



December 2, 2025

From: Katherine Fierlbeck
To: Health System Observers
Re: ALBERTA'S PROPOSED HEALTH INSURANCE CHANGES (I)

The Alberta government is proposing to **revise** its public health insurance legislation. What is the nature of these changes, and are the implications if they come into force? This Memo provides an overview of the policy changes.

The revisions to the *Alberta Health Care Insurance Act* have two key interlocking components. The first is the addition of a class of “flexibly participating physicians,” and the second is the articulation of “non-plan services.”

Flexibly participating physicians are able to provide both insured health services and non-plan services. At present, enrolled physicians can directly bill patients only for services that have no billing code from the province and are therefore not insured.

But to avoid confusion, it is important to remember that health care services themselves are not simply divided into “services that are insured” and “those that are not.” Rather, the same services can be defined as either insured or uninsured depending on who provides the service. In Nova Scotia, for example, diagnosing and treating cold sores or hemorrhoids would be insured services if provided by an enrolled physician, but would not be insured if provided by a physician who practices outside the system, or a nurse practitioner or pharmacist working in a private clinic.

This is because “insured services” are defined explicitly (in section 1(n)i of the *Alberta Health Care Insurance Act*) as only services provided by physicians. Further, (under section 6[1]) only services provided by enrolled physicians can be reimbursed. This means, then, that any services (such as diagnosing and treating cold sores) provided by non-participating physicians are, by definition, uninsured services. Unenrolled physicians can bill patients directly, and their patients don't get reimbursed by public health insurance.

This same logic – that the same health service can be either “insured” or “uninsured,” depending on the hat worn by the provider – underlies the new introduction of the category of “non-plan services.”

The definition of non-plan services is, on its face, rather complicated. Bill 11 defines non-plan services as “the services described in section 2(2)(a), (b) and (c) “when they are not provided under the plan as insured health services.” Sections 2(2)(a), (b) and (c) are new, and include

(a) all services provided by physicians that are medically required; (b) services provided by dentists in the field of oral and maxillofacial surgery that are specified in the regulations; (c) other services declared to be insured health services in the regulations.

What this means in practice is that all insured health services can also be provided outside of the plan, if they are provided by non-participating physicians or flexibly participating physicians (unless the Minister declares otherwise, as noted below). While neither non-participating physicians (nor their patients) can be reimbursed for these services, flexibly participating doctors can choose at any time to provide the same services either in or out of the plan at their discretion (or subject to any specifications provided by any forthcoming orders or regulations).

Given the definition noted above, these non-plan services are quite sweeping: anything that is an insured service could also be an uninsured service. However, the proposed revisions also give the Minister of Health considerable authority to set conditions on the provision of non-plan services, or to narrow the scope of what can be considered as “non-plan services”

The range of possible implications of these revisions is extraordinarily wide, and will depend considerably on any conditions or restrictions that the revisions enable the minister to make. We'll visit implications for patient access and whether or not the proposed policy fits with the *Canada Health Act* tomorrow.

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