

Insured Persons

Related Standard of Practice: [Charging for Uninsured Professional Services](#)

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the *CPSA Standards of Practice*. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

The *Canada Health Act (CHA)* primarily determines who is considered an insured person in Canada. Under the *CHA*, the provinces are required to have a health care insurance plan for residents who are “insured persons”. In Alberta, this plan is established by the *Health Care Insurance Act (HCIA)*.

The *Canada Health Act (CHA)* and HCIA define an insured person as “a resident of the province”, with resident defined as a person “lawfully entitled to be or to remain in Canada who makes his home and is ordinarily present in the province, but does not include a tourist, a transient, or a visitor to the province”.

Both the *CHA* and the *HCIA* expressly exclude members of the Canadian Forces, injured workers and federal inmates, as they are covered by other health plans. (Although previously excluded, members of the RCMP are now considered insured persons in their province of residence.) In addition, the provinces are not obliged to insure those waiting for a determination of any refugee claim.

The *HCIA* and *Hospitals Act* in Alberta (and similar legislation in other provinces) outline how the province covers the costs of providing insured services for residents who are:

- currently living in the province,
- visiting another province, or
- within the three month (maximum) waiting period for health coverage following a move to another province.

When an insured person from another jurisdiction or a person excluded under the legislation receives insured services in Alberta, a physician would (in most cases), charge the applicable health plan. Alternatively, a physician may choose to charge the person directly, placing the onus on the individual to seek reimbursement through their provincial or other health plan (see [Charging for Uninsured Professional Services](#) advice to the profession for more information).

Accessibility criteria in the *CHA* states the provinces “must provide for insured health services on **uniform terms and conditions** and on a basis that does not impede or preclude, either directly or indirectly whether by charges or otherwise, **reasonable** access to those services by insured persons” (bolding added for emphasis).

This, and other, similar wording in the *CHA*, speaks to the expectation fees charged directly to a person will be reasonable. The options are to base fees on:

- negotiated Schedule of Medical Benefits (SOMB) rates for Alberta,
- negotiated SOMB rates for the jurisdiction where the patient is considered an insured person, or
- negotiated rates in place for persons excluded under the *CHA* and *HCIA* (e.g., Canadian Forces, federal inmates, etc.).

Higher fees would be considered unreasonable and outside the intent of the legislation.

Persons who are not resident of Canada or who choose to opt out of their provincial plan are not subject to this limitation on billing. Section 21(2) of the *HCIA* indicates “Nothing in this Act or the regulations is to be construed to prevent any resident who does not desire to claim or receive benefits for health services provided to the resident or resident’s dependents from assuming the responsibility for the payment of those costs”. The Alberta *Hospitals Act* puts the same responsibility for payment of costs on opted-out persons for any hospital services they receive.