing clause (a.1).**

**104 Schedule 9 is amended in section 2 by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”.

**105 Schedule 10 is amended**

(a) **in the heading by adding “and Health Care Aides” after “Nurses”;**

(b) **in section 1**

(i) **by repealing subsection (1) and substituting the following:**

(1) On the coming into force of this Schedule, the corporation known as the College of Licensed Practical Nurses of Alberta is continued as a corporation under the name of the College of Licensed Practical Nurses and Health Care Aides of Alberta.

(ii) **in subsection (2) by adding “and Health Care Aides” after “Nurses”;**

(iii) **in subsection (3) by adding “and Health Care Aides” after “Nurses” wherever it occurs;**

(iv) **in subsection (4) by adding “and Health Care Aides” after “Nurses”;**

(c) **in section 2**

(i) **in the portion preceding clause (a)**

(A) **by adding “and Health Care Aides” after “Nurses”;**

(B) **by striking out “as authorized by the regulations” and substituting “in accordance with standards of practice”;**

(ii) **by repealing clauses (c) and (e);**

(iii) **by adding the following before the end of the section:**

(g) Health Care Aide;

(h) H.C.A.

(d) **by renumbering section 3 as section 3(1) and by adding the following after subsection (1):**

(2) In their practice, health care aides do one or more of the following:

(a) assist and support activities of daily living to provide basic personal care and health services,

- (b) participate in client education and promotion of client wellness across the lifespan,
  - (c) assist in teaching a Health Care Aide certificate program approved by the council,
  - (d) teach health care aide techniques and practices to practitioners in the workplace, and
  - (e) provide restricted activities provided by the regulations.
- (e) **in section 4 by adding** “and Health Care Aides” **after** “Nurses”;
- (f) **by adding the following after section 8:**

**Transitional re Health Care Aides**

**9** On the coming into force of this section, a member who, immediately before the coming into force of this section, is enrolled in the Health Care Aide Directory, is deemed to be registered as a regulated member on a Health Care Aide register of, and deemed to have been issued a practice permit by the registrar of, the College of Licensed Practical Nurses and Health Care Aides of Alberta.

**106 Schedules 11 to 13 are amended in section 2 by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”.

**107 Schedule 14 is amended in section 2**

- (a) **by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”;
- (b) **by repealing clause (c.1).**

**108 Schedule 15 is amended by repealing section 2(b.1).**

**109 Schedule 16 is amended in section 2**

- (a) **by striking out** “as authorized by the regulations” **and substituting** “in accordance with standards of practice”;
- (b) **by repealing clause (f.1).**

**110 Schedule 17 is amended in section 2 by striking out “as authorized by the regulations” and substituting “in accordance with standards of practice”.**

**111 Schedule 18 is amended in section 2**

- (a) **by striking out “as authorized by the regulations” and substituting “in accordance with standards of practice”;**
- (b) **by repealing clauses (c.3) to (c.8) and (m) to (r).**

**112 Schedule 19 is amended in section 2**

- (a) **by striking out “as authorized by the regulations” and substituting “in accordance with standards of practice”;**
- (b) **by repealing clause (l).**

**113 Schedules 20 and 21 are amended in section 2 by striking out “as authorized by the regulations” and substituting “in accordance with standards of practice”.**

**114 Schedule 21.1 is amended in section 2**

- (a) **by striking out “as authorized by the regulations” and substituting “in accordance with standards of practice”;**
- (b) **by repealing clause (g.1).**

**115 Schedule 22 is amended in section 2**

- (a) **by striking out “as authorized by the regulations” and substituting “in accordance with standards of practice”;**
- (b) **by repealing clause (c).**

**116 Schedule 23 is amended in section 2**

- (a) **by striking out “as authorized by the regulations” and substituting “in accordance with standards of practice”;**
- (b) **by repealing clause (b.1).**

**117 Schedules 24 and 25 are amended in section 2 by striking out “as authorized by the regulations” and substituting “in accordance with standards of practice”.**

**118 Schedule 26 is amended in section 2**

- (a) by striking out “in accordance with the regulations” and substituting “in accordance with standards of practice”;**
- (b) by repealing clause (c.1).**

**119 Schedules 27 and 28 are amended in section 2 by striking out “in accordance with the regulations” and substituting “in accordance with standards of practice”.**

#### **Consequential Amendments**

**Amends SA 2007 cA-40.2**

**120 The *Animal Health Act* is amended in section 43.5(2) by striking out “Schedule 7.1 to the *Government Organization Act*” and substituting “Part 0.1 of the *Health Professions Act*”.**

**Amends RSA 2000 cG-10**

**121 The *Government Organization Act* is amended by repealing Schedule 7.1.**

**Amends SA 2018 cM-13.2**

**122 The *Mental Health Services Protection Act* is amended by repealing section 29 and substituting the following:**

**Amends RSA 2000 cH-7**

**29(1) The *Health Professions Act* is amended by this section.**

**(2) Section 128 is amended by adding the following before the end of the section:**

**(12) No person shall use the word “psychotherapist” alone or in combination with other words in connection with providing a health service unless the person is authorized to use the word pursuant to the schedules to this Act or pursuant to another enactment.**

**(3) The Schedules are amended by adding the following after Schedule 3:**

**Schedule 3.1****Profession of Counselling Therapists,  
Addiction Counsellors and Child and  
Youth Care Counsellors****Continuation of corporation**

**1** On the coming into force of this Schedule, the society incorporated under the *Societies Act* known as the Association of Counselling Therapy of Alberta is continued as a corporation under the name College of Counselling Therapy of Alberta.

**Use of titles, etc.**

**2** A regulated member of the College of Counselling Therapy of Alberta may, in accordance with standards of practice, use any of the following titles, abbreviations and initials:

- (a) counselling therapist;
- (b) psychotherapist;
- (c) addiction counsellor;
- (d) drug and alcohol counsellor;
- (e) child and youth care counsellor;
- (f) CT;
- (g) AC;
- (h) CYCC.

**Practice**

**3(1)** In their practice, counselling therapists do one or more of the following:

- (a) within a counselling relationship, assess, guide, support and treat individuals or groups of individuals to enhance, maintain and promote health and wellness;
- (b) engage in education with respect to the practice of counselling therapy;
- (c) engage in research related to the practice of counselling therapy;
- (d) provide restricted activities authorized by the regulations.

**(2)** In their practice, addiction counsellors do one or more of the following:

- (a) within a counselling relationship, assess, guide, support and treat individuals or groups of individuals with addictions to enhance, maintain and promote health and wellness;
- (b) engage in education with respect to the practice of addiction counselling;
- (c) engage in research related to the practice of addiction counselling;
- (d) provide restricted activities authorized by the regulations.

**(3)** In their practice, child and youth care counsellors do one or more of the following:

- (a) within a counselling relationship, assess, guide, support and treat children, youth and their families to enhance, maintain and promote health and wellness;
- (b) engage in education with respect to the practice of child and youth care counselling;
- (c) engage in research related to the practice of child and youth care counselling;
- (d) provide restricted activities authorized by the regulations.

**(4)** For greater certainty, in this section, “counselling relationship” does not include providing emotional, social or practical support between individuals who share a common lived experience.

#### **Fines**

**4** Column 2 of the unprofessional conduct fines table applies to proceedings of the College of Counselling Therapy of Alberta under Part 4.

**(4)** Schedule 21 is amended in section 2 by adding the following after clause (vvvv):

(www) psychotherapist.

**(5)** Schedule 22 is amended in section 2 by adding the following after clause (a):

(a.1) psychotherapist;

**Amends RSA 2000 cP-13**

**123 The *Pharmacy and Drug Act* is amended**

- (a) **in section 1(1)(b.1) by striking out** “Schedule 7.1 to the *Government Organization Act*” **and substituting** “Part 0.1 of the *Health Professions Act*”;
- (b) **by repealing section 10(3)(b.1);**
- (c) **in section 11(2)(e) by striking out** “Schedule 7.1 of the *Government Organization Act*” **and substituting** “Part 0.1 of the *Health Professions Act*”.

## **Part 5 Coming into Force**

### **Coming into force**

**124** The following provisions come into force on Proclamation:

- (a) **Parts 1 and 2;**
- (b) **sections 51 to 60, 61 to the extent that it enacts section 56.71(2) and (3) of the *Health Information Act* and 62;**
- (c) **Part 4, except section 96(b).**





