



# **BILL NO. 144**

*Government Bill*

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*4th Session, 61st General Assembly  
Nova Scotia  
61 Elizabeth II, 2012*

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## **An Act Respecting the Funding and Provision of Health Services**

CHAPTER 44  
ACTS OF 2012

**AS ASSENTED TO BY THE LIEUTENANT GOVERNOR  
DECEMBER 6, 2012**

The Honourable David A. Wilson  
*Minister of Health and Wellness*

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*Halifax, Nova Scotia  
Printed by Authority of the Speaker of the House of Assembly*

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## **An Act Respecting the Funding and Provision of Health Services**

WHEREAS the people of Nova Scotia and their Government

(a) recognize that Medicare—our system of publicly financed health care—reflects values that are fundamental to Nova Scotians and to Canadians,

(b) believe that the preservation of Medicare is essential to the maintenance of a fiscally sustainable health-care system in Nova Scotia,

(c) confirm their enduring commitment to a single-tier public health-care system that ensures access to necessary medical care is based solely on need and not on an individual's ability to pay,

(d) confirm their enduring commitment to the principles of public administration, comprehensiveness, universality, portability and accessibility as provided for in the *Canada Health Act*,

(e) affirm their commitment to the principle of health equity and the realization of a health-care system that provides all Nova Scotians with an equitable opportunity to achieve and maintain good health,

(f) believe that public accountability, transparency and collaboration are essential components of a health-care system that is governed and managed in a way that reflects the public interest and that promotes efficient delivery of high quality health services to all Nova Scotians, and

(g) continue to support the prohibition of extra billing and user fees in accordance with the *Canada Health Act*;

THEREFORE be it enacted by the Governor and Assembly as follows:

**1** This Act may be cited as the *Insured Health Services Act*.

**2** The purpose of this Act is to establish and maintain

(a) a program of insured health services for the public under which access to medically necessary care is based on need and not on an individual's ability to pay, and that satisfies the eligibility criteria for federal funding under the *Canada Health Act*; and

(b) a program of insured designated services for the public.

**3** In this Act,

(a) “audit” includes a value-for-money audit;

(b) “auditor” means a person appointed or engaged by the Minister to conduct an audit;

(c) “Board” means the Insured Health Services Appeal Board;

(d) “Chair” means the Chair of the Board;

- (e) “dentist” means an individual licensed to practise dentistry under the *Dental Act*;
- (f) “designated service provider” means
- (i) an optometrist,
  - (ii) a dentist, or
  - (iii) any prescribed health-care practitioner who provides insured designated services;
- (g) “Doctors Nova Scotia” means the body corporate constituted the sole bargaining agent for any and all duly qualified medical practitioners under the *Doctors Nova Scotia Act*;
- (h) “final-offer arbitration” means the dispute-resolution process provided for in Section 17;
- (i) “health-card number” means a unique identification number assigned to an insured person by the Minister;
- (j) “health-care practitioner” means a regulated health professional or an individual who
- (i) provides health-care services, and
  - (ii) is not regulated by a regulated health-profession body;
- (k) “Her Majesty” means Her Majesty in right of the Province;
- (l) “hospital” means
- (a) a hospital within the meaning of the *Hospitals Act*; or
  - (b) a facility approved by the Minister as a hospital for the purpose of this Act;
- (m) “Hospital Insurance Plan” means the plan for insured hospital services established pursuant to this Act;
- (n) “insured designated service” means a health service, other than an insured health service, including
- (i) a service provided by a dentist,
  - (ii) a service provided by an optometrist, and
  - (iii) any other health service provided by a designated service provider,
- that is approved by the Minister and funded by Her Majesty;
- (o) “insured health service” means an insured hospital service or an insured professional service;
- (p) “insured hospital service” means an in-patient service or an out-patient service that is approved by the Minister and funded by Her Majesty;
- (q) “insured person” means an individual who is registered with the Program;
- (r) “insured professional service” means
- (i) a service provided by a physician,

(ii) a service in the field of oral and maxillofacial surgery provided by a dentist, or

(iii) any other health service provided by a provider,

that is medically necessary, approved by the Minister and funded by Her Majesty;

(s) “insured service” means an insured hospital service, an insured professional service or an insured designated service;

(t) “insurer” has the same meaning as in the *Insurance Act*;

(u) “Minister” means the Minister of Health and Wellness;

(v) “M.S.I. Plan” means the Medical Services Insurance Plan administered by or on behalf of the Minister for the payment to providers for providing insured professional services pursuant to this Act;

(w) “optometrist” means an individual licensed to practise optometry under the *Optometry Act*;

(x) “personal health information” has the same meaning as in the *Personal Health Information Act*;

(y) “physician” means an individual licensed to practise medicine under the *Medical Act*;

(z) “prescribed” means prescribed by the regulations;

(za) “Program” means the Nova Scotia Health Insurance Program, which comprises the Hospital Insurance Plan, the M.S.I. Plan and insured designated services;

(zb) “prosthetist” means an individual who

(i) is certified as a prosthetist by the Canadian Board for Certification of Prosthetists and Orthotists, or

(ii) possesses the prescribed qualifications;

(zc) “provider” means

(i) a physician,

(ii) a dentist practising in the field of oral and maxillofacial surgery, or

(iii) any prescribed regulated health professional who provides insured professional services;

(zd) “regulated health professional” means an individual who is licensed or registered to provide health care under an Act of the Legislature specific to his or her profession and who provides health care;

(ze) “regulated health-profession body” means a body with statutory authority for the regulation of a regulated health professional;

(zf) “resident” means a resident of the Province as defined by the regulations;

(zg) “Superintendent” has the same meaning as in the *Insurance Act*;

(zh) “tariff” means a system of payment to a provider or a designated service provider for providing insured professional services or insured designated services;

(zi) “value-for-money audit” means an assessment of whether money is spent with due regard for economy and efficiency and whether appropriate procedures are in place to measure and report on the effectiveness of a provider compensation mechanism.

4 In the event of a conflict between this Act and any other Act, this Act prevails.

## INSURED SERVICES

5 (1) Subject to Section 6 and subsections 7(1) and (2), every resident is entitled to become an insured person and to receive insured services upon uniform terms and conditions.

(2) An individual who

(a) is not a resident;

(b) is enrolled under a law, plan or scheme in another province of Canada in respect of which the Province has made a reciprocal agreement related to the provision of insured health services; and

(c) provides evidence of enrolment to a provider,

is, subject to the agreement, entitled to receive insured health services under this Act, and this Act applies in respect of those insured services as if the individual were an insured person under this Act.

6 Where an individual is

(a) entitled to or eligible for payment of the cost of insured professional services from a provider; or

(b) entitled to or eligible for insured hospital services,

under the *Workers' Compensation Act* or any other Act of the Legislature or of the Parliament of Canada or under any law of any other jurisdiction, either within or outside of Canada, that person is not insured for or entitled to the same services under this Act.

7 (1) Every resident, other than a dependant of a resident, shall register himself or herself and the resident's dependants with the Program in the prescribed manner.

(2) It is the responsibility of every individual registering himself, herself or a dependant to establish his, her or the dependant's entitlement to be, or continue to be, an insured person.

(3) Every individual registered with the Program is an insured person and must be issued a health-card number by the Minister.

(4) No person shall knowingly, for the purpose of obtaining insured services, use a health-card number other than the health-card number issued to that person.

8 For the purpose of this Act, a spouse or dependant of a member of the Canadian Forces moving to the Province from outside Canada is entitled to become an insured person commencing on the day the spouse or dependant takes up residence in the Province.

## ADMINISTRATION

**9 (1)** The Minister may appoint a person to administer and operate the Program, or any part of the Program, on behalf of the Minister.

**(2)** A person appointed by the Minister pursuant to subsection (1) is

(a) a public body for the purpose of the *Freedom of Information and Protection of Privacy Act*; and

(b) a custodian for the purpose of the *Personal Health Information Act*.

**10 (1)** The Minister may appoint a person or establish an advisory committee to advise the Minister with respect to any matter related to the administration of this Act.

**(2)** The Minister may

(a) specify the functions that any person appointed or committee established pursuant to subsection (1) is to perform, including the seeking of input from the public and the manner in which and period during which its functions are to be performed; and

(b) provide for the remuneration of and payment of expenses to any person appointed or members of a committee established pursuant to subsection (1).

**11** Subject to the regulations and in accordance with the *Health Authorities Act*, the Minister shall make payments to hospitals in respect of the cost of insured hospital services provided by the hospitals under this Act to insured persons and may make payments in respect of the cost of insured hospital services that are provided to insured persons by hospitals that are owned or operated by the Government of Canada or are situated outside the Province.

**12** The Minister may, with the approval of the Governor in Council, enter into an agreement with the Government of Canada or any province of Canada under which the Government of Canada or any province of Canada is to contribute to the cost of insured health services in accordance with such terms and conditions as the agreement provides.

**13** The Minister may do all acts and things that the Minister considers advisable for the purpose of carrying out effectively the intent and purpose of this Act, including health human-resource planning related to this Act.

**14 (1)** The Minister shall determine the insured services to be funded under the Program by approving as insured hospital services, insured professional services or insured designated services such services as the Minister considers appropriate.

**(2)** Notwithstanding Section 13 of the *Ombudsman Act*, that Act does not apply to a determination of the Minister pursuant to subsection (1).

**(3)** The Minister may

(a) oversee the administration of the Hospital Insurance Plan; and

(b) determine, in accordance with this Act and the *Health Authorities Act*, the amounts to be paid for insured hospital services provided to insured persons.

(4) The Minister may

(a) establish and amend the tariff for insured professional services in accordance with this Act;

(b) oversee the administration of the M.S.I. Plan, including the interpretation of the tariff and the determination of the tariff's application to the assessment of claims by providers; and

(c) conduct surveys and research in relation to insured professional services.

(5) The Minister may

(a) establish and amend the tariff for insured designated services in accordance with this Act;

(b) oversee the administration of the payment of insured designated services, including the interpretation of the tariff and the determination of the tariff's application to the assessment of claims by designated service providers; and

(c) conduct surveys and research in relation to insured designated services.

**15 (1)** The Minister may enter into an agreement with an association representing providers, including, without limiting the generality of the foregoing, Doctors Nova Scotia, respecting compensation for insured professional services and other matters of common concern between the Minister and the association.

(2) Subject to subsection (3), an agreement entered into pursuant to subsection (1) is binding on Her Majesty, the association representing providers and all providers covered by the agreement.

(3) An agreement entered into pursuant to subsection (1) is not effective until approved by the Governor in Council.

(4) An agreement entered into pursuant to subsection (1) may

(a) provide for the payment of compensation to providers on any basis including, without limiting the generality of the foregoing, a fee-for-service basis;

(b) specify the policy objectives to be pursued respecting the delivery of insured professional services including, without limiting the generality of the foregoing, the promotion and facilitation of collaboration among providers and between providers and other health-care practitioners; and

(c) provide for accountability mechanisms and processes in addition to audits required under this Act.

**16 (1)** For the purpose of subsection (2) and subject to the approval of the Governor in Council, the Minister may establish a funding framework respecting consolidated funding for providers, not including funding associated with an agreement entered into pursuant to Section 15.



(2) Subject to any agreement entered into and approved pursuant to Section 15 and in accordance with the funding framework established and approved pursuant to subsection (1), the Minister may enter into an agreement with

- (a) a provider;
- (b) an association representing providers; and
- (c) any other person the Minister considers necessary,

to establish, implement and carry out the M.S.I. Plan.

(3) An agreement entered into pursuant to subsection (2) is binding on Her Majesty and every provider, association representing providers or other person that has entered into or is covered by the agreement.

17 (1) Where a dispute between the Minister and an association representing providers or a class of providers in respect of compensation for insured professional services is not resolved by entering into an agreement pursuant to subsection 15(1), the dispute must be settled by final-offer arbitration.

(2) Final-offer arbitration must be conducted by a panel comprising one individual appointed by the Minister, one individual appointed by the association representing providers and one individual jointly appointed as chair of the panel by the individuals appointed by the Minister and the association.

(3) Where the individuals appointed by the Minister and the association representing providers are unable to agree upon a chair, the Chief Justice of Nova Scotia shall appoint a person as chair within 10 days of receipt by the Chief Justice of written notice of the failure to agree from either of the Minister or the association.

(4) Where a panel is appointed pursuant to this Section, each of the Minister and the association representing providers shall submit a final offer on all outstanding issues in the negotiation.

(5) The panel shall, after analyzing the submissions of the Minister and the association representing providers and making findings of fact, select either the Minister's final offer or the association's final offer without modification.

(6) Where the panel is unable to reach a unanimous selection, the selection of the majority of the members of the panel is the selection of the panel.

(7) The panel's selection pursuant to subsection (5) is final and binding on the Minister, the association representing providers and the providers represented by the association.

(8) The selection of the panel may not be altered except by

- (a) an Act of the Legislature; or
- (b) with the mutual agreement of the Minister and the association representing providers,

(i) altering the relative value for individual fee items or the fee for a service in, or

(ii) adding a new procedure to,  
a tariff for payment for insured professional services provided by a provider.

**18** An agreement, other than an agreement to which both the Minister and an association representing providers, including, without limiting the generality of the foregoing, Doctors Nova Scotia, are a party, between a provider and a hospital stipulating compensation for

(a) the provision of insured professional services;

(b) the provider undertaking to be on-call for the provision of insured professional services; or

(c) the provider to relocate or to maintain a presence in proximity to a hospital,

is void and no compensation is payable pursuant to the agreement, including compensation otherwise payable for termination of the agreement.

**19** The Minister may enter into agreements or make arrangements for payment to

(a) an employer of a provider or a designated service provider, if the provider or designated service provider has, with the consent of the employer, assigned to the employer the provider's right to collect fees under the M.S.I. Plan or for an insured designated service; or

(b) a partnership, association or group of providers, if the providers have assigned to the partnership, association or group of providers' right to collect fees under the M.S.I. Plan or for an insured designated service.

**20 (1)** The Minister may enter into an agreement with a health-care practitioner or an association representing health-care practitioners respecting compensation for insured designated services and other matters of common concern between the Minister and the health care practitioner or association.

**(2)** Subject to subsection (3), an agreement entered into pursuant to subsection (1) is binding on Her Majesty and the health-care practitioner or on Her Majesty, the association and all designated service providers covered by the agreement, as the case may be.

**(3)** An agreement entered into pursuant to subsection (1) is not effective until approved by the Governor in Council.

## AUDITS

**21** In Sections 22 to 30,

(a) "agreement" means an agreement made pursuant to this Act;

(b) "provider" includes

(i) a designated service provider; and

(ii) a health-care practitioner who has opted out of the Program pursuant to Section 32.

**22 (1)** The Minister may appoint or engage a person to perform an audit of a provider in relation to the matters specified by subsection 23(2).

(2) The Minister shall furnish every auditor with a certificate of the auditor's appointment or engagement and, on entering any place for the purpose of an inspection, an auditor shall, on demand, produce the certificate to the person in charge of the place.

**22 (1)** A provider is subject to an audit.

(2) Subject to subsection (3), an audit of a provider may relate to

(a) the claims, billings or other means specified in an agreement for recording the delivery by the provider of insured professional services or insured designated services;

(b) the reports submitted to the Minister by the provider in accordance with an agreement;

(c) the performance of deliverables in accordance with an agreement;

(d) the verification of the amounts provided to the provider by the Minister in accordance with an agreement;

(e) the verification of compliance with Sections 31 to 37;

(f) any other matter specified in an agreement; and

(g) any other prescribed matter.

(3) Where a provider is a health-care practitioner who has opted out of the Program pursuant to Section 32, an audit of the provider must be restricted to

(a) the verification of compliance with this Act and the regulations; and

(b) any other prescribed matter.

**24 (1)** For the purpose of conducting an audit of a provider, an auditor may

(a) upon providing reasonable notice to the owner or occupier, enter any premises, other than a private dwelling, during normal business hours if the auditor has reasonable grounds to believe that there are in the premises any books, accounts, documents, reports or patient records maintained by or on behalf of the provider;

(b) examine and audit any books, accounts, documents, reports and patient records in any form, including electronic form, that are maintained by or on behalf of the provider; and

(c) upon giving a receipt therefor, remove for examination and copy any books, accounts, documents, reports and patient records in any form that are maintained by or on behalf of the provider, and remove any computer hardware or software or any other data storage, processing or retrieval device or system necessary to

produce information contained in the books, accounts, documents, reports and patient records.

(2) An auditor shall not enter a private dwelling without the consent of the owner or occupier, except under the authority of a warrant issued under Section 25.

(3) Copies of books, accounts, documents, reports and patient records removed from any premises pursuant to clause (1)(c) and certified by the person making the copies as being true copies of the originals are admissible as evidence in any proceeding pursuant to this Act to the same extent as, and have the same evidentiary value as, the original books, accounts, documents, reports and patient records.

(4) An auditor shall, within a reasonable period following the completion of an audit and any proceedings arising out of the audit, return any books, accounts, documents, reports, patient records, computer hardware or software or data storage, processing or retrieval device or system removed from premises pursuant to clause (1)(c).

(5) For greater certainty, subsection (4) does not apply to a copy of a book, account, document, report or patient record removed from premises pursuant to clause (1)(c), regardless of whether the copy is made before or after the book, account, document, report or patient record is removed from the premises.

**25 (1)** Notwithstanding anything in this Act, where a justice is satisfied on evidence under oath by an auditor that there are reasonable grounds to believe that there are in a private dwelling books, accounts, documents, reports or patient records that are relevant to the conduct of an audit pursuant to this Act and cannot be otherwise reasonably obtained, the justice may issue a warrant authorizing an auditor named in the warrant to enter a private dwelling in accordance with the warrant to exercise the powers conferred under clauses 24(1)(b) and (c).

(2) A warrant issued under subsection (1) must state the date on which it expires, which date may be not later than 15 days after the warrant is issued.

(3) A justice may receive and consider an application for a warrant under subsection (1) without notice to and in the absence of the owner or occupier of the private dwelling.

(4) A warrant may be made subject to any conditions that are specified in the warrant.

**26 (1)** A provider and the owner or occupier of any premises where any books, accounts, documents, reports or patient records are maintained by or on behalf of the provider shall, at the request of an auditor,

(a) disclose to the auditor any personal health information of an insured person, without the consent of the insured person, if required by the auditor for the purpose of an audit; and

(b) provide to the auditor any books, accounts, documents, reports and patient records maintained by or on behalf of the provider.

**(2)** An auditor may disclose to another person anything disclosed or provided to the auditor pursuant to subsection (1) for the purpose of conducting an audit if

- (a) the disclosure is reasonably necessary for that purpose; and
- (b) the other person agrees not to disclose any person health information contained in the disclosure to any other person, except as required by law.

**27 (1)** Every person in premises shall, upon the request of an auditor who has entered the premises pursuant to clause 24(1)(a) or a warrant issued pursuant to Section 25,

- (a) give reasonable assistance to the auditor in the exercise of the auditor's powers under this Act;
- (b) supply copies or extracts from any books, accounts, documents, reports and patient records in any form, including electronic form, that are maintained by or on behalf of a provider at the expense of Her Majesty; and
- (c) produce and permit inspection of any books, accounts, documents, reports and patient records in any form, including electronic form, that are maintained by or on behalf of a provider that are located in the premises.

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

**28** No action for damages lies against a provider or any other person for disclosing any information, books, accounts, documents, reports and patient records in that person's possession or control if disclosed in good faith pursuant to this Act.

**29 (1)** At any time, an auditor who is exercising his or her powers under this Section may recommend to the Minister that a complaint be filed with a regulated health-profession body, if the auditor has reason to believe that a member of the regulated health-profession body is practising in a manner that is inconsistent with the member's professional responsibilities.

**(2)** Upon receiving a recommendation pursuant to subsection (1), the Minister may act on the recommendation and disclose such audit findings and information, including personal health information and business information, as the Minister considers appropriate to a regulated health-profession body.

**30 (1)** Where a provider is the subject of an audit, the Minister shall provide the findings of the audit to the provider.

**(2)** A provider who is the subject of an audit may appeal the findings of the audit in accordance with the regulations.

**(3)** The Minister may, as a result of the findings of an audit,

- (a) recover a payment made to a provider; and
- (b) be required to make a payment to a provider,

in the prescribed manner and circumstances.

## ACCESS TO INSURED SERVICES

**31** It is a condition of participation in the Program that providers and designated service providers comply with this Act, the regulations and the policies and procedures established by the Minister.

**32 (1)** A provider or a designated service provider may elect to opt out of the Program at any time by notifying the Minister, in writing, of the provider's or the designated service provider's election to collect fees in respect of insured professional services or insured designated services otherwise than under the Program.

**(2)** Subject to subsection (3), an election made pursuant to subsection (1) has effect on the first day of month immediately following the expiry of the period commencing 60 days after the day on which the Minister receives the notice of election.

**(3)** Where a provider or a designated service provider makes an election pursuant to subsection (1) within one month after the date on which the provider or the designated service provider first becomes entitled to practise in the Province, the election has effect on the date on which the provider or the designated service provider first becomes entitled to practise in the Province.

**(4)** Subject to the regulations, a provider or a designated service provider who has made an election pursuant to subsection (1) may, at any time, revoke the election and opt into the Program by notifying the Minister, in writing, of the revocation.

**(5)** A revocation made pursuant to subsection (4) has effect on the first day of month immediately following the expiry of the period commencing 60 days after the day on which the Minister receives the notice of revocation.

**(6)** The Minister shall provide to a provider or designated provider confirmation of receipt of

- (a) a notice of election provided to the Minister pursuant to subsection (1); or
- (b) a notice of revocation provided to the Minister pursuant to subsection (4).

**(7)** This Section does not apply to a prosthetist or a prescribed health-care practitioner providing an insured designated service.

**33 (1)** In this Section and Section 34, "amount" means an amount inclusive of any amount approved by the Minister in a tariff as part of an insured professional service or insured designated service for materials, consultations, procedures, use of an office, clinic or other place or for any other prescribed matter that relates to the provision of the insured professional service or insured designated service.

**(2)** No person shall, in respect of the provision of an insured professional service or insured designated service to an insured person by a provider or designated service provider, charge or collect payment of any amount from the insured person or the insured persons' insurer that is payable under the Program for the insured professional service or insured designated service.

**(3)** Subsection (2) does not apply if

(a) the provider or the designated service provider is a dentist or a prescribed health-care practitioner providing an insured designated service;

(b) at the time the service is provided, the service is not an insured professional service or an insured designated service; or

(c) the service is provided after the provider or designated service provider makes an election under Section 32, which election is in effect at the time the service is provided, and the provider or designated service provider, before providing the service, gives the prescribed notice to the insured person of

(i) the provider's or designated service provider's election,

(ii) the provider's or designated service provider's intention to collect the amount of the provider's or designated service provider's fees for the service from the insured person, and

(iii) the options available to the insured person to receive the service under the Program.

**(4)** Where a provider or a designated service provider provides a service that is not an insured professional service or an insured designated service to an insured person in conjunction with an insured professional service or an insured designated service, the provider or designated service provider shall provide the insured person with

(a) the prescribed notice of the provider's or the designated service provider's intention to collect a fee from the insured person for the service that is not an insured professional service or an insured designated service; and

(b) an itemized written invoice for the service that is not an insured professional service or an insured designated service.

**(5)** Where an insured person is not provided with an itemized invoice as required by clause (4)(b), the insured person is not liable to pay for the service provided unless the service is provided in an emergency situation that makes it impractical for the provider or designated service provider to comply with clause (4)(b).

**34 (1)** No person shall, in respect of the provision of an insured professional service or insured designated service to an insured person by a provider or designated service provider, charge or collect payment of an amount from the insured person or the insured person's insurer that exceeds the amount payable under the Program for the insured professional service or insured designated service.

**(2)** This Section does not apply to a dentist, a prosthetist or a prescribed designated service provider providing an insured designated service.

**35 (1)** In this Section, "judge" means a judge of the Supreme Court of Nova Scotia.

**(2)** In the event of an anticipated or continuing contravention of subsection 34(1), the Minister may apply to a judge for an order enjoining a person from continuing or committing the contravention.

**(3)** On receipt of an application made pursuant to subsection (2), the judge may make any order that the judge considers appropriate.

**(4)** A judge may, on an *ex parte* application, grant an interim injunction pending the hearing of an application made pursuant to subsection (2) if the judge is satisfied that there is reason to believe that a person is likely to commit or is continuing to commit a contravention of subsection 34(1).

**36 (1)** Where a payment is collected from an insured person in contravention of subsection 33 (2), the payment must be refunded to the insured person.

**(2)** Where a payment is collected from an insured person in contravention of subsection 34(1), the amount by which the payment exceeds the amount payable for services under the Program for the insured professional service or insured designated service provided must be refunded to the insured person.

**(3)** Where a payment that an insured person is not liable to pay pursuant to subsection 33(5) is collected from the insured person, the payment must be refunded to the insured person.

**(4)** An amount that is to be refunded under this Section is a debt due to the person who paid the amount and may be sued for and recovered as an ordinary debt in any court of competent jurisdiction.

**37 (1)** No person shall give preferential access to an insured service in exchange for any payment or advantage obtained from or on behalf of an insured person.

**(2)** Where an employer or contractor is charged with contravening subsection (1) as a result of an act committed by an employee, subcontractor or a person with whom the employer or contractor contracted, it is a defence to the charge that the employer or contractor took all reasonable steps in the circumstances to prevent the contravention.

**38** An insured person who obtains an insured professional service or an insured designated service from a provider or a designated service provider who has made an election under Section 32, which election is in effect at the time the service is provided, is not entitled to reimbursement under the Program for any amount charged for the service.

#### INSURED HEALTH SERVICES APPEAL BOARD

**39 (1)** The Insured Health Services Appeal Board is hereby established.

**(2)** The Board consists of no fewer than five members, all of whom must be appointed by the Governor in Council.

**(3)** The members of the Board must include at least

- (a) one physician;
- (b) one dentist;



- (c) one optometrist; and
- (d) one lay person.

**40** The Governor in Council shall designate one of the members of the Board to serve as Chair.

**41** A member of the Board holds office for the term specified in the order by which the member is appointed, and may continue to hold office until the member is re-appointed, a successor is appointed or the appointment is revoked.

**42** A member of the Board may, in accordance with the regulations,

- (a) be paid remuneration; and
- (b) be reimbursed for reasonable expenses necessarily incurred in the performance of the member's duties.

**43** The Board shall meet at the call of the Chair.

**44** A vacancy on the Board does not impair the capacity of the remaining members of the Board to act.

**45** The Board shall

- (a) hear and determine appeals made under Section 49; and
- (b) hear and determine any prescribed matter.

**46** The Chair shall appoint a panel of three members of the Board for the purpose of hearing and determining an appeal or a prescribed matter.

**47** A majority of the members of the Board or a panel constitutes a quorum.

**48 (1)** Subject to this Section and the regulations, the Board may adopt such procedures for conducting its business in a fair, informal and expeditious manner as it considers appropriate.

**(2)** In deciding an appeal, a panel of the Board shall provide written reasons for its decision.

**(3)** The Board shall

- (a) not disclose to the public any personal health information that is received by the Board; and
- (b) remove from any document the Board releases to the public any personal health information contained therein.

**49 (1)** Subject to subsection (2), a person who is aggrieved by a decision made under the Program

- (a) refusing an application by that person to become or continue to be an insured person;
- (b) denying payment for insured services delivered within the Province;
- (c) denying payment of the cost of treatment undertaken outside the Province with respect to insured health services;
- (d) denying payment of the cost of treatment undertaken outside Canada with respect to insured health services; or
- (e) respecting any prescribed matter,

may appeal the decision to the Board.

**(2)** A determination of the Minister pursuant to subsection 14(1) is not subject to appeal and may not be questioned by the Board.

**50 (1)** The Board shall determine an appeal under Section 49 in accordance with this Act and the regulations, any applicable written policy approved by the Minister and any applicable tariff.

**(2)** The Board may reverse, uphold or vary a decision appealed under Section 49.

**51 (1)** A party may appeal on any question of law or mixed law and fact from the decision of the Board to the Nova Scotia Court of Appeal.

**(2)** The notice of appeal must be filed at the Nova Scotia Court of Appeal and served upon every other party not later than 30 days after the day on which the Board releases its written reasons for decision.

**(3)** The record on appeal from the findings of the Board consists of a copy of the transcript of the proceedings, the decision of the Board, the evidence before the Board certified by the Chair and such other materials as the Nova Scotia Court of Appeal determines are required for a fair hearing of the appeal.

**(4)** Where a matter is appealed to the Nova Scotia Court of Appeal pursuant to this Section, the decision of the Board takes effect immediately unless the Court of Appeal, upon application, grants a stay.

**(5)** On an appeal under this Section, the standard of review to be applied in respect of a decision of the Board is reasonableness.

#### RIGHT OF RECOVERY AND INSURANCE LEVY

**52** In Sections 54 to 65, “services” means any of the following services for which costs have been or will in the future be paid by Her Majesty in relation to negligence or a wrongful act or omission:

- (a) ambulance services in respect of which Her Majesty may make a payment under the *Emergency Health Services Act*;
- (b) benefits under the Insured Prescription Drug Plan established under the *Fair Drug Pricing Act*;
- (c) care for an individual in a home for special care or child-care facility in respect of which Her Majesty may make a payment;
- (d) home-care services;
- (e) insured services; and
- (f) any prescribed care, services or benefits.

**53** Sections 54 to 62 apply except where personal injury has occurred as the result of the use or operation of a motor vehicle registered in the Province.

**54 (1)** Where, as a result of the negligence or wrongful act or omission of another, an individual suffers personal injuries for which the individual has received or will receive services, the individual

(a) has the same right to recover the sum paid for the services against the person who was negligent or was responsible for the wrongful act or omission as the individual would have had if the individual had been required to pay for the services; and

(b) where the individual makes any claim for the personal injuries suffered against the person who was negligent or who was responsible for the wrongful act or omission, shall claim and seek to recover the sum paid for the services.

**(2)** Where an individual recovers a sum under subsection (1) in respect of the services, the individual shall forthwith pay the sum recovered to the Minister.

**(3)** It is not a defence to an action for damages for personal injuries brought by an individual who has received or will receive services that an action taken by Her Majesty under Section 55 has been adjudicated upon.

**55 (1)** Her Majesty is subrogated to the rights of an individual under Section 54 to recover any sum paid by Her Majesty for services received or to be received by the individual, and an action may be maintained by Her Majesty, either in Her Majesty's name or in the name of the individual, for the recovery of that sum.

**(2)** It is not a defence to an action brought by Her Majesty under subsection (1) that a claim for damages has been adjudicated upon unless the claim included a claim for the sum paid for services.

**56** In an action under Section 54 or 55,

(a) the sum paid for services received or to be received by an injured individual is an amount equal to the charges, at rates approved by the Minister, that the individual would have been required to pay if the individual were not entitled to receive the services under this or any other Act of the Legislature; and

(b) a certificate of a person designated by the Minister as to the sum paid for services received by an injured individual is admissible in evidence and is *prima facie* proof of the sum paid.

**57** No release or settlement of a claim or judgment based upon a cause of action for damages for personal injuries in a case in which the injured individual has received or will receive services is binding upon Her Majesty unless the Minister or a person designated by the Minister approves the release or settlement in writing.

**58 (1)** Subject to Section 59, where, as a result of a claim pursuant to Section 54 or 55,

(a) the claim is settled or a judgment is obtained; and

(b) insufficient funds are available to provide complete recovery to the injured individual for the individual's losses and injuries and to pay the costs of the services received or to be received by the individual,

the injured individual and Her Majesty shall, in accordance with the prescribed terms and conditions, share *pro rata* in proportion to their respective losses in any recovery.

(2) No person acting on his or her own behalf or on behalf of another person, shall, without approval in writing pursuant to Section 59, settle a claim based upon a cause of action for damages for personal injuries in a case in which the injured individual has received or will receive services unless, the settlement provides for the recovery of the same *pro rata* proportion in respect of the cost of services received or to be received by the injured individual as the individual is to recover in respect of the individual's losses and injuries.

**59 (1)** Where

(a) an individual who makes a claim pursuant to Section 54 has obtained an offer for a settlement whereby the same *pro rata* proportion of the cost of the services received or to be received by the individual would be recovered as the individual would recover in respect of the individual's losses and injuries; and

(b) in the opinion of the Minister or a person designated by the Minister, the offer for settlement would not provide sufficient recovery in respect of the services,

the Minister or the person designated by the Minister may approve, in writing, a release or settlement whereby the individual settles the claim in respect of the individual's injuries or losses without settling the claim in respect of the cost of the services.

(2) A written approval provided under subsection (1) is not binding on Her Majesty in relation to a claim made pursuant to Section 55 in respect of the cost of services received or to be received by the individual.

**60** Every insurer carrying on business in the Province shall provide the Minister, when requested to do so, information relating to

(a) a claim made by an individual who has received or will receive services in connection with the claim against a person insured by the insurer; or

(b) the terms and conditions of any settlement entered into by a person insured by the insurer and an individual who has received or will receive services in connection with the claim.

**61** Where a person whose act or omission resulted in personal injuries to another is insured by an insurer, the insurer shall pay to the Minister any amount referable to a claim for recovery of the cost of services that would otherwise be paid to the person insured by the insurer and payment of that amount to the Minister discharges the liability of the insurer to pay that amount to the person insured by the insurer or to any person claiming under or on behalf of that person.

**62** Notwithstanding anything in this Act, the Minister may, in accordance with the regulations, authorize the payment of a fee to a lawyer who makes a claim on behalf of an injured individual and recovers a sum in respect of the cost of services received or to be received by the individual.

**63 (1)** The Minister may impose a levy to be paid by each motor vehicle insurer with respect to each vehicle insured by that insurer for the purpose of recovering the cost of services provided to third parties as a result of personal injury in motor vehicle accidents.

**(2)** No later than December 15th of each year, the Minister shall estimate the levy applicable to the following year and inform the Superintendent of the estimate.

**(3)** On the January 15th immediately following the date on which the Minister informs the Superintendent of the estimate, the Superintendent shall notify insurers of the estimate.

**(4)** Every insurer shall, within 60 days after the end of each quarter in each year, remit to the Superintendent the amount estimated in equal quarterly payments, the end of such quarters being March 31st, June 30th, September 30th and December 31st.

**(5)** Upon receipt of the funds payable by insurers pursuant to this Section, the Superintendent shall credit the amount to the recovery account identified by the Minister.

**64 (1)** In the year following the year for which the Minister estimates a levy pursuant to subsection 63(2), the Minister shall re-evaluate the accuracy of the estimate and, where necessary, adjust the estimate.

**(2)** The Minister shall advise the Superintendent of any adjustment to the estimate and the Superintendent shall notify insurers of the adjustment.

**(3)** Where the adjusted estimate is greater than the estimate made under subsection 63(2), every insurer shall remit payment forthwith of an amount equal to the adjusted estimate less the estimate made under subsection 63(2).

**(4)** Where the adjusted estimate is less than the estimate made under subsection 63(2), the account of each insurer must be credited with an amount equal to the estimate made under subsection 63(2) less the adjusted estimate.

**(5)** No interest is payable in respect of money owed to or by an insurer in connection with an adjustment made pursuant to this Section.

**65** Nothing in Sections 63 or 64 affects Her Majesty's right under this Act to recover the sum paid for services received or to be received by an individual who suffers personal injuries as the result of the negligence or wrongful act or omission of another.

## GENERAL

**66** Every person employed in the administration of this Act shall preserve confidentiality with respect to all matters that come to the person's knowledge in the course of the person's employment and, subject to this Act, shall not communicate any such matter to any other person except

- (a) for purpose of this Act;
- (b) to a provider for any purpose relating to insured professional services that the provider has provided or has properly been requested to provide;
- (c) to a designated service provider for any purpose relating to insured designated services that the designated service provider has provided or has properly been requested to provide; or
- (d) in such other circumstances as the Minister may determine.

**67** Where requested to do so by a person appointed or advisory committee established under Section 10 or by the Board, the Minister or a person acting on the Minister's behalf shall disclose to the person, advisory committee or Board, without the consent of the individual to whom the information relates,

- (a) the name and address of an individual who requested to be provided with an insured service or to whom an insured service was provided;
- (b) the date on which the insured service was requested by or provided to the individual;
- (c) a description of the insured service requested by or provided to the individual;
- (d) any diagnosis given by the person who was requested to or did provide the insured service to the individual;
- (e) the name and address of the person who was requested to or did provide the insured service;
- (f) the amount paid for the insured service and the person to whom the amount was paid; and
- (g) any other information pertaining to the nature of the insured service requested by or provided to the individual.

**68 (1)** No action lies against a person, a hospital or other institution for disclosing or furnishing any information, books, accounts, documents, reports or patient records in accordance with this Act.

**(2)** No person shall discipline or penalize any person for informing the Minister that an offence contrary to this Act or any other Act of the Legislature or the Parliament of Canada has been or is about to be committed unless the person who provided the information acts maliciously and the information is not true.

**69** Nothing in this Act affects the right of an insured person to choose his or her own health-care practitioner or imposes an obligation on a health-care practitioner to treat an insured person.

**70** A person that

- (a) contravenes this Act or the regulations; or
- (b) wilfully makes a false statement in any report, form or other document required to enable an amount to be paid under the Program in respect of an insured service,

is guilty of an offence and liable on summary conviction, in the case of a first offence, to a fine of not more than \$10,000 and, in the case of a second or subsequent offence, to a fine of not more than \$20,000.

**71 (1)** The Governor in Council may make regulations respecting the Hospital Insurance Plan including, without limiting the generality of the foregoing, regulations

- (a) establishing the Hospital Insurance Plan;
- (b) prescribing the in-patient and out-patient services to which insured persons are entitled;
- (c) prescribing the terms and conditions under which insured persons are entitled to insured hospital services;
- (d) prescribing the terms and conditions under which payments are to be made to a hospital for services provided by the hospital;
- (e) respecting the amount and manner of payment for insured hospital services provided by a hospital within or outside of the Province to residents;
- (f) respecting the approval of facilities by the Minister as hospitals for the purpose of this Act;
- (g) respecting the services that a hospital is required to provide to qualify the hospital for payment under this Act;
- (h) respecting reciprocal arrangements with other provinces of Canada for the provision of insured hospital services.

**(2)** The Governor in Council may make regulations respecting the M.S.I. Plan including, without limiting the generality of the foregoing, regulations

- (a) establishing the M.S.I. Plan;
- (b) prescribing a regulated health professional for the purpose of the definition of “provider”;
- (c) respecting the compensation of providers;
- (d) respecting final-offer arbitration under Section 17;

(e) respecting the process for appeal by providers within the meaning of Section 21 who disagree with the results of an audit performed under Section 23;

(f) respecting the insured professional services to which insured persons are entitled;

(g) prescribing the manner of and period for submitting claims for insured professional services provided either within or outside of the Province to residents;

(h) respecting the information required to permit the assessment and payment of claims for insured professional services;

(i) respecting measures to prevent unnecessary utilization or provision of insured professional services;

(j) respecting reciprocal arrangements with other provinces of Canada for the provision of insured professional services.

**(3)** The Governor in Council may make regulations respecting insured designated services including, without limiting the generality of the foregoing, regulations

(a) prescribing a health-care practitioner for the purpose of the definition of “designated service provider”;

(b) prescribing the qualifications for the purpose of the definition of “prosthetist”;

(c) respecting the insured designated services to which insured persons are entitled;

(d) prescribing health-care practitioners for the purpose of subsection 32(7);

(e) prescribing designated service providers for the purpose of subsection 34(2);

(f) prescribing the manner of and time for submitting claims for insured designated services provided either within or outside of the Province to residents;

(g) respecting the information required to permit the assessment and payment of claims for insured designated services;

(h) prescribing measures to prevent unnecessary utilization or provision of insured designated services.

**(4)** The Governor in Council may make regulations

(a) defining “resident” for the purpose of this Act;

(b) respecting the registration of a resident and the resident’s dependants with the Program;

(c) respecting the requirements for payment for insured health services provided to an insured person in another province of Canada;

(d) respecting the requirements for payment for insured health services provided to an insured person outside of Canada;

(e) respecting the persons appointed and advisory committees established under Section 10;



(f) requiring a provider or a designated service provider to be approved by the Minister and prescribing the requirements for a health-care practitioner to become approved as a provider or a designated service provider;

(g) respecting the matters to be audited and the conduct of an audit;

(h) respecting the process for appealing the findings of an audit;

(i) prescribing the manner and circumstances in which the Minister may, as a result of the findings of an audit,

(i) recover a payment made, or

(ii) be required to make a payment,

to a provider within the meaning of Section 21;

(j) respecting the opting in and opting out of the Program;

(k) prescribing health-care practitioners for the purpose of clause 33(3)(a);

(l) prescribing the notice required under clause 33(3)(c);

(m) respecting the provision of information respecting the options available to an insured person to receive services under the Program for the purpose of subclause 33(3)(c)(iii);

(n) respecting the form and information to be included on an itemized invoice for the purpose of clause 33(4)(b);

(o) respecting the Board, including the complement of a panel and the term of a member of the Board;

(p) respecting appeals to the Board;

(q) prescribing matters for the purpose of clause 45(b);

(r) prescribing care, services or benefits for the purpose of subsection 52(1);

(s) respecting the *pro rata* sharing of any recovery made in respect of services within the meaning of Section 52 received by an individual who suffers personal injuries as a result of the negligence or wrongful act or omission of another;

(t) respecting the provision of information to the Minister by insurers;

(u) respecting fees that may be paid to a lawyer pursuant to Section 62 and any conditions or requirements in respect of the payment of the fees;

(v) respecting third-party liability claims;

(w) respecting health human-resource planning;

(x) prohibiting charges by providers in excess of any tariff;

(y) respecting limits on direct billing;

(z) respecting preferential access to insured services;

(za) respecting the forms and records to be used for the purpose of this Act and the regulations;

(zb) prescribing anything that, by this Act, is required to be prescribed or is to be determined or regulated by the regulations;

- (zc) defining any word or expression used but not defined in this Act;
- (zd) further defining any word or expression defined in this Act;
- (ze) respecting any matter or thing the Governor in Council considers necessary or advisable to effectively carry out the intent and purpose of this Act.

(5) The exercise by the Governor in Council of the authority contained in this Section is a regulation within the meaning of the *Regulations Act*.

**72 Chapter 5 of the Acts of 2005, the *Emergency Health Services Act*, is amended by adding immediately after Section 6 the following Section:**

6A (1) Where an agreement made pursuant to Section 6 authorizes a person to provide ambulance services, the fees the person may collect for ambulance services are limited to those prescribed by the regulations.

(2) The Minister may make regulations

(a) prescribing the fees for ambulance services that a person may collect;

(b) respecting the procedure for resolving disputes related to the imposition and collection of fees for ambulance services by a person authorized to provide ambulance services.

(3) The exercise by the Minister of the authority contained in this Section is regulations within the meaning of the *Regulations Act*.

**73 The Schedule to Chapter 5 of the Acts of 1993, the *Freedom of Information and Protection of Privacy Act*, as enacted by Chapter 11 of the Acts of 1999 (Second Session) and amended by Chapter 67 of the Acts of 2011, is further amended by striking out “Health Services and Insurance Commission” in the sixty-eighth line and substituting “Insured Health Services Appeal Board”.**

**74 Chapter 197 of the Revised Statutes, 1989, the *Health Services and Insurance Act*, is repealed.**

**75 Chapter 208 of the Revised Statutes, 1989, the *Hospitals Act*, is amended by adding immediately after Section 3 the following Section:**

3A The Minister may

(a) take all proper steps to develop and maintain a co-ordinated system of hospitals, training schools and related health-care facilities throughout the Province; and

(b) on such terms and conditions as the Minister considers proper, approve all Provincial grants to hospitals and other health-care facilities for construction purposes and for the purpose of purchasing, leasing or otherwise acquiring equipment.

**76 Chapter 208 is further amended by adding immediately after Section 4 the following Section:**

4A (1) Subject to the approval of the Governor in Council and to the *Finance Act*, and notwithstanding any other provision of this Act or the *Health Protection Act*, the Minister on behalf of the Her Majesty in right of the Province may, for the purpose of establishing, maintaining, assisting, expanding, constructing or equipping hospitals or other health-care facilities in the Province,

(a) purchase or otherwise acquire, hold, improve and maintain real or personal property and lease, sell or convey the same for such consideration and on such conditions as the Minister considers proper;

(b) construct, improve, renovate, alter, add to, repair, extend, provide services for, move or remove any building, chattel or other thing;

(c) purchase or otherwise acquire control of a hospital or health-care facility from any person on such terms and in such manner as the Minister considers proper;

(d) make grants or loans to any person, and guarantee loans of any person, on such terms and in such manner as the Minister considers proper;

(e) purchase or otherwise acquire, or guarantee, bonds, debentures, notes or other debt obligations of any person, on such terms and in such manner as the Minister considers proper;

(f) do such other matters or things and exercise such other powers as the Minister considers desirable for the better carrying out of the intent and purpose of this Section.

(2) Notwithstanding subsection (1), the approval of the Governor in Council is not required where anything is done pursuant to subsection (1) and the amount involved does not exceed one million dollars or such other amount as is prescribed by the Governor in Council by the regulations.

(3) Such sums as are authorized by subsection (1) may be chargeable to or paid out of Capital Account, Special Reserve Account or the revenue of the Province for any year.

(4) Subject to the approval of the Governor in Council, the Minister may, on behalf of Her Majesty in right of the Province, execute all necessary agreements or other instruments whatsoever considered necessary or desirable to carry out the intent and purpose of this Section.

**77 Subsection 11(1) of Chapter 208, as amended by Chapter 7 of the Acts of 1994-95, is further amended by striking out “*Health Services and Insurance*” in the second line and substituting “*Insured Health Services*”.**

**78 Subsection 12(1) of Chapter 208, as amended by Chapter 7 of the Acts of 1994-95, is further amended by striking out “*Health Services and Insurance*” in the third line and substituting “*Insured Health Services*”.**

79 Section 17 of Chapter 208, as amended by Chapter 42 of the Acts of 2005 and Chapter 5 of the Acts of 2008, is further amended by adding immediately after clause (d) the following clause:

(da) prescribing an amount for the purpose of subsection (2) of Section 4A;

80 Clause 2(o) of Chapter 36 of the Acts of 2010, the *Human Organ and Tissue Donation Act*, is amended by striking out “*Health Services and Insurance*” in the third line and substituting “*Insured Health Services*”.

81 The heading immediately following Section 107 of Chapter 231 of the Revised Statutes, 1989, the *Insurance Act*, as enacted by Chapter 20 of the Acts of 1992 and amended by Chapter 35 of the Acts of 2011, is further amended by striking out “HEALTH SERVICES AND INSURANCE” in the second line and substituting “INSURED HEALTH SERVICES”.

82 (1) Subsection 107A(1) of Chapter 231, as enacted by Chapter 20 of the Acts of 1992 and amended by Chapter 14 of the Acts of 1992, is further amended by striking out “*Health Services and Insurance*” in the second last and last lines and substituting “*Insured Health Services*”.

(2) Subsection 107A(2) of Chapter 231, as enacted by Chapter 20 of the Acts of 1992, is amended by striking out “*Health Services and Insurance*” in the third line and substituting “*Insured Health Services*”.

83 Clause 139Q(2)(b) of Chapter 231, as enacted by Chapter 20 of the Acts of 1995-96, is amended by striking out “*Health Services and Insurance*” in the fifth and sixth lines and substituting “*Insured Health Services*”.

84 Subsection 10(2) of Chapter 280 of the Revised Statutes, 1989, the *Medical Radiation Technologists Act*, is amended by striking out “Nova Scotia Health Services and Insurance Commission” in the third and fourth lines and substituting “Minister of Health and Wellness”.

85 Section 5 of Chapter 281 of the Revised Statutes, 1989, the *Medical Services Act*, is amended by striking out “*Health Services and Insurance*” in the first and second lines and substituting “*Insured Health Services*”.

86 Section 4 of Chapter 303 of the Revised Statutes, 1989, the *Municipal Hospitals Loan Act*, is amended by striking out “Health Services and Insurance Commission” in the sixth line and substituting “Minister of Health and Wellness”.

87 (1) Subsection 13(1) of Chapter 313 of the Revised Statutes, 1989, the *Nova Scotia Hospital Act*, is amended by striking out “*Health Services and Insurance*” in the third line and substituting “*Insured Health Services*”.

(2) Subsection 13(2) of Chapter 313 is amended by

(a) striking out “Health Services and Insurance Commission and the Commissioners” in the second and third line and substituting “Minister”;

(b) striking out “*Health Services and Insurance*” in the fifth line and substituting “*Insured Health Services*”.

(3) Subsection 13(3) of Chapter 313 is amended by striking out “*Health Services and Insurance*” in the second line and substituting “*Insured Health Services*”.

88 Section 3 of Chapter 41 of the Acts of 2010, the *Personal Health Information Act*, as amended by Chapter 31 of the Acts of 2012, is further amended by

(a) striking out “*Health Services and Insurance*” in the second and third lines of clause (j) and substituting “*Insured Health Services*”;

(b) striking out “*Health Services and Insurance*” in the second and third lines of clause (o) and substituting “*Insured Health Services*”; and

(c) striking out “*Health Services and Insurance*” in the first and second lines of clause (y) and substituting “*Insured Health Services*”.

89 Clause 2(q) of Chapter 32 of the Acts of 2004, the *Prescription Monitoring Act*, is amended by striking out “*Health Services and Insurance*” in the first and second lines and substituting “*Insured Health Services*”.

90 Section 21 of Chapter 32 is amended by striking out “*Health Services and Insurance*” in the second and in the third and fourth lines and substituting in each case “*Insured Health Services*”.

91 Clause 31(2)(a) of Chapter 17 of the Acts of 1995-96, the *Revenue Act*, is amended by striking out “*Health Services and Insurance*” in the second line and substituting “*Insured Health Services*”.

92 Subclause 2(1)(d)(i) of Chapter 46 of the Acts of 2005, the *Tobacco Damages and Health-care Costs Recovery Act*, is repealed and the following subclauses substituted:

(i) insured hospital services and insured professional services under the *Insured Health Services Act*,

(ia) benefits under the Insured Prescription Drug Plan established under the *Fair Drug Pricing Act*,

93 Subsection 109(2) of Chapter 10 of the Acts of 1994-95, the *Workers’ Compensation Act*, is amended by striking out “*Health Services and Insurance*” in the second and third lines and substituting “*Insured Health Services*”.

94 Section 163 of Chapter 10 is amended by striking out “Nova Scotia Health Services and Insurance Commission” in the second line and substituting “Minister of Health and Wellness”.

**95** This Act comes into force on such day as the Governor in Council orders and declares by proclamation.

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