

MINISTER'S ADVISORY COMMITTEE ON HEALTH

[Home](#)[About](#)[News](#)[Contact Us](#)[Survey](#)

Survey Introduction Links

[Opening message](#)[The need to update health legislation in Alberta](#)[Challenges to the health system](#)[Principles for renewed health legislation](#)[Themes for renewed health legislation](#)[Background information on Alberta's health legislation](#)

Survey Introduction

Thank you for your interest in the Minister's Advisory Committee on Health's Public Survey. The survey **closed on November 30, 2009**. The Committee has reviewed the feedback and has written a report with recommendations.

- **For more information, read the news release and report.**

Laying the foundation for legislative reform

A message from the Minister's Advisory Committee on Health

Alberta's health system is governed by a complex web of legislation, regulation and contractual agreements. Some of our legislation dates back to the early 1900s and has become a barrier to improved care and innovation.

That's why the Minister's Advisory Committee on Health is examining what an effective and responsive legislative framework could look like in today's – and tomorrow's – context.

Alberta's health system needs to better consider a patient-centred approach that places wellness, good health and the prevention of avoidable illness and injury in the forefront. We need support for a broader array of health providers and health care settings. We have new care facilities, new health providers, new technologies, and new ways of providing care – Alberta needs renewed legislation that keeps pace.

Legislation can be a tool for transforming our health system. So how can we reshape our legislation in order to put the focus on wellness? How can it help us put patients' needs first? How can we capture the best that innovation can offer? And how do we do that while respecting and complying with the Canada Health Act and our desire for a publicly-funded, patient-centered system?

The need to update health legislation in Alberta

The Minister's Advisory Committee on Health met on two occasions to discuss what principles and themes a new health legislative framework should address. As a starting point, we would like to offer the following thoughts and ask for your input.

Albertans value a strong public health system. They want to know that they can access health services when they need them, regardless of income. They want a health system that delivers services in better ways and uses technology to improve outcomes. However, today's system has legislative and regulatory barriers that limit choice and prevent change.

For example:

- A funding structure that pays for prescription drugs in a nursing home but not in an assisted living or home setting;
- Barriers to enabling health providers to use all their training and competencies, for example, in primary care settings;
- Models that firstly fund and focus on care in hospitals and secondly at home or in the community; and
- A fee structure that makes a routine prescription renewal a medical event rather than something done by a pharmacist.

This arises because historically, health legislation – and the system – has been organized primarily according to specific facilities or settings (e.g. hospitals, nursing homes, etc.) or providers (e.g. physicians) and focused more on the treatment of disease and injury than on

wellness and prevention.

Today, we see health in a broader social context, more in line with the determinants of health as laid out by the World Health Organization, namely, that the things that make people healthy or not include their income and social status, education, physical environment, social support networks, genetics, access and use of health services, and their gender.¹

Health legislation for the future must support this broader perspective and key transformations underway in health and health care. It should also encourage innovation and allow for the adoption of new technology and practices as they emerge. It needs to help us address the challenges before us.

[To Top](#)

Challenges to the health system

Our health system needs to be structured to meet the challenges that lay ahead. These include:

- **An aging population** – Today's boomers will be tomorrow's seniors and will bring profound and enduring economic, social and political implications. The first baby boomers will reach age 65 in 2011. By 2031, it is projected that one in five Albertans, or 20 per cent of the population, will be seniors. This aging population will bring greater and greater demands on the health system.
- **Population growth and diversity** – As of June 2009, Alberta continues to have the highest year-over-year growth rate in Canada as a result of its high birth rate and continued interprovincial and international migration². Alberta's aboriginal communities are also growing and experience higher than average rates of certain chronic diseases, particularly diabetes, renal disease, heart disease and mental illness. Furthermore, these communities experience access barriers to the health system due to cultural, social and financial factors.
- **Health spending** – Alberta has consistently spent more than the Canadian average on per capita and annual growth in health spending³, yet only has average outcomes in areas such as wait times and health service quality⁴. Therefore, it is unclear if we are getting value for our spending in Alberta's health system.
- **Impact of chronic disease and injury** – The incidence of chronic diseases, such as cardiovascular disease, cancer, respiratory illness, mental health disorders and diabetes, are rising and account for 60 per cent of the health system's medical costs⁵. In Canada, the current cost of illness, disabilities and death due to chronic disease is \$80 billion annually⁶. Injuries are the leading cause of death for Albertans aged 1–44. Managing chronic disease and injury prevention is not solely a health system issue and requires collaboration across governments and all sectors of society.
- **Dependency on facility based care** – The majority of Alberta's hospitals and long-term care centres are operating above capacity and are not always the appropriate setting for the patients for which they are caring. However, the system is unable to readily transition patients out of these facilities and into community based care alternatives where appropriate because there is limited capacity available.
- **Increased utilization of health technologies** – Technologies are developed to solve a problem and improve quality of life. They are an indispensable component of the health system in prevention, diagnosis and treatment of disease and disability. They also have the potential to be effective in avoiding health system costs, but only if used appropriately. Policies for the selection and management of new technologies must be based on scientific evidence and best practice; otherwise, health technologies can quickly become a significant cost driver while not necessarily providing for better health outcomes.
- **Supply and diversity of our health workforce** – Health is labour intensive; in fact, Alberta Health Services spends over 70 per cent of its budget on staff salaries. By the year 2020, it is projected that Alberta's health system will not have enough nurses or family physicians to meet the needs of the population. While strategies are needed to increase supply in these areas, consideration of the expanded role of other health providers is required. Over the past two decades, Alberta has seen a significant increase in the diversity of health professionals,

such as respiratory therapists, nurse practitioners, paramedics and mental health workers. These highly educated professionals potentially could take on a larger role in the provision and coordination of health services through expanded scopes of practice.

- **Insufficient emphasis on public health** – Public health is the collection of programs, services, policies and regulations that together focus on keeping the whole of the population healthy. Currently, more emphasis is placed on improving the health care or healing system rather than focusing on activities that keep us from becoming sick or getting sicker.
- **Limited health literacy** – Health literacy is the ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings. It is an essential step in managing and advocating for one's health. Research indicates that persons with limited health literacy skills are more likely to skip preventative measures, making them more susceptible to illness, higher rates of hospitalization and ultimately, higher health care costs. Strategies such as engaging health providers to assist in educating patients and early health emphasis in schools have increased health literacy. This results in improved maintenance of one's health, lower rates of hospitalization and ultimately, lower health care costs.

[To Top](#)

A discussion about principles for renewed health legislation

As Alberta's health system evolves and adopts new ways of delivering care and models that put patients and their families at the centre of their care, what principles need to be embedded or maintained in order to ensure that we protect and sustain what matters most in our health system?

In its **Terms of Reference**, the Committee was given two principles as a starting point for its deliberations –

1. The public health system will serve the interests of all Albertans regardless of their ability to pay; and
2. Access to publicly funded health care services will be fair and effective.

Another way of describing those principles is patient-centered, publicly-funded and accessible. Albertans along with other Canadians value the national framework of health services available on the basis of need, not ability to pay, linking provincial health systems with the principles in the Canada Health Act. What about quality and safety as principles? A focus on wellness?

As a starting point, we need to ask ourselves what might the guiding principles for a new legislative framework be? Do the principles below provide a starting point? What other principles need to be embedded in a new legislative framework? What would you change or add?

Examples of principles

1. Publicly funded and consistent with the Canada Health Act, including the principles of public administration, comprehensiveness, universality, portability and accessibility.
 - The principles of the Canada Health Act embody many of the values that Albertans and Canadians expect from the health system. While the Canada Health Act focuses on what are termed "medically necessary" services – primarily hospitals and physician fees – Alberta's publicly funded health system covers a much broader range of health services and the principles within the Canada Health Act have come to mean more than when originally drafted.
2. Committed to quality, including acceptability, accessibility, appropriateness, effectiveness, efficiency and safety.
 - The Health Quality Council of Alberta has developed a quality matrix outlining the dimension of quality in health. They include the six dimensions of quality included in the proposed quality principle. Sustainability is embedded in these dimensions; a quality system is a sustainable system. [Read HQCA quality matrix.](#)
3. Focused on wellness and public health.
 - It can be said that what we have now is a disease system and that our approach needs to be fundamentally rethought so that public policy and priority is given to initiatives that will

support healthy and resilient people, families and communities.

4. Patient-centered across a full and integrated continuum of health services, from health to end of life.
 - Focusing on what works for people and their care journey improves access and outcomes. A full continuum of care looks at health needs throughout a person's life, including prenatal through to continuing care and palliative care
5. Protective of infirm and vulnerable Albertans.
 - A critical measure of the health system is how it cares for the most ill and vulnerable.
6. Accessible to all Albertans regardless of ability to pay.
 - Albertans believe that need, not ability to pay, is a fundamental part of the social network in Canada.
7. Decision-making based on the best evidence available that enables the right care, in the right place, at the right time and by the right provider.
 - Use of up-to-date evidence to determine what health services are delivered, how they are delivered, and where and by whom, will help lead to better health outcomes for Albertans and better use of the time and skills of providers and other health resources.

[To Top](#)

A discussion about themes for renewed health legislation

In its discussions around what key transformations should be enabled by new legislation, the Minister's Advisory Committee on Health discussed the importance of a system focused on wellness, one that helps build resilience in Albertans, families and communities, and one that puts patients and their families at the centre of their care.

The following themes outline broad policy areas that could support a patient-centred health system for the future. Do these themes reflect the changes that you think should happen? Would you change any of them? We want to know what themes you would propose – and why.

Optimizing the competencies and capacity of all health service providers

Health services are people-intensive and require the interaction of thousands of health providers who have a broad range of training, education and areas of specialization. There are many providers including over 30 regulated professions – physicians and surgeons, registered nurses, dentists and related dental professions, pharmacists, physiotherapists, licensed practical nurses and many more. Alberta Health Services alone employs approximately 90,000 people. Ensuring that providers are able to work together and maximize their contributions and the contributions of others is critical. This is a complex task and requires new ways of looking at what people do, where they do it and with whom they collaborate.

Alberta's health system of the future needs:

- A system-wide team approach to providing care and services, where the skills and competencies of multiple care providers are respected and supported;
- Appropriately trained people providing appropriate care;
- Ways of ensuring provider competencies are used and managed across the health system and their careers;
- Ensuring scopes of practices, and the ability to use health providers' competencies, meet future service demands;
- To be engaged with regulatory colleges, academic health centres and training institutions;
- A collaborative system where people can access services in a variety of ways and through a variety of providers.

Why is this important?

An optimized health workforce will increase access, improve quality and lead to greater patient and provider satisfaction. It should help embed the principle of the right care, in the right place, at the right time and by the right provider.

What are the legislative issues?

Barriers to working together can be many and complex, including issues around how health information is shared, how people get paid for their work and how they are trained. Addressing these in legislation could include changes to the use of scope of care and services that can be offered by different providers in a range of settings, including continuing care, pharmacies, physician offices and hospitals.

Ensuring access to care and services – and providing them in the most appropriate setting

Access – the ability to get needed services – has several dimensions. These include determining what services are required to meet a patient's specific needs; ensuring patient needs are appropriately assessed; making decisions on the most appropriate setting for the provision of those services, whether at home, in a clinic, at a local health facility or at a larger health centre or hospital. Access also has dimensions of time and distance: If someone can't get to a service in a timely basis, their access is impaired.

Alberta's health system of the future needs to:

- Be patient-centered where people can access services in a variety of ways and through a variety of health providers;
- Link health care services to the level of complexity of the patient's needs;
- Provide the same standard of care, regardless of where services are provided;
- Provide collaborative, adequately-resourced care in the community, such as physician offices, home care and supportive living facilities;
- Provide a greater range of opportunities to access primary care;
- Use all available facilities and capacities to improve access to publicly-funded health services;
- Provide services that reduce the likelihood of community-based patients returning to acute care;
- Provide options to support aging in place and full and proper assessment as to the level of care required; and
- Provide better linkages between health care providers.

Why is this important?

Maximizing access to services is critical to patient and provider satisfaction and can improve the efficiency and effectiveness of care – and health outcomes.

What are the legislative issues?

As one example, under provisions in the Hospitals Act and Nursing Homes Act, the location where people receive care can determine what services are covered publicly and which have to be paid for by individuals. This means that someone receiving drug therapy and nursing care in hospital or a nursing home has the cost of those goods and services covered by public funding. The same treatments and care provided at home or in an assisted living facility are largely the responsibility of the individual.

Integrating care across the full continuum of health services

Often the patient experience is characterized by fragmentation, duplication of services like repeated tests and gaps in care. Integration is about better supporting patients and families in their care journey and putting them at the centre of how services are delivered. Integration also is about building connections and programs between sites and services in new ways.

Alberta's health system of the future needs to:

- Make transitions between providers and sites more seamless for people;
- Address the gaps in care that can occur between rural, urban and remote parts of Alberta;
- Coordinate information and approaches;
- Apply consistent service standards across different health care settings and locations;
- Provide access to health information while protecting patient privacy; and
- Better align services related to health care that are provided by related ministries including

those provided to children, families and seniors as well as the training of health professionals

Why is this important?

Integrated care is critical to ensuring consistent standards of care, patient-centred care and the effective use of health resources, including provider time and expertise.

What are the legislative issues?

The current legislative framework focuses much on traditional facilities and traditional fee for service structures inhibit innovation around how services are provided in the community and by whom those services are provided. Legislative and other barriers to sharing health information have also slowed progress in innovation.

Ensuring decisions based on the best available evidence and the appropriate adoption of technology

Research, technology, new therapies and innovation have undoubtedly improved the quality of life for many people and reduced mortality. However, the system can be slow to spread the adoption of more effective care paths and practices and at times technology and drugs have been adopted without demonstrating that they are an improvement over previous therapies.

Alberta's health system of the future needs to:

- Make decisions based on the best available information and evidence;
- Be strongly linked with well-resourced academic health centres;
- Consider the short and long-term implications of decisions, including potential costs and the relative benefits;
- Reflect the health issues and priorities of the population when adopting new ways of doing things (e.g. aging demographic, frequency and type of chronic diseases, level of injuries);
- Use a formal process to assess current and new technologies as to their effectiveness, redundancy and relative benefits; and
- Make informed decisions based on these assessments.

Why is this important?

The adoption of appropriate practices and the right technology and therapies can lead to better health outcomes and better use of health resources. Academic medicine and academic hospitals are critical partners in a transition to a higher quality health system and knowledge-based economy.

What are the legislative issues?

A narrow definition of what is funded and where it is provided can slow the adoption of new technologies and the ability to stop doing what has been found to be ineffective. Restrictions and complex approval processes can hinder innovation. At the same time, assurances are needed so that innovation is made in an informed way.

Providing support for change and improving outcomes

Health systems and their costs are driven by more than technology and treatment. Other drivers include behavior – how providers work and how workplaces are structured, as well as personal and community behaviors and expectations. For example, if providers are paid more for treating illness than preventing illness from occurring or, if the only way to ensure that someone can get the drug therapy they require is to admit them to hospital, then changes to how care is delivered will be adopted more slowly, regardless of whether or not they will be cost-effective or result in the best outcomes. Incentives for healthy behaviors (e.g. employee wellness programs) and disincentives for unhealthy behaviors (e.g. seat belt legislation and tobacco taxes) can improve health outcomes and lower costs.

Providers, the public, patients and their families, communities and community leaders all need to be engaged and help shape the system. This will require the development of greater health literacy among Albertans – the ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings. Health

literacy is an essential step in managing and advocating for one's health.

Alberta's health system of the future needs to:

- Provide for greater engagement and responsibility of health providers in change;
- Provide for greater engagement and responsibility of patients and the public in change;
- Enable ways of incenting care that focuses on wellness and enables the right provider providing the right care in the right place;
- Measure and manage performance of the health system against outcomes;
- Enable greater health literacy of Albertans (having adequate information to maintain and improve their health and their knowledge of the health system);
- Provide incentives for healthy behaviors and disincentives for unhealthy behaviors;
- Provide greater transparency about costs within the system.

Why is this important?

An engaged workforce will have the capacity to streamline and direct health resources in more effective ways. An engaged and informed public will be able to choose services appropriate for their own and their family's needs – and that means better health outcomes. Engaged communities will be able to organize health services in ways that optimize community health.

What are the legislative issues?

Legislation can set out the framework for engaging stakeholders in the system. It can also contain measures that will incent behavior like healthier living, reduce risky behavior and assist communities in building healthier environments.

[To Top](#)

Background – Understanding Alberta's Health System

Health care systems are generally described according to three factors which are usually embedded in the legislative structure. The factors are:

- **Scope of Services** – What services are provided and who delivers them?
- **Source of Funding** – Who funds the various components of the health care system?
- **Delivery of Care** – What are the various components of the health care system and who is responsible for operating them?

In Alberta's current health system, each of the above factors has both a public and private component.

Scope of health services and source of funding

Health care covers a broad spectrum of services that range from public health prevention and promotion activities to general medical care, acute and long term care.

In Alberta, there is a mix of public and private sector provision and funding of health services. Who pays for a service often determines whether the service is considered to be "public" or "private" to a greater extent than who delivers the service. It is of note, that the funding source is the key determinant of compliance with the Canada Health Act (CHA).

In Alberta, as in most of Canada, approximately 70 per cent of health services are paid for publicly (and generally referred to as "insured services"). The remaining 30 per cent of health services are paid for privately.

Alberta's publicly funded health system is concentrated on the medical side of the equation with funding concentrated on hospital, physician and certain oral surgical costs.

These three categories of services are generally considered to be the "medically necessary," "medically required" or "insured services" that are addressed under the CHA. The provision of CHA transfer payments from Ottawa to the provinces depends on this group of services being publicly funded.

Apart from these insured services, the public system in Alberta provides a portion of the funding going to nursing homes, home care, medical devices and equipment, long-term care, ambulances, vision care, podiatric and physical therapy services. This funding is not necessarily universal and may be provided to categories of residents, such as seniors, or based on income testing.

Services that are largely paid for by Alberta residents privately, either directly out-of-pocket or through insurance plans (such as Blue Cross[®]) include:

- Prescription drugs that are needed outside of hospital systems or nursing homes;
- Some nursing and other medical services needed in the home;
- Rates for long-term care accommodation;
- Some medical devices and equipment used outside hospitals;
- Ambulance services;
- Dental care;
- Vision care for non-senior adults;
- Psychological, chiropractic, physiotherapy services; and
- Elective cosmetic surgery.

Delivery of Care

Ownership and operation of the health system are closely tied to the delivery side of health services.

While the CHA places conditions on the funding of “insured services”, there are no such restrictions on ownership or the delivery of services. Estimates put private ownership and operation of the health care system at approximately 50 per cent. This recognizes that a large component of the health care system is delivered by private practitioners through private offices and clinics.

Physician services are largely delivered out of private practices but paid for publicly through the province’s fee for service agreement with the Alberta Medical Association. This is an example of a significant privately delivered service that is paid for publicly.

Most hospitals in the province are owned, operated and funded publicly. However, Alberta also has a number of private, non-profit hospitals (such as the Covenant Health hospitals in Edmonton) which provide privately delivered hospital services paid for by the public system.

The same is true for nursing homes which may be owned, delivered and paid for publicly through Alberta Health Services. Alternatively, Alberta Health Services may pay for nursing home services delivered through privately owned and operated homes.

Private surgical facilities are also permitted within the regulatory confines of the Health Care Protection Act. The services of these private facilities can be contracted for by the public system. They are a mechanism for private health care delivery, although they are subject to some controls.

[To Top](#)

Current Legislation

Alberta's Health Legislation

Medical (physician), hospital and long term care benefits are primarily provided through four Acts and 19 regulations. These Acts are the:

1. **Alberta Health Care Insurance Act** – Enacted in 1969, the Act and its subsequent regulations create the framework for Alberta’s public health care insurance plan.
2. **Hospitals Act** – The Hospitals Act was enacted in 1901, enabling the public funding of all services provided in hospital settings. The Act and its subsequent regulations provide for the use of “approved” hospitals for the provision of insured hospital services.
3. **Nursing Homes Act** – Enacted in 1964, the Act enables public funding for aging residents in institutional settings such as nursing homes and governs the creation, maintenance,

operation and funding of nursing homes.

4. **Health Care Protection Act** (Bill 11) – Enacted in the late 1990s, the Act provides rules for surgical facilities and surgical services.

- [Read the complete list of Alberta's Health Legislation](#)

This legislative framework covers the following services:

Alberta Health Care Insurance Act

The Alberta Health Care Insurance Act was enacted in 1969. The Act and its subsequent regulations create the framework for Alberta's public health care insurance plan.

Under the Act, the Minister is authorized to provide benefits for basic health care services. The regulations provide the requisite details for the administration of this insurance plan by:

- Establishing a public plan that provides benefits for "basic health services" to all residents of Alberta;
- Defining what constitutes residency (for the purposes of determining eligibility for inclusion in the public health plan);
- Defining basic and extended health services;
- Regulating the filing of claims for benefits and the payment of benefits;
- Requiring physicians or dentists who receive public payment of the insured services to be opted into the public plan;
- Providing for the implementation of Blue Cross group and non-group insurance coverage;
- Identifying the insured services falling outside of the services provided by an average physician, such as optometric, oral and maxillofacial and podiatric procedures;
- Allowing for the provision of benefits for services provided outside of Canada through the creation of Out-of-Country Health Services Committee and Appeal Panel; and
- Implementing the portability criteria under the Canada Health Act by allowing for the coverage of insured health services in situations where residents are outside of the province.

Read the Alberta Health Care Insurance Act

Hospitals Act

The Hospitals Act was enacted in 1901, enabling the public funding of all services provided in hospital settings. The Act and its subsequent regulations provide for the use of "approved" hospitals for the provision of insured hospital services. In addition, the Act and the regulations:

- Establish a public hospitalization benefits plan that provides "hospitalization" benefits to all residents of Alberta;
- Provide for the operation of approved hospitals;
- Allow for the creation of hospital boards and hospital privileges appeal boards;
- Set out record-keeping requirements for hospitals;
- Address which hospital services are considered insured services for in-patients and out-patients, as well as identifying which services hospitals are authorized to charge directly to patients;
- Detail standards of care for hospitals, procedures related to the construction or renovation of hospitals and requirements for nursing and medical staff;
- Authorize hospital boards to appoint, suspend or terminate hospital staff and physicians, and are also give boards the ability to assign hospital privileges;
- Sets out the requirements for medical staff bylaws; and
- Currently provides the framework for the Crown's right of recovery of health care costs from wrongdoers.

Read the Hospitals Act

Nursing Home Act

The Nursing Homes Act was enacted in 1964, enabling public funding for aging residents in institutional settings such as nursing homes. The Act and its subsequent regulations:

- Govern the creation, maintenance, operation and funding of nursing homes;
- Provide “basic care services” to residents of nursing homes;
- Allow for the creation, suspension and cancellation of contracts with operators of nursing homes, and the payment of benefits, capital and operating costs in nursing homes;
- Permit the Minister to appoint nursing home administrators and provide an appeal mechanism for disagreements with the Minister’s decisions;
- Set out the administrative details required for the creation of contracts and payment of costs;
- Govern the disclosure of personal health information with and without consent; and
- Govern the management of nursing home residents’ property, authorizes specific fee assessments, sets meal requirements, and outlines staffing levels and standards of care within nursing homes.

Read the Nursing Home Act

Health Care Protection Act

The Health Care Protection Act (HCPA) was enacted in the late 1990s and provides rules for surgical facilities and surgical services. The HCPA and its subsequent regulation:

- Restrict the provision of surgical services provided by private operators to designated facilities for both insured and uninsured services;
- Provide that facility designations may be varied, amended, terminated or re-instated by the Minister as per the regulation;
- Prohibit private hospitals, queue jumping, extra billing and user fees by opted in physicians and dentists;
- Make limited provision for private surgical facilities;
- Authorize some charges for enhanced or non-medical goods and services (which only accrue when prior consent has been given by the patient);
- Set out record-keeping and reporting requirements, procedures related to significant mishaps and changes of ownership;
- Provide a schedule of minor surgical procedures that are exempt from the HCPA regime; and
- Commit to preserve the principles of the Canada Health Act (which includes the principles of universality, comprehensiveness, accessibility, portability and public administration).

Read the Health Care Protection Act

Canada Health Act

The CHA came into effect in 1984 and establishes criteria and conditions related to “insured health care services” and extended health care services that the provinces and territories must meet in order to receive their full federal cash contribution under the Canada Health and Social Transfer.

The five criteria of the Canada Health Act are:

1. **Public Administration** – This requires that the provincial and territorial health care insurance plans be administered and operated on a non-profit basis by a public authority.
2. **Comprehensiveness** – In order to be eligible for federal cash transfer payments, the health care insurance plan of a province or territory “must insure all insured health services provided by hospital, medical practitioners or dentists (i.e. surgical-dental services which require a hospital setting) and, where the law of the province so permits, similar or additional services rendered by other health care practitioners.”
3. **Universality** – All insured residents of a province or territory must be entitled to the insured health services on uniform terms and conditions.
4. **Portability** – Residents moving from one province or territory to another must continue to be covered for insured health care services by the “home” jurisdiction during any waiting period imposed by the new province or territory of residence.
5. **Accessibility** – The intent of the accessibility criterion is to ensure that residents of a province or territory have reasonable access to insured hospital, medical and surgical-dental services on uniform terms and conditions, that are not precluded or impeded, either directly or

indirectly, by charges (user charges or extra-billing) or other means (e.g., discrimination on the basis of age, health status or financial circumstances).

- [Read the Canada Health Act overview](#)

[To Top](#)

Footnotes

1. www.who.int/hia/evidence/doh/en/index.html Accessed October 3, 2009.
2. Government of Alberta (2009). Alberta Population Report. Edmonton, Alberta.
3. Canadian Institute for Health Information (CIHI). (2008) National Health Expenditure Trends, 1975–2008. Ottawa, Ontario.
4. Frontier Centre for Public Policy & Health Consumer Powerhouse Canada (2008). Health Consumer Index. Alberta, Canada. Rebecca Walberg, MA, & Arne Björnberg, PhD.
5. Canadian Coalition for Public Health in the 21st Century (2005).
6. Health Council of Canada (2006). Health Care Renewal in Canada: Clearing the Road to Quality. Toronto, Ontario.