



## Alberta MDs line up against “antiphysician” billing restrictions

Barbara Sibbald

Alberta doctors have launched a vigorous campaign in an attempt to derail legislation that they say would dictate how they bill for services. If the Alberta legislature passes Bill 7 this fall, it would stipulate that all claims for insured services must be submitted electronically, thus preventing physicians from billing patients directly. Bill 7, which was fast-tracked through the legislature last February and March, is now awaiting third reading and possible proclamation in November.

Under the bill, physicians would be fined \$1000 the first time and \$2000 the second and subsequent times they directly bill patients for insured medical services.

The provincial government says it is passing the bill to improve efficiency, but the Alberta Medical Association (AMA) says the bill is unnecessary because 99% of claims are already submitted electronically. It speculates that the legislation may be used for “punitive” purposes.

During previous negotiations with the government, the AMA has threatened to bill patients directly. This would be a huge financial and logistical headache for the province, but the new legislation would eliminate the AMA threat.

“It leaves us helpless or faced with withdrawing all [but emergency] services,” says AMA President Rowland Nichol.

Government control over payment also threatens physicians’ freedom to practise clinical medicine as they choose, the association states. The AMA says Alberta’s health department can penalize physicians for advocating for quality care merely by having “troubles” with its computers and payment processes.

“This would obviously affect our ability to speak out with our patients for quality care,” stated Nichol. “In the last few months alone, more than 9000 Albertans wrote and called to tell us of the terrible toll that waiting for health care has taken on their lives and families. We know they expect us to be their advocates.”

The AMA is also concerned about the broad allowance Bill 7 gives the minister of health to make any regulations considered necessary to operate the provincial health insurance plan efficiently. Currently, payment takes an average of 14 days. “What would happen if the department’s mind-

set changed?” asked Nichol. “Would the broad ability to change regulations for purposes of ‘efficiency’ mean that payments would instead take much longer? Could the guise of efficiency cover punitive regulations at a time of tension between the profession and the government? These things aren’t inconceivable.”

Nichol calls this vague efficiency clause “undemocratic” because “they’re taking away our right to review, our right for accountability. They’re allowing things to happen behind closed doors.”

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In addition, Nichol is concerned about how the bill will affect people without provincial insurance, including out-of-province visitors and the approximately 5% of Albertans who aren’t enrolled.

Alberta Health Minister Halvar Jonson said the bill is designed to allow the government to “administer its health care system in an efficient and effective manner . . . in the years to come.”

But Nichol responds that “if the goal is to increase efficiency it would make sense to discuss this with us. We use it, so therefore we should be involved.”

Instead, said Nichol, “we were blindsided by the introduction of Bill 7 — in total absence of any consultation or even the common courtesy of any advance notice. The government says it wants commitment and reform, but as private industry has learned, you cannot embark on change without trust and goodwill among the parties involved. For physicians, Bill 7 has dealt a body blow to our trust and goodwill. It is the perfect move to alienate and to anger physicians.”

The association has lobbied members of the legislature and advised the minister of health that the bill contravenes the current AMA agreement with the Alberta government. It also launched an ad campaign. Nichol is “encouraged” by the delay in third reading, but “they could bring the bill back anytime. We would like it removed.” The AMA, which has asked its members to lobby legislature members, plans to continue discussions with the minister of health and his department this fall.

*Barbara Sibbald is CMAJ’s Associate Editor, News and Features.*