



**Alberta's
commitment
to public
health care:**

understanding
your public
health care
insurance plan

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Alberta's commitment to public health care: understanding your public health care insurance plan



Alberta has a commitment to building a better publicly-funded health care system for Albertans.

The province provides medically necessary services in a public system that follows the principles of the *Canada Health Act*: publicly administered, comprehensiveness, universality, portability and accessibility. Medically necessary services are hospital, physician and specific services provided by oral surgeons and other dental professionals.

Alberta also provides full and partial coverage for health care services not required by the *Canada Health Act*, including:

- home care and long-term care
- mental health services
- dental and eyeglass benefits for recipients of the Alberta Widow's Pension and their eligible dependents
- palliative care
- immunization programs for children
- allied health services such as optometry (for residents under 19 and over 64 years) and chiropractic and podiatry services
- drug benefits through Alberta Blue Cross.

Our Vision



Citizens of a healthy Alberta
achieve optimal health and
wellness.

The slogan “Healthy Albertans in a healthy Alberta” reflects this vision.

The Government of Alberta wants Albertans to:

- realize their full health potential in a safe environment with appropriate income, housing, nutrition and education; and
- play a valued role in family, work and their community.

Alberta Health and Wellness contributes to that effort by ensuring Albertans have equitable access to affordable, effective and appropriate health and wellness services, when they need them.

The vision also requires individuals to take responsibility for their own health.

Our Mission

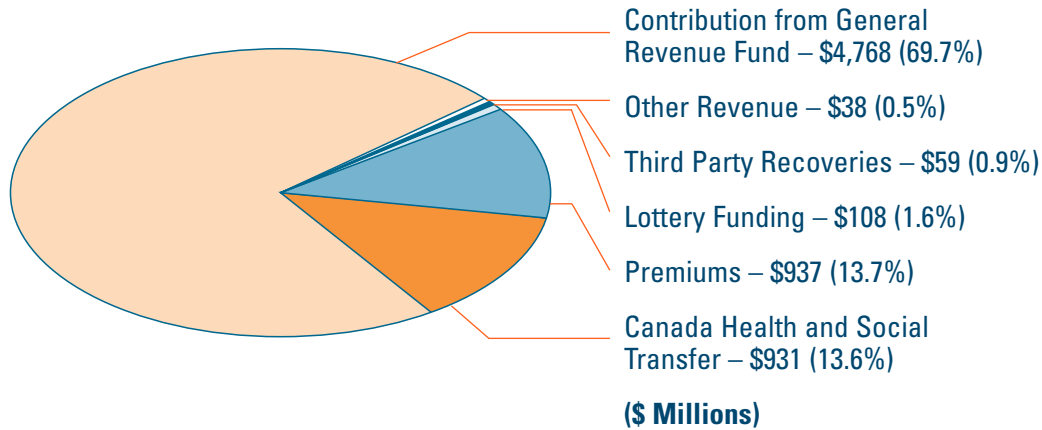
To maintain and improve the health of
Albertans by leading and working
collaboratively with citizens and
stakeholders.

Two core businesses support this mission:

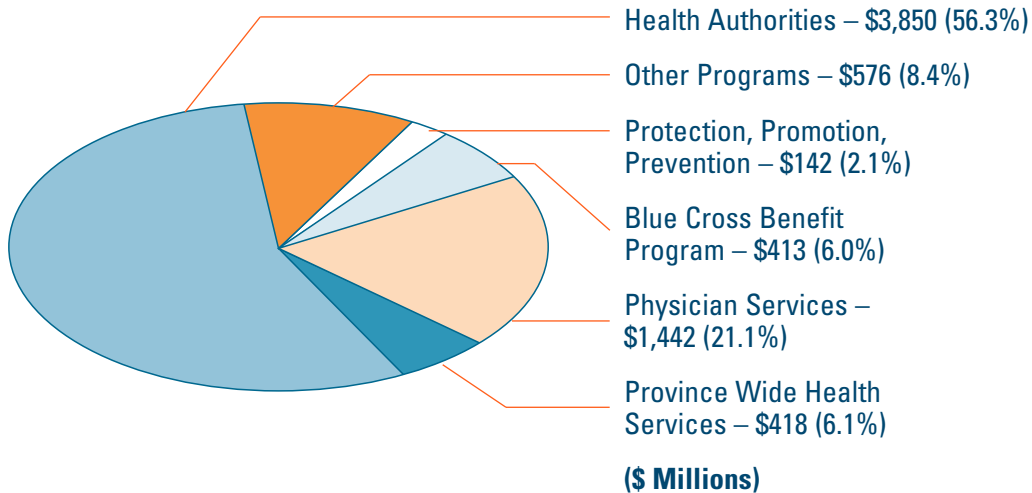
1. Deliver quality health services to Albertans.
2. Encourage and support Albertans to lead healthy lives.



How is your health care funded?



How are your health care dollars spent?



TOTAL \$6,841 million

Progress on health reform in 2002/2003

Alberta wait list registry

Pilot testing of the Alberta wait list registry has begun. By fall 2003, the registry will put wait lists for selected procedures on the Internet to help Albertans and their physicians plan where they can go for surgical and diagnostic procedures.

Pharmaceutical Information Network

Two Pharmaceutical Information Network pilot projects were successfully conducted in Westlock and Leduc. The projects demonstrated that use of electronic medication information results in more effective decisions about drug prescriptions for patients.

Provincial Personal Health Identifier

The Provincial Personal Health Identifier (PPHI) identifies each person who receives health services in Alberta. The identifier is unique to each person and remains the same over the person's lifetime. The PPHI can be used to collect demographic information and is a key foundation in the development of Alberta's electronic health record system.

Rural health strategy

An MLA appointed committee has been reviewing standards for assessing emergency and acute care services, primary health care services, health workforce needs and the use of technology in rural communities.

Collaboration and innovation

The Alberta government accepted 49 of the 50 recommendations of the Committee on Innovation and Collaboration report to make Alberta's regional health authorities more collaborative, innovative and accountable. New multi-year performance agreements will be established that will require regional health authorities to improve collaboration and innovation, develop new models of care, create centres of specialization and contract with a blend of providers to offer a range of services.

Accessible, quality care

The Ministry and its partners explored ways to make the best use of health care professionals and improve access to health care:

- A comprehensive workforce plan is being developed to attract and retain health professionals.
- A \$8.25 million allocation to new alternative funding plans will allow more than 190 academic physicians to spend more time teaching students, conducting research and caring for patients.
- More than 75 foreign-trained health professionals have been given permanent resident status through the Provincial Nominee Program, a program that expedites the immigration process for foreign professionals.

Protection, promotion and prevention

Actions to help Albertans live healthy lives and avoid injury and disease were a critical focus this year.

Healthy U campaign

A public information and education campaign was launched to encourage Albertans to lead healthier lifestyles. The *Healthy U* campaign included television and radio advertisements, a newspaper supplement, and a website that directs visitors to reliable health information.

Ten-year health targets and strategies

Targets to lower the rate of chronic disease such as heart disease, cancer, and chronic obstructive pulmonary disease, have been established. Strategies to reach the targets by 2012 have been identified.



Alberta diabetes strategy

A new strategy was developed to provide financial assistance for low-income Albertans, improve screening for diabetes and address complications for Aboriginal people living off reserve. This plan also proposes prevention initiatives and new approaches for the care and management of diabetes.

Two new vaccines

Two new vaccines were added to Alberta's routine immunization program for children, starting at age two months. These vaccines protect children from meningitis, serious blood infections and pneumonia at a cost of \$20 million annually.

Tobacco reduction strategy

The Alberta Alcohol and Drug Abuse Commission (AADAC) launched an information campaign to reduce tobacco use in Alberta. The *To Tell the Truth* campaign included television, radio advertisements and a magazine that carried facts about the dangers of tobacco. A toll-free Smoker's Help Line was established to help Albertans quit smoking.

The *Prevention of Youth Tobacco Use Act* was proclaimed to make it illegal for anyone under the age of 18 to use or possess tobacco in a public place.

Protection,
promotion and
prevention

Accountability to Albertans

The Canadian Institute for Health Information confirmed that Albertans receive high quality care in its *Health Care in Canada 2002* report. Alberta performed better than the Canadian average in several areas, including per-person health spending, joint replacement surgery and heart attack survival rates.

Alberta's Report on Comparable Health Indicators finds Albertans experience lower rates of in-hospital mortality rates for heart attacks and strokes, lower potential years of life lost for lung cancer, colorectal cancer, heart attack and stroke, and lower hospital re-admission rates for heart attacks.

The Annual Health Survey asks Albertans to rate how well their health care system is performing each year. Copies of the annual survey and other publications on health care system measures can be accessed at www.health.gov.ab.ca/reading/publications.html.

Health Services Utilization and Outcomes Commission

A survey conducted by the Health Services Utilization and Outcomes Commission found the majority of Albertans give good marks to the quality of their health care system. Albertans also said improvement needs to be made in emergency services, getting access to specialists, receiving satisfaction in how complaints are addressed and managing patient safety issues.

The commission is studying practice patterns of family physicians and the use of drugs in the health care system.

Public administration of your Alberta Health Care Insurance Plan

What is the Alberta Health Care Insurance Plan?

Since 1969, the Alberta Health Care Insurance Plan, as defined by the *Alberta Health Care Insurance Act*, has provided Albertans with medically necessary hospital services, and medically necessary services provided by physicians, oral surgeons and other dental professionals.

Alberta's health legislation and regulations can be accessed at www.health.gov.ab.ca/system/minister/legislation.html.

Who administers and reports on the plan?

The Alberta Health Care Insurance Plan is operated through the Department of Health and Wellness. The plan is operated on a non-profit basis and is administered by the Minister of Health and Wellness.

Each September, the department issues an annual report that documents the ministry's activities and consolidated financial statements for the previous fiscal year. The annual report provides information about the actions, key achievements and results for all key performance measures included in the 2002/2003 Business Plan.

The Alberta Health and Wellness annual report can be accessed at www.health.gov.ab.ca/public/document/AR02_02/index.html.

The department also issues an annual statistical supplement report on data related to the Alberta Health Care Insurance Plan.

The Statistical Supplement report can be accessed at www.health.gov.ab.ca/reading/publications.html#4.

Who ensures that reports are accurate?

The Auditor General of Alberta audits the records and financial statements of the Ministry of Health and Wellness.

In addition, each health authority must provide its own audited financial statements to be included in the Ministry's annual report.

How much is spent on the plan each year?

In 2002/2003, the Alberta Health Care Insurance Plan issued a total of \$1,225,626,637* in fee-for-service payments to Alberta physicians and a total of \$61,714,534* to Alberta allied health practitioners (dental surgeons, dentists, chiropractors, optometrists, podiatrists) for basic health services.

Public administration of your Alberta Health Care Insurance Plan

* These figures will be considered preliminary until the release of the Alberta Ministry of Health and Wellness' Alberta Health Care Insurance Plan, Statistical Supplement 2002/2003.

Comprehensiveness:

What is covered by your plan?

Comprehensiveness: What is covered by your plan?

What Alberta legislation covers hospital services in the province?

The *Hospitals Act*, the Hospitalization Benefits Regulation (AR244/90), the *Health Care Protection Act* and Health Care Protection Regulation define how insured services are provided by hospitals or designated surgical facilities in Alberta.

Alberta Health Care Insurance Plan Statistics

In the 2002/2003 fiscal year, there were 5,206* physicians and 1,777* allied health practitioners who were registered with and received payment from the Alberta Health Care Insurance Plan. There were 3,124,487* residents registered with the Alberta Health Care Insurance Plan.

How many facilities are there in Alberta?

There are 214 health care facilities in Alberta, excluding psychiatric hospitals and nursing homes:

Acute Care Facilities (100 hospitals)

(facilities that offer health services that are provided to persons suffering from serious and sudden health conditions that require ongoing professional nursing care and observation)

Continuing Care Centres (110 long-term care centres)

(facilities that offer health services to residents who require treatment for long-term or chronic illnesses, diseases or infirmities)

Rehabilitative Facilities (Glenrose Rehabilitative Centre)

(facilities that offer health care services for persons requiring professional assistance to restore physical skills and functionality following an illness or injury)

Community Care Facilities

(three facilities in Alberta: La Crete Health Centre, Paddle Prairie Community Health Centre and Rainbow Lake Community Health Centre).

Are there other types of facilities in Alberta?

There are two other types of “non-hospital” facilities:

Non-hospital surgical facilities

Facilities that offer health care services involving medical operative procedures that do not require an overnight stay in the facility for post-operative recovery or observation – including private cataract, abortion, dental and ophthalmology clinics. According to the College of Physicians and Surgeons of Alberta, there are currently 53 non-hospital day surgical facilities accredited under the college bylaws.

* These figures will be considered preliminary until the release of the Alberta Ministry of Health and Wellness' Alberta Health Care Insurance Plan, Statistical Supplement 2002/2003.

Non-hospital diagnostic facilities

Non-hospital diagnostic facilities offer health care services for procedures that do not require an overnight stay and detect and determine various diseases or health conditions. A total of 157 non-hospital diagnostic facilities received fee-for-service payments from the Alberta Health Care Insurance Plan in 2002/2003.

What Alberta legislation covers these types of facilities?

The *Health Care Protection Act* defines rules for the operation of surgical facilities and protection of the publicly funded and administered health care system. Under Section 7 of this act, surgical facilities are allowed to provide insured surgical services when they are accredited, have an agreement with a health authority and the facility is designated by the Minister.

Under Section 11, the Minister may designate a surgical facility to provide specified insured surgical services where the Minister has approved a proposed agreement with a health authority, and the Minister is satisfied that the surgical facility either is, or will be, accredited to provide those surgical services.

Section 8(3) states that the Minister “shall not approve an agreement” unless:

- the insured surgical services are consistent with the principles of the *Canada Health Act*;
- there is a current and will likely be a future need for surgical services in the geographical area to be served;
- the proposed surgical services will not have a negative impact on the province’s public health system;
- it is expected the public will benefit from the insured surgical services being provided;
- the health authority has an acceptable business plan to pay for the services;
- the proposed agreement contains performance expectations and measures; and
- the physicians providing the services will comply with conflict of interest and ethical requirements within the *Medical Profession Act* and bylaws.



How are Albertans protected by the *Health Care Protection Act*?

Under this act:

- operation of private hospitals is prohibited (Section 1)
- operation of non-hospital surgical facilities is prohibited unless they are approved (Section 2)
- “queue jumping” is prohibited (Section 3)
- non-hospital surgical facilities cannot charge facility fees to patients who receive insured surgical services (facility fees are payable by health authorities) (Section 4)
- no person can charge or collect payment for enhanced medical goods or services above the actual cost to provide them (Section 5)
- no person can charge or collect payment for enhanced medical goods or services unless the nature of the goods or services offered and the charges for them are fully explained.

How is a hospital approved in Alberta?

Acute care hospitals and auxiliary hospitals must receive department and ministerial approval. A new hospital must undergo a regional needs assessment, have a program and service plan developed and conduct a hospital functional programming study.

How is a hospital service insured in Alberta?

Section 25(1)(h) of the *Health Care Protection Act* gives Cabinet the authority to determine whether a particular good or service is a standard or an enhanced good or service. The Health Care Protection Regulation defines major surgical services, minor surgical procedures, and standard and enhanced medical goods and services. An amendment to the regulation must be made to add or remove an insured service.

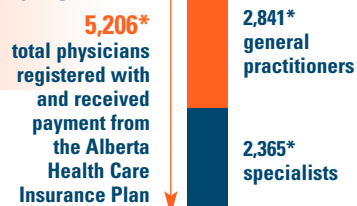
What Alberta legislation covers physician services?

Insured physician services are paid for under the Alberta Health Care Insurance Plan. Only physicians who meet the requirements stated in the *Alberta Health Care Insurance Act* are allowed to provide insured physician services under the Alberta Health Care Insurance Plan.

Before being registered with the department, a practitioner must complete the appropriate registration forms and include a copy of his/her licence issued by the appropriate governing body or association, such as the College of Physicians and Surgeons of Alberta or the Alberta Dental Association and College.

Number of physicians in Alberta

As of March 31, 2003



Can physicians opt out of the plan?

Yes, under section 8 of the *Alberta Health Care Insurance Act*, physicians may opt out of the Alberta Health Care Insurance Plan. As of March 31, 2003, there were no opted-out medical practitioners in the province.

Are surgical-dental services insured?

The province insures a number of medically necessary oral surgical procedures that are listed in the Schedule of Oral and Maxillofacial Surgery Benefits. A dentist or dental surgeon may perform a small number of these procedures, but the majority of the procedures can be billed to the Alberta Health Care Insurance Plan only when performed by an oral and maxillofacial surgeon.

Total payments to oral surgeons and dentists for insured surgical-dental services were \$2,394,458.*

Number of oral surgeons and dentists in Alberta

As of March 31, 2003

234*

oral surgeons and dentists were registered with the Alberta Health Care Insurance Plan and billed the plan for insured dental services

Can dentists and oral surgeons opt out of the plan?

Under section 7 of the *Alberta Health Care Insurance Act*, dentists and oral surgeons may opt out of the Alberta Health Care Insurance Plan. As of March 31, 2003, there were no opted-out dentists or oral surgeons in Alberta.

* These figures will be considered preliminary until the release of the Alberta Ministry of Health and Wellness' Alberta Health Care Insurance Plan, Statistical Supplement 2002/2003.

What medical benefits are insured?

The Medical Benefits Regulation defines which medical services are insured. These services are documented in the Schedule of Medical Benefits, which is prepared and published by the department and approved by the Minister.

A complete list of medical benefits can be accessed at www.health.gov.ab.ca/professionals/somb.htm.

How are changes to the list made?

Insured physician services and any changes to the Schedule of Medical Benefits are discussed between the department and the Alberta Medical Association (AMA). All changes to the Schedule of Medical Benefits require ministerial approval after joint negotiations between the department and the AMA have concluded.

What is not insured?

Section 4(1) of the Hospitalization Benefits Regulation provides a list of uninsured hospital services. Uninsured services include drugs, services and products that have been deemed medically unnecessary and services provided by a facility outside of Canada, unless prior approval of the Minister is obtained.

The Minister of Health and Wellness determines what services the Alberta Health Care Insurance Plan covers. The department reviews scientific literature, consults expert advice and assesses policy, funding and training in considering medical products, services or devices for insured coverage.

Section 21 of the Alberta Health Care Insurance Regulation defines what services are not considered insured services.

Can Albertans be billed for any services?

Physicians may bill a patient for services that are not medically required and not included in the Schedule of Medical Benefits. The department does not regulate physicians' billings for uninsured services. The College of Physicians and Surgeons of Alberta has developed and enforces a policy on this issue entitled *Charging for Uninsured Services*, and the Alberta Medical Association provides the *Guide to Direct Billing for Uninsured Services* to physicians.

No de-listed services

There were no medical services de-insured or de-listed in 2002/2003.

Universality: Who is covered by the plan?

Who is eligible for coverage in Alberta?

Under the terms of the *Alberta Health Care Insurance Act*, all Alberta “residents” are eligible to receive publicly funded health care services under the Alberta Health Care Insurance Plan. A “resident” is defined as a person lawfully entitled to be or to remain in Canada who makes the province his or her home and is ordinarily present in Alberta. The term “resident” does not include a tourist, transient or visitor to Alberta.

Number of Albertans covered

As of March 31, 2003

3,124,487*
residents registered with
the Alberta Health Care
Insurance Plan

Who is not eligible for coverage in Alberta?

Residents who are not eligible for coverage under the Alberta Health Care Insurance Plan are:

- members of the Canadian Forces;
- members of the Royal Canadian Mounted Police (RCMP) who are appointed to a rank; and
- persons serving a term in a federal penitentiary.

(However, family members are eligible for coverage.)

Are people who have moved to Alberta from other countries covered?

People from outside Canada who move to Alberta to establish permanent residence are eligible for coverage if they are landed immigrants, returning landed immigrants or returning Canadian citizens. Temporary residents arriving from outside Canada, who may be deemed residents, include persons on Visitor Records, Student or Employment Authorizations and Minister’s Permits. As of March 2003, there were 17,107 people covered under these conditions.

* These figures will be considered preliminary until the release of the Alberta Ministry of Health and Wellness’ Alberta Health Care Insurance Plan, Statistical Supplement 2002/2003.

**Universality:
Who is
covered by
the plan?**

How do people new to Alberta apply for health coverage?

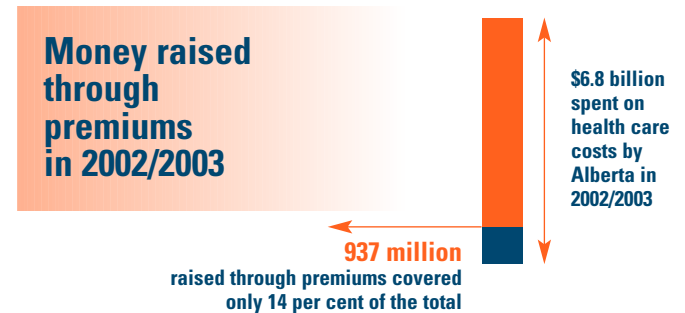
All new Alberta residents are required to register themselves and their eligible dependents with the Alberta Health Care Insurance Plan. New residents to Alberta should apply for coverage within three months of arrival. Family members are registered on the same account for billing purposes and to ensure that benefits, such as non-group Blue Cross, can be provided to all members of the family unit.

Who is required to pay premiums for health care in Alberta?

All Alberta residents, except dependents and individuals excluded from registration, are required to pay premiums. Exceptions include individuals enrolled in special groups (such as Alberta Widows' Pension or Support for Independence), or people entitled to full premium assistance.

Two programs assist lower-income, non-senior Albertans with the cost of their premiums: the Premium Subsidy Program and the Waiver of Premiums Program.

Seniors are required to pay premiums at the same rates as non-seniors, although seniors may be eligible for premium assistance as determined through the Alberta Seniors Benefit Program.



Can Albertans be denied coverage if they are unable to pay their premiums?

No. Although Albertans are required to pay premiums, no resident is denied coverage due to an inability to pay.

Accessibility: Who has access to insured services?

Who has access to insured health services?

All Alberta residents have access to insured health services in Alberta.

How is Alberta increasing access to insured hospital services in Alberta?

The 2002/2003 budget included:

- an increase of 7.3 per cent or \$468 million, with total Alberta Health and Wellness spending in 2002/2003 of \$6.837 billion.
- an increase of \$247 million or 6.9 per cent to regional health authorities and provincial boards.
- an increase of approximately \$21 million for province-wide services for key life-saving procedures primarily done in Edmonton and Calgary.
- an increase of \$177 million for physician compensation, as part of the agreement negotiated with the Alberta Medical Association.

How is Alberta increasing access to insured physician and dental-surgical services in Alberta?

The Alberta International Medical Graduate (AIMG) Program and the Alberta Rural Family Medicine Network (ARFMN) continued to have funding extended during this period. There are currently 17 residents training in the AIMG Program. The ARFMN Program has a total of 40 family medicine residents. As well, \$920,000 was provided to the University of Alberta to support the continuance of the School of Dentistry.

Accessibility:

Who has access to insured services?



What other initiatives aimed at increasing access are underway?

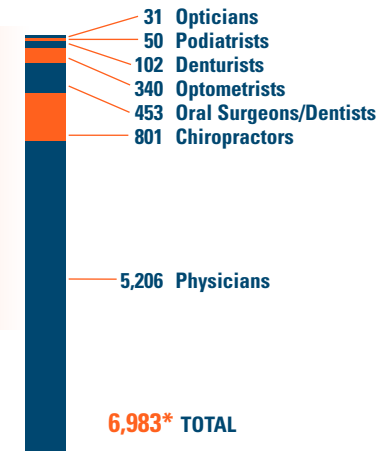
In response to the Premier's Advisory Council on Health report, the Alberta government has committed to the following:

- launch a website posting information on wait times for selected procedures
- establish a centralized booking system for selected procedures to allow patients to find a surgeon and facility that matches their needs
- increase the use of care groups, which involve a range of health professionals and new approaches to care for people with chronic diseases
- work with physicians and health authorities to identify appropriate access standards for selected health services.

How many health care practitioners are there in Alberta?

Number of practitioners

who were registered with and received payment from the Alberta Health Care Insurance Plan as of March 31, 2003



* The number of physicians, dentists and oral surgeons, services provided and amounts paid for insured hospital/medical services are to be considered preliminary until the release of the Alberta Ministry of Health and Wellness' Alberta Health Care Plan Statistical Supplement, 2002/2003.

How are physicians paid?

Most physicians in Alberta are paid on a fee-for-service basis for providing insured services. The department and the Alberta Medical Association are working with health authorities, facilities and physicians to develop a number of new alternate payment plan projects as alternatives to fee-for-service payment.

These alternate payment plans and alternate funding plans were expanded in 2002/2003 with approximately 225 physicians involved in such arrangements. A number of other plans, involving approximately 1,000 primary care specialist and academic physicians, are in development.

Who determines what physicians are paid?

Alberta Health and Wellness (AHW) negotiates payment agreements with the Alberta Medical Association (AMA), the professional association representing physicians and surgeons in Alberta. Negotiations are currently underway to establish a new agreement between AHW and the AMA. Regional health authorities (RHAs) are represented in these negotiations for the first time. AHW, RHAs and the AMA will sign this new agreement.

In 2002/2003, total fee-for-service payments to physicians for insured physician services were \$1,225,626,637* (for general practitioners and specialists).

What role do regional health authorities play?

The *Regional Health Authorities Act* defines the roles and responsibilities for regional health authorities in delivering hospital and health services.

Alberta Health and Wellness uses a population-based funding formula to fund regional health authorities. The formula calculates the total population, age, gender and socio-economic composition of the region, as well as the services provided to residents, to determine how much funding is provided to each region.

In 2002/2003, \$3.9 billion in population-based funding was provided to the regional health authorities.

Edmonton and Calgary health authorities also receive funding to provide specialized tertiary services (province-wide services) to all Albertans. Province-wide services received \$418 million in 2002/2003, an increase of approximately six per cent over the previous year.

* These figures will be considered preliminary until the release of the Alberta Ministry of Health and Wellness' Alberta Health Care Insurance Plan, Statistical Supplement 2002/2003.

Eligibility: Are you covered when you move to Alberta?

Are out-of-province residents insured when they move to Alberta?

Persons moving permanently to Alberta from another part of Canada are eligible for coverage on the first day of the third month following their arrival, provided they register within three months of arrival.

Are people from outside of Canada insured when they move to Alberta?

Persons moving permanently to Alberta from outside Canada are eligible for coverage if they are landed immigrants, returning landed immigrants or returning Canadian citizens. Temporary residents may also be eligible for coverage, provided their Canada entry documents are valid for at least 12 months.

Portability: Are you covered when you move out of Alberta or out of Canada?

Is there coverage for Albertans living temporarily in another province?

The Alberta Health Care Insurance Plan provides the following coverage:

- Visit/Vacation = up to 24 months coverage
- Work/Business/Missionary Work = up to 48 months
- Post Secondary Education = no limit. Covered until studies are completed.

Extension requests for longer than 24 months will be reviewed on a case-by-case basis.

Individuals who are routinely absent from Alberta every year will need to spend a cumulative total of 183 days in a 12-month period in Alberta to maintain continuous coverage.

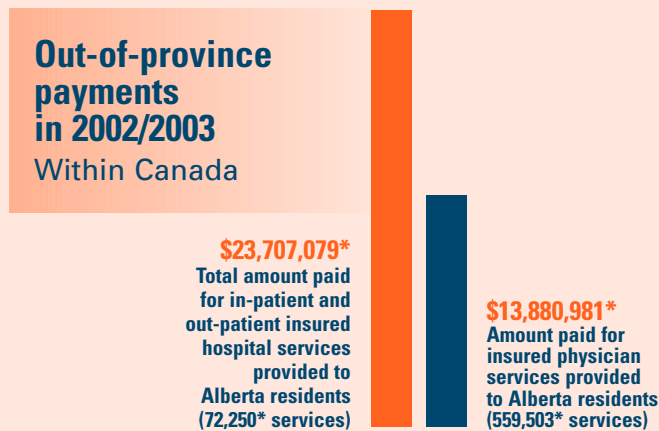
If individuals will not be present in Alberta for the required 183 days, they may be considered residents of Alberta if they satisfy Alberta Health and Wellness that Alberta is their permanent and principle place of residence.

More information on coverage during temporary absences outside of Canada or Alberta is accessible at www.health.gov.ab.ca/coverage/ahcip/travel.html.

Is there coverage for people receiving medical attention in another province?

Alberta participates in the Hospital Reciprocal Agreement with other provinces and territories, which allows for the processing of hospital costs provided by the host province.

Alberta also participates in the Medical Reciprocal Billing Agreement with provinces and territories (except Quebec), which allows for the processing of medical costs provided by practitioners in the host province. Payments are paid at the host province or territorial rates.



Is there coverage for people living temporarily outside Canada?

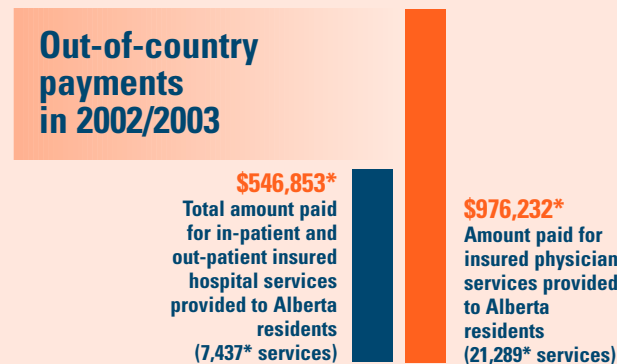
The Alberta Health Care Insurance Plan provides coverage for the first six consecutive months of absence outside Canada. Residents who wish to maintain coverage for a longer period may request an extension of coverage for a maximum of 24 consecutive months from the month of departure.

Extension requests for longer than 24 months will be reviewed on a case-by-case basis and will be responded to the same as for Albertans living temporarily in another province.

The maximum amount payable for out-of-country in-patient hospital services is \$100 (Canadian) per day, (not including day of discharge). The maximum hospital out-patient per visit rate is \$50 (Canadian), with a limit of one visit per day. The only exception is haemodialysis, which is paid at a maximum of \$220 per visit, with a limit of one visit per day. Physician and allied health practitioner services are paid according to Alberta rates.

Is approval needed to receive services outside Alberta?

Prior approval is not required for elective services received outside Alberta, except for the treatment of alcohol and substance abuse, eating disorders and similar addictive or behavioural disorders. Approval by the Minister must be received before these services can be covered.



* These figures will be considered preliminary until the release of the Alberta Ministry of Health and Wellness' Alberta Health Care Insurance Plan, Statistical Supplement 2002/2003.

Portability:
Are you covered when you move out of Alberta or out of Canada?

Sources of more information

Sources of more information

- *Schedule of Medical Benefits, April 1, 2003.*
- *Schedule of Oral and Maxillofacial Surgery Benefits, August 1, 2001.*
- Reports of the Auditor General of Alberta for 2002/2003.
- *Alberta Ministry of Health and Wellness Annual Report, 2002/2003.*
- *Ministry of Health and Wellness Three-Year Business Plan, 2003-2006.*
- Alberta Budget, 2002/2003.
- *Alberta Ministry of Health and Wellness' Alberta Health Care Insurance Plan, Statistical Supplement 2002/2003.*

Note: *These publications are available on our website at <http://www.health.gov.ab.ca/reading/publications.html>.*

Office consolidations of all health care insurance legislation, together with all relevant regulations:

- ***Alberta Health Care Insurance Act***
- Alberta Health Care Insurance Regulation
- ***Government Accountability Act***
- ***Health Care Protection Act***
- Health Care Protection Regulation
- ***Health Insurance Premiums Act***
- Health Insurance Premiums Regulation
- Hospitalization Benefits Regulation
- ***Hospitals Act***
- Hospital Foundation Regulation
- Medical Benefits Regulation
- ***Medical Profession Act***
- ***Nursing Homes Act***
- Nursing Homes General Regulation
- ***Regional Health Authorities Act***
- Regional Health Authorities Regulation.

Note: *All Alberta Statutes and Regulations are available on line at <http://qpsource.gov.ab.ca>.*

Ministry and Commission Contacts

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