

1986

c 20 Health Care Accessibility Act, 1986

Ontario

© Queen's Printer for Ontario, 1986

Follow this and additional works at: http://digitalcommons.osgoode.yorku.ca/ontario_statutes

Bibliographic Citation

Health Care Accessibility Act, 1986, SO 1986, c 20

Repository Citation

Ontario (1986) "c 20 Health Care Accessibility Act, 1986," *Ontario: Annual Statutes*: Vol. 1986, Article 24.

Available at: http://digitalcommons.osgoode.yorku.ca/ontario_statutes/vol1986/iss1/24

CHAPTER 20

**An Act regulating
the Amounts that Persons may charge
for rendering Services that are Insured Services
under the Health Insurance Act**

Assented to June 20th, 1986

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. In this Act,

Definitions

“Board” means the Health Services Appeal Board under the *Health Insurance Act*;

R.S.O. 1980,
c. 197

“dentist” means a person who is authorized under the *Health Disciplines Act* to engage in the practice of dentistry;

R.S.O. 1980,
c. 196

“General Manager” means the General Manager appointed under section 4 of the *Health Insurance Act*;

“insured person” means a person who is entitled to insured services under the *Health Insurance Act* and the regulations made under it;

“insured service” means a service that is an insured service under the *Health Insurance Act* and the regulations made under it;

“Minister” means the Minister of Health;

“optometrist” means a person who is authorized under the *Health Disciplines Act* to engage in the practice of optometry;

“physician” means a legally qualified medical practitioner who is lawfully entitled to practise medicine in Ontario;

“Plan” means the Ontario Health Insurance Plan referred to in section 10 of the *Health Insurance Act*;

“practitioner” means a physician, an optometrist or a dentist;

“unauthorized payment” means the amount of money by which the amount a practitioner has charged and been paid for rendering an insured service to an insured person exceeds the amount payable under the Plan for rendering that service to that insured person.

Persons
not to charge
more than
OHIP
R.S.O. 1980,
c. 197

2.—(1) A physician or an optometrist who does not submit his or her accounts directly to the Plan under section 21 or 22 of the *Health Insurance Act* or a dentist shall not charge more or accept payment for more than the amount payable under the Plan for rendering an insured service to an insured person.

Account
due

(2) A practitioner referred to in subsection (1) shall not accept payment in respect of an insured service rendered to an insured person until after the practitioner receives notice that the patient has been reimbursed by the Plan unless the insured person consents to make the payment on an earlier date.

Agreement
for
determining
amount

3.—(1) The Minister of Health may enter into agreements with the associations mentioned in subsection (2), as representatives of physicians, dentists and optometrists, to provide for methods of negotiating and determining the amounts payable under the Plan in respect of the rendering of insured services to insured persons.

Associations

(2) The associations representing physicians, dentists and optometrists are,

- (a) the Ontario Medical Association, in respect of physicians;
- (b) the Ontario Dental Association, in respect of dentists; and
- (c) the Ontario Association of Optometrists, in respect of optometrists.

Idem

(3) The Lieutenant Governor in Council may make a regulation providing that the Minister may enter into an agreement under subsection (1) with a specified person or organization other than an association mentioned in subsection (2).

General
Manager
to pay
excess

4.—(1) Where the Minister is satisfied that a person has paid an unauthorized payment to a practitioner, the Minister may direct the General Manager to pay to the person the amount of the unauthorized payment.

(2) Where a person has paid an unauthorized payment to a practitioner and the General Manager has paid the person under subsection (1), the practitioner is indebted to the Plan for an amount equal to the sum of the amount of the unauthorized payment and the administrative charge prescribed by the regulations.

Practitioner
indebted

(3) The General Manager may recover from a practitioner part or all of any money the practitioner owes the Plan under subsection (2) by set off against any money payable to the practitioner by the Plan.

General
Manager to
recover
money

(4) If the General Manager recovers money from a practitioner under subsection (3), the General Manager shall forthwith serve on the practitioner notice of the amount recovered, the account in respect of which it was recovered and the practitioner's right under section 5 to request a review of the issue of whether the practitioner has received the unauthorized payment.

Notice of
recovery

(5) The notice under subsection (4) shall be served by registered mail addressed to the person to whom the notice is being given at the person's latest known address and the service shall be considered to have been made on the seventh day after the day of mailing unless the person to whom notice is given establishes that he or she, acting in good faith, did not receive the notice until a later date.

Service
of notice

5.—(1) A practitioner is entitled to a review of the issue of whether the practitioner has received an unauthorized payment if within fifteen days after receiving the notice under subsection 4 (4) the practitioner mails or delivers to the General Manager written notice requesting a review.

Practitioner
entitled to
review

(2) The General Manager, upon receiving a request for a review in accordance with subsection (1), shall refer the matter to the Chairman of the Board.

Referral
for review

(3) The Chairman of the Board may from time to time appoint a member of the Board to conduct a review under this Act.

Persons
to review

(4) A member of the Board conducting a review shall inquire into whether the practitioner has received an unauthorized payment.

Terms of
reference

(5) The General Manager, the practitioner and the insured person have the right to make written representations to the member of the Board conducting the review.

Right to
representa-
tions

Advise
General
Manager

(6) The member of the Board conducting a review shall advise the General Manager and the practitioner in writing as to whether, in the person's opinion, the practitioner has received an unauthorized payment and, if so, the amount of that payment.

General
Manager
to pay

(7) If the member of the Board conducting a review advises the General Manager that the General Manager recovered more from the practitioner than the sum of the unauthorized payment, if any, and the administrative charge, the General Manager shall pay the practitioner,

- (a) if the member finds there was no unauthorized payment, the total amount recovered; or
- (b) if the member finds there was an unauthorized payment, the difference between the amount recovered and the amount that should have been recovered.

Remuner-
ation of
Board

6. The members of the Board shall be paid such remuneration in respect of their services in connection with the administration of this Act as the Lieutenant Governor in Council determines.

Disclosure
of
information
R.S.O. 1980,
c. 197

7. Despite subsection 44 (1) of the *Health Insurance Act*, the General Manager, the Minister and one other person engaged in the administration of this Act who is designated in writing by the Minister may furnish to,

- (a) a member of the Board;
- (b) the person to whom insured services were rendered or where a person other than the person to whom the insured services were rendered was charged for those services, the person who was so charged; and
- (c) any other person, with the consent of the person to whom the services were rendered,

information pertaining to the nature of the insured services, the date or dates on which the insured services were provided and for whom, the name and address of the person who provided the services, the amounts paid or payable by the Plan for such services and the person to whom the money was paid or is payable, for the purpose of enforcing this Act.

Offence

8.—(1) A physician, a dentist or an optometrist who contravenes section 2 is guilty of an offence and on conviction is liable to a fine of not more than \$250 for the first offence and \$1,000 for any subsequent offence.

(2) When a prosecution is conducted by a private prosecutor and the defendant is convicted, the court may determine the actual costs reasonably incurred in conducting the prosecution and, despite section 61 of the *Provincial Offences Act*, may order those costs to be paid by the defendant to the prosecutor.

Costs of
prosecution

R.S.O. 1980,
c. 400

9. The Lieutenant Governor in Council may make a regulation prescribing the administrative charge for the purpose of subsection 4 (2), such charges not to exceed \$150.

Regulations

10. Subsection 8 (1) of the *Health Insurance Act*, being chapter 197 of the Revised Statutes of Ontario, 1980, is amended by striking out "and not more than nine" in the second and third lines.

11. This Act comes into force on a day to be named by proclamation of the Lieutenant Governor.

Commence-
ment

12. The short title of this Act is the *Health Care Accessibility Act, 1986*.

Short title

