



ALBERTA COUNSEL
LAWYERS ♦ LOBBYISTS

NPVS Legislative Impact- Human Services Deep Dive

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Agenda

1. Overview
2. Governance and Accountability (Bills 32, 38, and PMB 206)
3. Health System Overhaul (Bills 26 and 55)
4. Children, Schools, and Safe Sport (Bills 26, 27, and 29)
5. Mental Health & Addiction (Bills 37 and 53)
6. Questions?

Governance & Accountability

Encompasses three pieces of legislation:

- Bill 32: *Financial Statutes Amendment Act, 2024 (No.2)*
- Bill 38: *Red Tape Reduction Statutes Amendment Act, 2025*
- Private Members' Bill 206: *Child and Youth Advocate (Parent and Guardian Liaison) Amendment Act, 2024*

Impacts oversight over charities, youth-based advocacy, and basic-needs subsidies

Significant shifts from public-facing legislative power to the bureaucracy



Governance & Accountability – Bill 32

- Addresses multiple Alberta statutes, focusing on adjustments to benefits, tax rates, and definitions related to income support, housing, and other financial provisions
- Replaces all references to CPI with the term “Alberta escalator”
 - Applies to the *Alberta Housing Act*, *Alberta Personal Income Tax Act*, *AISH*, *Income and Employment Supports Act*, and the *Seniors Benefit Act*
 - Caps indexation to the *lesser than* 2% or inflationary increases as calculated by the escalator
- Amends the household type definitions for Barriers to Full Employment (BFE) and Expected to Work or Working (ETW)
- Raises the minimum monthly disposable income test for subsidized housing from \$322 to \$365
- Organizations that rely on provincial operating or program grants (especially housing operators, shelters, and seniors’ agencies) should watch for new grant-program guidelines as eligibility categories and allowable cost lines are likely to mirror the new statutory terms



Governance & Accountability

– Bill 38 and PMB 206

Child and Youth Advocate Act changes:

- Prevents the Advocate from reporting on deaths over the age of 20
- Changes the frequency of reporting on youth deaths from every six months to annually
- Changes the way the accountability mechanisms between the Advocate and the Assembly

Child and Youth Advocate (Parent and Guardian Liaison) Amendment Act changes:

- Mandates a new advisor role to help families navigate systems, refer to supports, and flag system barriers

Health System Overhaul

Encompasses two pieces of legislation:

- Bill 26: *Health Statutes Amendment Act, 2024 (No.2)*
- Bill 55: *Health Statutes Amendment Act, 2025*

Establishment of the four pillars of health

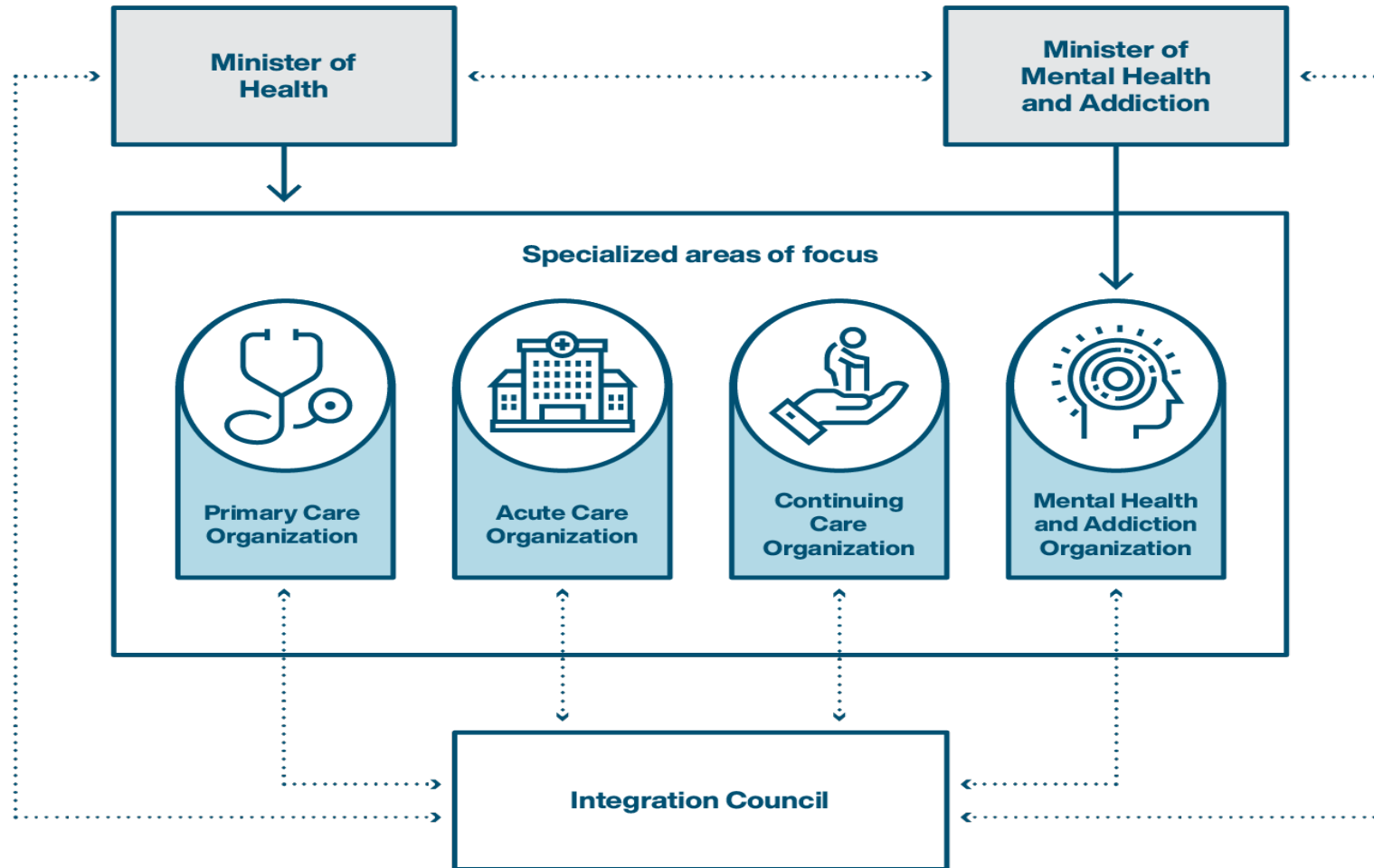
Realignment of health services, centralization of public health decision-making, and changes to accountability and oversight



Health System Overhaul– Bill 22 (v. 1.0) and Bill 26

- Bill 22 - Received Royal Assent on May 30, 2024.
- Major step in GoA's restructuring and refocusing of Alberta's healthcare system.
- Increases power of the Health Minister, allowing for more direct oversight and management.
- Enables transition from one regional health authority (AHS) to an integrated system of 4 health services sectors:
 - 1) PRIMARY CARE
 - 2) ACUTE CARE
 - 3) CONTINUING CARE
 - 4) MENTAL HEALTH AND ADDICTIONS
- Health service sectors to be led by new provincial health agencies ("PHAs").
- OBJECTIVES: efficiency, accessibility & patient-centered care.

Health System Overhaul– Bill 22 (v. 1.0) and Bill 26



Health System Overhaul– Bill 22 (v. 1.0) and Bill 26

REGIONAL HEALTH ADVISORY COUNCILS

- 12 Regional Health Advisory Councils established and 1 Indigenous Advisory Council to bring forward local priorities and give input on ways to improve health care system
- Groups will bring together perspectives of families, patients, health care workers and community leaders.

Roles and Responsibilities include:

- bringing local perspectives to directly advise government and the new PHAs
- providing advice on strategies and approach to engage local communities
- collaborating with community partners to identify local health system issues and explore solutions
- identifying opportunities for health system to better support local decision-making



Health System Overhaul– Bill 22 (v. 1.0) and Bill 26

- Bill 26 – clean up and fine tuning +
- Creates a new legal framework by establishing provincial health corporations and converts AHS from a regional health authority into a focused acute care service provider
- Prohibits regulated health professionals from performing sex reassignment surgeries on minors
- Prohibits the use of puberty blockers and hormone therapies for the treatment of gender dysphoria or gender incongruence for children aged 15 and under, except for those who have already started treatment, and allows for minors aged 16 or 17 to start puberty blockers and hormone therapies for gender reassignment and affirmation purposes with parental, physician, and psychologist approval
- Amends the definition of public health emergency
- Requires the establishment of a patient concern resolution process by each health authority/corporation

Health System Overhaul– Bill 55

Bill 55 amends several other pieces of legislation to finalize and enact the announced restructuring of AHS to the pillars/delivery organizations.

- Each agency will assume service delivery in its respective domain, while oversight remains centralized under Alberta Health. This includes responsibilities such as policy development, public health inspections, and surveillance from AHS to Primary Care Alberta or Alberta Health
- Really removes the arm's length structure and provides direct accountability to government. Finalizes how the delivery organizations will be centralized with Medical Health Officers (MHOs) reporting directly to Alberta Health and appointed by a CMHO – accountable to the Minister. This also creates less of a buffer between political leadership and public health professionals
- Practical/legal changes necessary to transfer property, employees, liabilities and obligations from AHS to the new agencies

Health System Overhaul– Bill 55

- The Minister now has authority over how public health emergencies are declared
- Subtle but important changes to definitions to various acts, including the Hospital Act and the Health Care Insurance Act for definitions like “hospital,” “insured services,” and the removal of the term hospital board to a “hospital operator.”
- Establishes how a hospital is approved, who can operate it, and sets a formal structure for oversight, agreements, and responsibilities
- The changes made in this bill are positioned as reducing duplication, clarifying roles, and ensuring more consistent service delivery across the province; however, critics suggest that splitting responsibilities between delivery organizations is likely to create new silos and coordination challenges, fears of privatization and centralization/influence around political power.
- Finally, kills the Regional Health Authorities

Children, Schools, & Safe Sport

Encompasses three pieces of legislation:

- Bill 26: *Health Statutes Amendment Act, 2024 (No.2)*
- Bill 27: *Education Amendment Act, 2024*
- Bill 29: *Fairness and Safety in Sport*

Builds on provisions previously discussed with Bill 26 regarding gender dysphoria

Impacts programming in classrooms and on the field



Children, Schools, & Safe Sport – Bills 27 and 29

Education Amendment Act, 2024 changes::

- Gives every student the right to education during emergencies; students must have access to in-person learning throughout emergencies
- Supports families and students navigating complex conversations around gender identity, sexual orientation, and human sexuality
- Creates greater transparency in communication between schools and parents

Fairness & Safety in Sport Act changes:

- Applies to sports leagues in schools, PSIs, and PSOs
- Limits eligibility for female-only divisions to biologically female athletes

Mental Health & Addiction

Encompasses two pieces of legislation:

- Bill 37: *Mental Health Services Protection Amendment Act, 2025*
- Bill 53: *Compassionate Intervention Act*

Tightens licensing and establishes the first law in Canada to compel addiction treatment

Fundamentally alters mental health and addiction service provision



Mental Health and Addiction– Bill 37

- The *Mental Health Services Protection Act* (MHSPA) provides requirements for the following licensed mental health and addiction services:
 - Bed-based addiction treatment
 - Drug consumption services
 - Narcotic transition services
 - Psychedelic drug treatment
- Establishes three types of bed-based licensing, each subject to its own robust licensing requirements:
 - Withdrawal management
 - Intensive treatment
 - Non-intensive recovery
- Administrative Amendments:
 - Moves bed-based addiction treatment services content from the act to the regulation
 - Renames certain services to better align with the Alberta Recovery Model



Mental Health and Addiction– Bill 53

- The *Compassionate Intervention Act* allows adult family members, guardians, healthcare professionals, police, or peace officers to request a treatment order for those whose addiction or substance use has made them a danger to themselves or others.
- Establishes the Compassionate Intervention Commission, composed of appointed lawyers, physicians, and public members
 - The Commission must receive and review applications and conduct hearings, non-compliance reviews, and appeals
- Establishes a Statutory Director and Medical Director and requires that each community-based service provider appoint or designate a Designated Supervisor
- The Minister may designate a facility or part of a facility as a compassionate intervention facility
- Community-based service providers will be designated through regulations

Mental Health and Addiction– Bill 53

Defining Harm - Adults

Harm to Self

- Severity of adult's substance use or addiction
- Previous admittance into a compassionate intervention facility
- Negative impact on "key aspects" of life, such as health, employment, and relationship
- Engagement in high-risk behaviours
- Any other factor deemed relevant

Harm to Others

- Point one under Harm to Self
- Neglect/inability to care for someone in their care
- Engagement in 'substantial harmful behaviour' toward a person in care
- Negatively impacting community safety
- Any other factor deemed relevant

Mental Health and Addiction– Bill 53

Defining Harm - Children

Harm to Self

- Age, type of substance use, and substance use history
- Severity of child's substance use or addiction
- Previous admittance to a protective safe house under PChAD or a compassionate intervention facility
- Negative impact on "key aspects" of life, such as health, employment, and relationship
- Engagement in high-risk behaviours
- One or more interactions with a CFS authority in the last six months
- Any other factor deemed relevant

Harm to Others

- Point two above
- Engagement in harmful behaviours that are negatively impacting other persons, including family and friends
- Negatively impacting community safety
- Any other factor deemed relevant

Mental Health and Addiction– Bill 53

Compassionate Intervention Commission

Will be composed of lawyers, physicians, and public members appointed by the Lieutenant Governor in Council (LG).

One of the lawyer members shall be designated the Commissioner of the Commission and will serve as the chair of the Commission.

The Commission must receive and review applications and conduct hearings, non-compliance reviews, and appeals in accordance with the Act and the regulations.



Mental Health and Addiction– Bill 53

Application Review and Approval Process

Initial Review

Commissioner Review

Apprehension and Transport

72-Hour Assessment and Detox

Hearing

Duration and Review

Appeals

Mental Health and Addiction– Bill 53

Right to Refuse Treatment

- If the client has been deemed to have capacity as defined above, a client has the right to refuse treatment, except in the following forms of treatment:
 - To be observed, monitored, and assessed by a treatment team
 - To be provided with clinical advice
 - Subject to regulations, to be administered a Schedule 1 drug within the meaning of the *Pharmacy and Drug Act* or any other drug specified in the regulations, if (i) authorized by the Commission in the client's assessment order or care plan order, (ii) administered by a regulated member of a regulated profession under the *Health Professions Act* that is authorized under that Act to administer the drug, and (iii) administered for the purpose of treating the client's substance use or addiction.



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