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1st SESSION, 67th GENERAL ASSEMBLY  
Province of Prince Edward Island  
2 CHARLES III, 2024

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(Bill No. 51)

## **Medical and Hospital Services Insurance Act**

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Hon. Mark McLane  
Minister of Health and Wellness

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GOVERNMENT BILL

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Andrea MacRae  
Acting King's Printer  
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**For House  
Use Only**

**Prince Edward Island  
Legislative Assembly**

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67th General Assembly / 1st / 2024

**AMENDMENTS**

**BILL NUMBER: 51** PAGE No. 2 of 20 PAGES

**TITLE: Medical and Hospital Services Insurance Act**

#	SECTION	AMENDMENT	DATE

**NOTED:** \_\_\_\_\_ **CERTIFIED CORRECT:** \_\_\_\_\_  
**COMMITTEE CLERK** **CHAIR, IN COMMITTEE**



## MEDICAL AND HOSPITAL SERVICES INSURANCE ACT

BILL NO. 51

2024

BE IT ENACTED by the Lieutenant Governor and the Legislative Assembly of the Province of Prince Edward Island as follows:

### PART 1 – INTERPRETATION AND ADMINISTRATION

#### Interpretation

##### 1. Definitions

In this Act,

- (a) “**dentist**” means a person who is authorized by law to practise dentistry in the jurisdiction of practise;
- (b) “**hospital**” means a hospital or other facility prescribed in the regulations;
- (c) “**hospital services**” means any of the following services provided to in-patients or out-patients at a hospital, provided that the services are medically necessary for the purpose of maintaining health, preventing disease or diagnosing or treating an injury, illness or disability:
  - (i) accommodations and meals at the standard ward level,
  - (ii) necessary nursing services,
  - (iii) laboratory, radiological and other diagnostic procedures, together with the necessary interpretations,
  - (iv) drugs, biologicals and related preparations when administered in the hospital,
  - (v) use of operating rooms, case rooms and anaesthetic facilities, including necessary equipment and supplies,
  - (vi) use of radiotherapy facilities,
  - (vii) use of various therapy facilities, including physiotherapy, speech therapy, and occupational therapy,
  - (viii) services provided by persons who receive remuneration for those services under the Plan,
  - (ix) any other services prescribed in the regulations or approved by the Minister;
- (d) “**insured person**” means, subject to the regulations, a resident who is registered under the Plan;

- (e) “**insured services**” means medical services and hospital services provided to insured persons, the cost of which is covered under the Plan, but does not include services the cost of which is covered by an Act of the Parliament of Canada or another Act of the province, and “**insured medical services**” and “**insured hospital services**” have corresponding meanings;
- (f) “**medical practitioner**” means a person who is authorized by law to practise medicine in the jurisdiction of practise;
- (g) “**medical services**” means
  - (i) medically required services provided by a medical practitioner,
  - (ii) medically or dentally required surgical-dental procedures performed by a dentist in a hospital, where a hospital is required for the proper performance of the procedures, and
  - (iii) any other services prescribed in the regulations or approved by the Minister;
- (h) “**Minister**” means the Minister of Health and Wellness;
- (i) “**ordinarily present**” means present in the province for at least six months plus a day per calendar year;
- (j) “**participating practitioner**” means a practitioner authorized by the Minister to receive payment under the Plan for providing insured medical services;
- (k) “**Plan**” means the Medical and Hospital Services Insurance Plan established pursuant to section 6;
- (l) “**practitioner**” means
  - (i) a medical practitioner who is authorized by law to practise medicine in the province,
  - (ii) a dentist who is authorized by law to practise dentistry in the province, or
  - (iii) a person who is authorized under the regulations to provide insured medical services in the province;
- (m) “**resident**” means a person who
  - (i) is legally entitled to be or remain in Canada, and makes a home and is ordinarily present in the province, or
  - (ii) is deemed to be a resident in the regulations,  
but does not include
    - (iii) a tourist, transient or visitor,
    - (iv) a student ordinarily resident in another jurisdiction,
    - (v) a member of the Canadian Armed Forces,
    - (vi) a person serving a term of imprisonment in a penitentiary as defined in the *Penitentiary Act* (Canada), or
    - (vii) a person who has not completed a minimum period of residence or waiting period, not exceeding three months, required by the regulations;
- (n) “**tariff**” means a tariff established by the Minister pursuant to section 7.

## 2. Application of Act

Nothing in this Act

- (a) prevents a person from choosing a practitioner;
- (b) prevents a practitioner from practising outside the Plan; or
- (c) imposes an obligation on a practitioner to treat a person.

## Administration

### 3. Minister responsible for Act

- (1) The Minister is responsible for the administration of this Act and the regulations.

### Minister responsible for Plan

- (2) The Minister is responsible for the administration and operation of the Plan in compliance with the *Canada Health Act*.

### Delegation of functions

- (3) The Minister may, in writing, delegate the Minister's administrative and operational functions under this Act or the regulations to Health PEI or, provided the delegation does not contravene the *Canada Health Act*, an agency.

### 4. Agreement with Government of Canada

- (1) The Minister may, with the approval of the Lieutenant Governor in Council, enter into an agreement with the Government of Canada to provide for the payment by the Government of Canada to the province of contributions in respect of the cost of insured services incurred by the province pursuant to this Act, and may from time to time vary or amend the agreement.

### Agreement with extra-jurisdictional government, health authority

- (2) The Minister may, with the approval of the Lieutenant Governor in Council, enter into an agreement with a government, a health authority or the operator of a hospital or other health facility in another jurisdiction, in respect of providing insured services to insured persons.

### Agreement in respect of administering Plan

- (3) The Minister may, with the approval of the Lieutenant Governor in Council, enter into an agreement with a person in respect of the administration or operation of the Plan, provided the agreement does not contravene the *Canada Health Act*.

### 5. Complement

- (1) The Minister, in consultation with Health PEI, shall establish a complement of medical practitioners who may participate in the Plan, specifying the number of participating medical practitioners in family medicine and other specific disciplines in the province.

### Factors

- (2) In developing the complement, the Minister shall consider
  - (a) the provincial health plan established under the *Health Services Act* R.S.P.E.I. 1988, Cap. H-1.6;
  - (b) any standards for the provision of health services in the province established under the *Health Services Act*;
  - (c) the affordability and sustainability of the complement in view of the financial resources allocated from time to time; and
  - (d) community preferences and the recommendations of Health PEI.

## **PART 2 – MEDICAL AND HOSPITAL SERVICES INSURANCE PLAN**

### **Establishing the Plan**

#### **6. Continuation of existing plans**

- (1) The Health Services Payment Plan continued under the *Health Services Payment Act* Regulations (EC499/13) and the plan of hospital care insurance established pursuant to the *Hospital and Diagnostic Services Insurance Act* R.S.P.E.I. 1988, Cap. H-8, and its regulations are continued as a plan of insured services to be known as the Medical and Hospital Services Insurance Plan.

#### **Benefits under Plan**

- (2) Under the Plan, an insured person is entitled
  - (a) in respect of insured services provided within the province, to have the cost of medical services paid or reimbursed and to receive hospital services without charge, in accordance with this Act and the regulations; and
  - (b) in respect of insured services provided in another province or country, to have all or part of the cost of the insured services paid or reimbursed, in the circumstances and under the conditions prescribed by the regulations.

#### **Approval of services**

- (3) The Minister may approve services as medical services or hospital services for the purpose of the Plan.

#### **7. Tariff of fees for medical services**

- (1) The Minister shall, in consultation with participating practitioners or an association representing a group of participating practitioners, establish and amend, as necessary, a tariff of fees payable for insured medical services.

#### **Agreement with association**

- (2) Notwithstanding subsection (1), the Minister may, with the approval of the Lieutenant Governor in Council, enter into an agreement with an association representing a group of participating practitioners respecting compensation for providing insured medical services and other matters of common concern between the Minister and the association.

#### **8. Rate schedule for hospital services**

- (1) The Minister shall establish a rate schedule for hospital services.

#### **Differential rates**

- (2) The rate schedule may provide differential rates for particular hospital services or hospitals.

#### **9. Payment to Health PEI**

The Minister may pay to Health PEI, as part of its operating budget, an amount determined by the Minister to cover all or part of the cost to Health PEI of the provision of insured services to insured persons.

## Insured Persons

### 10. Application for registration

- (1) A resident may apply to the Minister, in the form and by providing the information required by the Minister, for registration under the Plan.

#### Registration and health card

- (2) The Minister shall register a resident who applies in accordance with subsection (1) and issue to the resident a health card containing a unique health number.

#### Presentation of health card

- (3) An insured person shall present the person's health card when requesting an insured service.

### 11. No third-party contract

- (1) Subject to subsection (3)
  - (a) a contract under which a resident is to be provided with insured services without charge, or to be indemnified or reimbursed for the cost of insured services, has no force or effect and no payments shall be made under it to indemnify or reimburse any person for those costs in whole or in part; and
  - (b) no person shall make or renew a contract under which a resident is to be provided with, or to be indemnified or reimbursed for, any part of the cost of insured services.

#### Refund of premium

- (2) Where a contract ceases to have force and effect under clause (1)(a), the insurer shall promptly refund the unearned premium to the person insured, in cash or in the form of increased benefits of equal value.

#### Exception

- (3) Subsection (1) does not apply to a contract or part of a contract
  - (a) under which the sole payments or advantages provided are those payable to third persons
    - (i) under an insurance contract in respect of third-party liability, or
    - (ii) under a motor vehicle liability contract issued under the *Insurance Act* R.S.P.E.I. 1988, Cap. I-4; or
  - (b) that provides coverage in respect of insured services provided to residents while outside the province for charges or fees in excess of the amount payable for those insured services under this Act.

## Insured Medical Services

### *Payment and Reimbursement*

### 12. Participating practitioner

- (1) The Minister may enter into an agreement with a practitioner under which the practitioner may claim and receive payment directly on the basis of fee-for-service under the Plan for providing insured medical services.

**Claim by participating practitioner**

- (2) A participating practitioner may submit a claim to the Minister, in the form and containing the information required by the Minister, for payment in accordance with the tariff for insured medical services provided on a fee-for-service basis.

**Payment of claim**

- (3) Subject to this Act, the regulations, the tariff and any applicable agreement, the Minister shall pay a claim submitted under subsection (1) in accordance with the tariff.

**Other method of payment**

- (4) Notwithstanding subsection (1), the Minister may enter into an agreement with a practitioner for payment under the Plan on a basis other than fee-for-service for providing insured medical services.

**13. Assignment of payments**

- (1) The Minister may enter into an agreement or arrangement for payment to
- (a) an employer of a participating practitioner who has assigned to the employer the practitioner's right to collect fees under the Plan; or
  - (b) a partnership, association or group of participating practitioners who have assigned to the partnership, association or group their right to collect fees under the Plan.

**Approval of assignment**

- (2) An assignment referred to in subsection (1) has no force or effect for the purposes of the Plan unless the Minister approves of the terms and conditions of the assignment and a copy of the assignment is filed with the Minister.

**14. Election to charge insured person**

- (1) A participating practitioner may, in respect of insured medical services provided to a particular insured person or a particular insured medical service provided to insured persons, elect to charge and collect the payment directly from the insured person.

**Minister to be advised of election**

- (2) Where a participating practitioner makes an election under subsection (1), the participating practitioner shall
- (a) before providing the insured medical service, inform the insured person that the insured person will be charged directly for the insured medical service;
  - (b) provide the insured person with sufficient information to enable the person to make a claim and recover the amount payable under the Plan; and
  - (c) notify the Minister, in the manner required by the Minister, of the election and the total amount charged to and paid by the insured person.

**15. Non-participating practitioner**

- (1) A practitioner who is not a participating practitioner may charge an insured person directly for providing an insured medical service in an amount not exceeding the amount payable under the tariff for the insured medical service.

**Duties of non-participating practitioner**

- (2) A practitioner who is not a participating practitioner shall



- (a) before providing an insured medical service to an insured person, advise the person that the practitioner is not a participating practitioner and the insured person will be charged directly for the insured medical service; and
- (b) provide the insured person with sufficient information to enable the person to make a claim and recover the amount payable under the Plan.

**16. Claim by insured person**

- (1) An insured person who pays for an insured medical service may submit a claim to the Minister, in the form and containing the information required by the Minister, for reimbursement of the amount charged and paid, not exceeding the amount payable for the insured medical service under the tariff.

**Payment of claim**

- (2) Subject to this Act, the regulations, the tariff and any applicable agreement, the Minister shall pay a claim submitted under subsection (1).

**17. Prohibition against extra billing**

- (1) No practitioner shall charge for an insured medical service in an amount that exceeds the amount payable for that service under the tariff.

**No payment from Plan**

- (2) No payments shall be made from the Plan in respect of insured medical services that have been subject to extra billing by a practitioner.

*Audit*

**18. Appointment of auditors**

- (1) The Minister may appoint or engage persons as auditors to perform audits of practitioners who are providing or have provided insured medical services.

**Audit of participating practitioner**

- (2) The audit of a participating practitioner may relate to
  - (a) the claims, billings or other means specified in an agreement for recording the delivery by the practitioner of insured medical services to insured persons;
  - (b) any reports submitted to the Minister by the practitioner in accordance with an agreement;
  - (c) the performance of deliverables in accordance with an agreement;
  - (d) amounts paid to the practitioner by the Minister under the Plan;
  - (e) verification of compliance with this Act and regulations;
  - (f) any other matter specified in an agreement; and
  - (g) any other prescribed matter.

**Audit of non-participating practitioner**

- (3) The audit of a practitioner who is not participating in the Plan shall be limited to
  - (a) verification of compliance with this Act and regulations; and
  - (b) any other prescribed matter.

**19. Powers of auditors**

- (1) For the purpose of conducting an audit, an auditor may
- (a) on providing reasonable notice to the practitioner, enter, during normal business hours, a premises, other than a private dwelling, in which the auditor has reasonable grounds to believe that there are records relating to the provision of insured medical services to insured persons;
  - (b) examine or remove for examination, any records relating to the provision of insured medical services to insured persons and any device or system necessary to facilitate examining the records.

**Warrant to enter dwelling place**

- (2) On application, with or without notice, a judicial justice of the peace may issue a warrant authorizing an auditor to enter a private dwelling to exercise powers under subsection 18(2), where the judicial justice of the peace is satisfied, on evidence of the auditor under oath, that
- (a) there are records relating to the provision of insured medical services to insured persons in the private dwelling; and
  - (b) the auditor cannot examine the records or remove the records for examination without a warrant.

**Duty to return records**

- (3) An auditor shall, within a reasonable time following the completion of an audit and any proceedings arising from it, return any records, device or system removed from the premises.

**Report to Minister**

- (4) An auditor shall report the findings of an audit to the Minister.

**20. Duties of practitioner and staff**

- (1) During an audit, a practitioner and any person at the premises shall
- (a) provide the auditor with access to records relating to the provision of insured medical services to insured persons;
  - (b) supply copies or extracts from any records relating to the provision of insured medical services to insured persons; and
  - (c) otherwise give reasonable assistance to the auditor in conducting the audit.

**Prohibition**

- (2) No person shall interfere with an auditor in carrying out the auditor's powers and duties under this Act.

**21. Report to practitioner**

- (1) The Minister shall report the findings of an audit to the practitioner.

**Review of findings**

- (2) A practitioner may request a review of an audit in accordance with the regulations.

**22. Withholding of payments**

- (1) The Minister may withhold payments that would, apart from the findings of an audit, be payable to a participating practitioner under the Plan, up to the amount that constitutes the value of the subject matter raised by the audit, until the matter has been finally determined.

**Overpayments**

- (2) Where the findings of an audit indicate that there has been an overpayment to a participating practitioner, the Minister may recover all or part of the amount of the overpayment as a debt owing to the government.

**23. Report to college or other regulatory body**

- (1) The Minister may report the findings of an audit to the college or other regulatory body governing a practitioner, where the Minister has reasonable grounds to believe that the findings may evidence professional misconduct or incompetence.

**Duty to report offence**

- (2) The Minister shall report the findings of an audit to the appropriate law enforcement authority, where the Minister has reasonable grounds to believe that the findings may evidence the commission of an offence contrary to the *Criminal Code* (Canada).

**24. Application to former practitioners**

Sections 18 to 23 apply to former practitioners in respect of insured services provided while a participating practitioner or non-participating practitioner, as the case may be.

## Right of Recovery in Personal Injury Claims

**25. Definitions**

- (1) In this section
- (a) “**injured person**” means a person who has suffered injury due to the negligent or wrongful act or omission of another person;
  - (b) “**other person**” means the person who appears to have been negligent or committed a wrongful act or omission that resulted in injury to the injured person.

**Right to claim for insured services**

- (2) Subject to section 65.1 of the *Insurance Act*, an injured person who receives insured services pursuant to this Act
- (a) shall have the same right to claim for the cost of the insured services against the other person, as the injured person would have had if the injured person had been required to pay for the insured services; and
  - (b) shall include a claim for the cost of insured services received pursuant to this Act, where the injured person makes a claim against the other person.

**Payment of damages to Minister**

- (3) Where, pursuant to subsection (2), a person recovers damages attributable to insured services received pursuant to this Act, the person shall, within 20 days,
- (a) provide to the Minister
    - (i) copies of the pleadings of all parties,

- (ii) a copy of the memorandum of settlement or judgment, as applicable,
  - (iii) a statement of the amount claimed for insured services, if not specified in the pleadings, and the amount payable to the Minister; and
- (b) pay those damages to the Minister.

**Subrogation**

- (4) The Minister is subrogated to the right of the injured person to claim against the other person pursuant to subsection (2).

**Minister's action**

- (5) Where an injured person
- (a) recovers damages against the other person by court order or by settlement but does not pay to the Minister the amount attributable to a claim for the cost of the insured services; or
  - (b) does not claim the cost of insured services against the other person,
- the Minister may maintain an action against the injured person for the recovery of the cost of insured services provided pursuant to this Act.

**Not binding against Minister, unless**

- (6) An adjudication of the injured person's claim against the other person shall not be binding against the Minister unless the claim included the cost of insured services provided pursuant to this Act.

**Not a defence, unless**

- (7) The settlement or release of an injured person's claim against the other person shall not be binding against nor be a defence against the Minister's claim under this section unless
- (a) the claim included the cost of insured services provided pursuant to this Act; and
  - (b) the Minister has approved the settlement or release in writing.

**Approval not releasing Minister's claim**

- (8) The Minister may give written approval to a settlement by the injured person that does not settle or release the claim of the Minister for the cost of the insured services provided pursuant to this Act.

**Net amount prorated**

- (9) Subject to the regulations, where the net amount recovered pursuant to this section is insufficient to cover both the damages of the injured person and the cost of the insured services provided pursuant to this Act, the injured person and the Minister shall share the recovery in proportion to their respective losses, unless the Minister agrees otherwise in writing.

**Insurer to provide information**

- (10) Every liability insurer, at the Minister's request, shall provide information to the Minister respecting
- (a) a claim made against a client by a person who received insured services pursuant to this Act; and
  - (b) the terms and conditions of any settlement entered into by a client and a person who received insured services pursuant to this Act.

**Claim against liability insurer**

- (11) Where an injured person makes a claim against a liability insurer respecting injuries that included the provision of insured services under this Act, the liability insurer shall pay to the Minister the cost of the insured services, which shall discharge the insurer of liability for those insured services.

**Where *Insurance Act* applies**

- (12) Subsection (11) does not apply where subsection 65.1(7) of the *Insurance Act* applies.

**Certificate *prima facie* proof**

- (13) In an action pursuant to this section, a certificate signed on behalf of the Minister shall be *prima facie* proof
- (a) that the person named in the certificate has received insured services pursuant to this Act at the cost showing in the certificate; and
  - (b) of the office, authority and signature of the person signing, without proof of the person's appointment, authority or signature.

**Minister may approve recovery fees**

- (14) The Minister may approve the payment of recovery fees as prescribed, in respect of the injured person's claim for the cost of insured services received pursuant to this Act.

**PART 3 - GENERAL****26. No cause of action where good faith**

- (1) No cause of action shall be maintained against a person for anything done or omitted to be done in good faith by that person in exercising a power or performing a duty under this Act.

**Minister not liable**

- (2) The Minister is not liable for any act or omission of a practitioner in relation to the provision of insured services to an insured person.

**27. Power of Minister to recover judgment**

The Minister is hereby authorized and has power to recover judgment in any court of competent jurisdiction and to enforce payment to the Minister by any and all legal procedures, as a debt due the Government, against all persons upon whom a duty to pay or remit moneys or premiums to the Minister is imposed under or by virtue of this Act or the regulations.

**28. Prohibitions, benefits and claims**

No person shall

- (a) wilfully make a false statement in any report, form or return required to be submitted to the Minister in relation to the payment of the cost of insured services under the Plan; or
- (b) knowingly receive a benefit under the Plan to which the person is not entitled.

**29. Offence and penalty**

- (1) A person who contravenes or fails to comply with a provision of this Act or the regulations is guilty of an offence and liable on summary conviction
- (a) in the case of an individual, to a fine of not less than \$2,000 and not more than \$10,000 or to imprisonment for a term of not more than 12 months, or both; and
  - (b) in the case of a corporation, to a fine of not less than \$20,000 and not more than \$50,000.

**Continued contravention**

- (2) Where a contravention of or failure to comply with any provision of this Act or the regulations continues for more than one day, the offender is guilty of a separate offence for each day that the contravention or noncompliance continues.

**30. Officers and directors of corporation**

- (1) Every officer, director or representative of a corporation who directs, authorizes, assents to, acquiesces in, or participates in the commission of an offence by that corporation is also guilty of the offence and is liable, on summary conviction, to a fine of not less than \$20,000 and not more than \$50,000, or to imprisonment for a term not exceeding 12 months, or both.

**Application**

- (2) Subsection (1) applies whether or not the corporation has been prosecuted or convicted of the offence.

**31. Regulations**

- (1) The Lieutenant Governor in Council may make regulations
- (a) prescribing a hospital or other facility for the purpose of the definition of “hospital”;
  - (b) prescribing or excluding services as hospital services or medical services;
  - (c) prescribing or excluding services provided by specified practitioners or in specified circumstances as medical services;
  - (d) prescribing a waiting period, not exceeding three months, before a person becomes a resident for the purposes of the Plan and setting out exceptions to the waiting period;
  - (e) deeming a type or class of persons to be residents;
  - (f) prescribing a period during which a person remains an insured person after ceasing to be permanently resident and ordinarily present in the province;
  - (g) prescribing the circumstances and conditions in which the cost of insured services provided to insured persons outside the province or country may be paid or reimbursed under the Plan and the amounts that may be paid or reimbursed;
  - (h) prescribing terms and conditions that form part of an agreement between the Minister and a practitioner for participation in the Plan;
  - (i) prescribing matters that shall be addressed in an agreement between the Minister and a practitioner for participation in the Plan;
  - (j) prescribing the manner of and time for submission of claims by participating practitioners or insured persons;
  - (k) respecting the payment or denial of claims made by insured persons or participating practitioners;
  - (l) providing for the appointment, powers and remuneration of a person or body to review decisions respecting the registration of a resident, claims or the findings of an audit;

- (m) prescribing a process or procedures for a review of decisions respecting the registration of a resident, claims or the findings of an audit;
- (n) providing for the appeal of a decision or order on review;
- (o) respecting disputes or complaints relating to or arising from the Plan;
- (p) providing for the appointment, duties and remuneration of committees, boards or other bodies the Minister considers necessary or advisable for the effective operation of the Plan;
- (q) limiting payment for group services, whether examinations or immunization, except where prior approval of the Minister has been obtained;
- (r) respecting claims by the Minister and approval of terms of settlement of claims made by an injured person, pursuant to this Act;
- (s) respecting the sharing of proceeds of a sum recovered in respect of the cost of insured services including the payment of recovery fees;
- (t) defining any word or phrase used but not defined in this Act;
- (u) respecting any other matter or thing that the Lieutenant Governor in Council considers necessary or advisable to carry out effectively the intent and purposes of this Act.

**Application of regulations**

- (2) A regulation made pursuant to subsection (1) may be limited in its application in time or place, or to persons or things, and may be retroactive in its operation.

**32. Transitional, resident**

- (1) A resident who, immediately before this Act comes into force, holds a valid health card issued pursuant to the *Health Services Payment Act* R.S.P.E.I. 1988, Cap. H-2, is deemed, on the coming into force of this Act, to be registered under the Plan and hold a valid health card issued pursuant to this Act.

**Transitional, application for registration**

- (2) An application for a health card made pursuant to the *Health Services Payment Act* that is outstanding immediately before this Act comes into force, is, on the coming into force of this Act, deemed to be an application for registration under the Plan.

**Transitional, participating practitioner**

- (3) A practitioner who, immediately before this Act comes into force, is a participating physician or participating practitioner under the *Health Services Payment Act*, is, on the coming into force of this Act, deemed to be a participating practitioner under this Act but continues to be subject to any conditions imposed by the Minister under the former Act on the practitioner's participation.

**Transitional, claim for basic health services**

- (4) A person who, immediately before this Act comes into force, is entitled to make but has not made a claim under the *Health Services Payment Act* respecting payment or reimbursement for basic health services, may, on the coming into force of this Act, make a claim to the Minister as if this Act had not come into force.

**Transitional, outstanding claims**

- (5) A claim made under the *Health Services Payment Act* that is outstanding on the coming into force of this Act shall be determined as if this Act had not come into force.

**Transitional, agreements**

- (6) Any agreements made by the Minister under the *Health Services Payment Act* or the *Hospital and Diagnostic Services Insurance Act* that are in force on the coming into force of this Act, are deemed to have been made pursuant to this Act and continue in full force and effect in accordance with their terms.

**33. Drug Cost Assistance Act**

- (1) **The *Drug Cost Assistance Act* R.S.P.E.I. 1988, Cap. D-14.1, is amended as provided by this section.**
- (2) **Clause 1(n) of the Act is amended by the deletion of the words “regulations under the *Health Services Payment Act* R.S.P.E.I. 1988, Cap. H-2” and the substitution of the words “*Medical and Hospital Services Insurance Act* R.S.P.E.I. 1988, Cap. M-5.01”.**

**34. Health and Dental Services Cost Assistance Act**

- (1) **The *Health and Dental Services Cost Assistance Act* R.S.P.E.I. 1988, Cap. H-1.21, is amended as provided by this section.**
- (2) **Clause 1(l) of the Act is amended by the deletion of the words “regulations under the *Health Services Payment Act* R.S.P.E.I. 1988, Cap. H-2” and the substitution of the words “*Medical and Hospital Services Insurance Act* R.S.P.E.I. 1988, Cap. M-5.01”.**

**35. Health Information Act**

- (1) **The *Health Information Act* R.S.P.E.I. 1988, Cap. H-1.41, is amended as provided by this section.**
- (2) **Clause 73.1(k) of the Act is amended by the deletion of the words “*Health Services Payment Act* R.S.P.E.I. 1988, Cap. H-2” and the substitution of the words “*Medical and Hospital Services Insurance Act* R.S.P.E.I. 1988, Cap. M-5.01”.**

**36. Hospitals Act**

- (1) **The *Hospitals Act* R.S.P.E.I. 1988, Cap. H-10.1, is amended as provided by this section.**
- (2) **Clause 1(1)(h) of the Act is amended by the deletion of the words “such necessary diagnostic procedures and special services as are provided for under the *Hospital and Diagnostic Services Insurance Act* R.S.P.E.I. 1988, Cap. H-8” and the substitution of the words “any necessary diagnostic procedures and interpretations”.**
- (3) **Clause 4(1)(a) of the Act is repealed and the following substituted:**
- (a) **“insured service” means an insured service as defined in the *Medical and Hospital Services Insurance Act* R.S.P.E.I. 1988, Cap. M-5.01;**



**37. Insurance Act**

(1) **The *Insurance Act* R.S.P.E.I. 1988, Cap. I-4, is amended as provided by this section.**

(2) **Subsection 65.1(7) of the Act is repealed and the following substituted:**

**Subrogation suspended by payment of levy**

(7) Where a levy is paid by a licensed insurer under this section, the rights of subrogation against that insurer conferred by subsection 25(2) of the *Medical and Hospital Services Insurance Act* R.S.P.E.I. 1988, Cap. M-5.01, are suspended.

(3) **Clause 245.98(2)(b) of the Act is amended by the deletion of the words “*Welfare Assistance Act*, the *Health Services Payment Act*, or the *Hospital and Diagnostic Services Insurance Act*” and the substitution of the words “*Social Assistance Act* R.S.P.E.I. 1988, Cap. S-4.3, *Supports for Persons with Disabilities Act* R.S.P.E.I. 1988, Cap. S-9.2, or the *Medical and Hospital Services Insurance Act*”.**

(4) **Schedule B to the Act is amended**

(a) **in section 1 under the heading “SUBSECTION 1 - MEDICAL, REHABILITATION AND FUNERAL EXPENSES”, by the deletion of the words “basic health services or insured services under the *Health Services Payment Act* R.S.P.E.I. 1988, Cap. H-2 or the *Hospital and Diagnostic Services Insurance Act* R.S.P.E.I. 1988, Cap. H-8” and the substitution of the words “insured services under the *Medical and Hospital Services Insurance Act*”; and**

(b) **in clause B(a) under the heading “SUBSECTION 2A - SUPPLEMENTAL BENEFITS” by the deletion of the words “*Health Services Payment Act* and the P.E.I. *Hospital and Diagnostic Services Insurance Act*” and the substitution of the words “*Medical and Hospital Services Insurance Act*”.**

**38. Jury Act**

(1) **The *Jury Act* R.S.P.E.I. 1988, Cap. J-5.1, is amended as provided by this section.**

(2) **Subsection 8(2) of the Act is amended by the deletion of the words “*Health Services Payment Act* R.S.P.E.I. 1988, Cap. H-2” and the substitution of the words “*Medical and Hospital Services Insurance Act* R.S.P.E.I. 1988, Cap. M-5.01”.**

**39. Opioid Damages and Health Care Costs Recovery Act**

(1) **The *Opioid Damages and Health Care Costs Recovery Act* R.S.P.E.I. 1988, Cap. O-5.1, is amended as provided by this section.**

(2) **Clause 1(1)(d) of the Act is amended by the addition of the following after subclause (iii):**

(iii.1) insured services as defined in the *Medical and Hospital Services Insurance Act* R.S.P.E.I. 1988, Cap. M-5.01,

**40. Tobacco Damages and Health Care Costs Recovery Act**

(1) **The *Tobacco Damages and Health Care Costs Recovery Act* R.S.P.E.I. 1988, Cap. T-3.02, is amended as provided by this section.**

(2) **Clause 1(1)(d) of the Act is amended by the addition of the following after subclause (iii):**

(iii.1) insured services, as defined in the *Medical and Hospital Services Insurance Act* R.S.P.E.I. 1988, Cap. M-5.01,

**41. Health Services Payment Act**

The *Health Services Payment Act* R.S.P.E.I. 1988, Cap. H-2, is repealed.

**42. Hospital and Diagnostic Services Insurance Act**

The *Hospital and Diagnostic Services Insurance Act* R.S.P.E.I. 1988, Cap. H-8, is repealed.

**43. Commencement**

This Act comes into force on a date that may be fixed by proclamation of the Lieutenant Governor in Council.



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(Bill No. 51)

**Medical and Hospital Services Insurance Act**

<i>STAGE:</i>	<i>DATE:</i>
<i>1st Reading:</i>	February 27, 2024
<i>2nd Reading:</i>	
<i>To Committee:</i>	
<i>Reported:</i>	
<i>3rd Reading and Pass:</i>	
<i>Assent:</i>	

**SIGNATURES:**

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Honourable Antoinette Perry, Lieutenant Governor

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Honourable Darlene Compton, Speaker

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Joseph Jeffrey, Clerk

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Hon. Mark McLane  
Minister of Health and Wellness

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GOVERNMENT BILL

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2024  
1st SESSION, 67th GENERAL ASSEMBLY