



CANADIAN DOCTORS | MÉDECINS CANADIENS
FOR MEDICARE | POUR LE RÉGIME PUBLIC

March 3, 2026

Sent to:

Prime Minister Mark Carney
Office of the Prime Minister
mark.carney@parl.gc.ca

Minister of Health Marjorie Michel
marjorie.michel@parl.gc.ca

Dear Prime Minister Carney,

We write to you out of deep concern regarding passage of Alberta's Health Statutes Amendment Act, 2025 (No. 2), and the threat it poses not only to Alberta's public health care system, but to the integrity of Medicare across Canada.

Canadians understand that provincial health systems are under genuine strain. We all share the goals of reducing wait times to improve access to timely care and of recruiting and retaining health care workers. We know that protecting and improving Medicare to enable healthy populations is a vital nation building project. However, Alberta's Health Statutes Amendment Act, 2025 (No. 2) risks undermining these goals.

Instead, it proposes a system where patients face financial uncertainty and where timely access to care will inevitably depend on ability to pay. Alberta's law abandons the foundational principles on which Canada's health care system has been built, as enshrined in the Canada Health Act. By formally enabling physicians to accept both public and private payment (dual practice) and allowing patients to be billed for medically-necessary services, this legislation enables a multi-payer, two-tier system of care that is confusing, inefficient, unfair, and expensive.

This shift is unprecedented in Canada. Since 1984, when the Canada Health Act was passed, Alberta, like all provinces and territories, has upheld a single-payer model grounded in equitable access to medically necessary care based on need, not ability to pay. The Health Statutes Amendment Act, 2025 (No. 2) represents a clear departure from that shared national commitment and raises grave concerns about Alberta's compliance with the Canada Health Act.

International evidence (including that adduced at trial during *Cambie Surgeries Corporation v. British Columbia*) and Canadian experience consistently show that systems permitting dual practice incentivize health professionals to shift time and services toward higher-paying privately-funded care. This shift would drain capacity from the publicly-funded services upon which the vast majority of patients rely, worsen access, undermine quality, and increase total system cost. Although the Government of Alberta has proposed minimum public-system hours for physicians

and continued public funding for some core services, these measures do not address the deeper structural risks introduced by the legislation. The evidence is abundantly clear that parallel private payment systems have never reduced health care wait times for all patients. In fact, when other countries have moved towards a parallel private-pay system, overall wait times have increased.

We are deeply concerned that Alberta's Health Statutes Amendment Act, 2025 (No. 2) will:

- **Undermine equity** by normalizing private payment for medically necessary care, privileging those with financial means;
- **Risk contravening the Canada Health Act** which exists to protect universality and accessibility;
- **Exacerbate workforce shortages** in the publicly-funded system by permitting physicians to split their practice between public pay and private pay sectors;
- **Set a dangerous national precedent** inviting similar legislation in other provinces thereby weakening Medicare across the country.

Beyond its domestic impacts, Alberta's Health Statutes Amendment Act, 2025 (No. 2) raises uncertainty related to national treatment and market access obligations under the current CUSMA. If Alberta's legislation opens a pathway to private duplicative insurance (covering the same medically necessary services as the publicly funded system) and for-profit investor-ownership of hospitals (delivering medically necessary care), we are concerned this could lead to US health insurance companies and hospital corporations expecting to enter Canada's market. Notwithstanding the protections afforded by Canada's sectoral reservations listed in CUSMA related to health care, if the US were denied entry to Canada's market, we are concerned this could expose Canada to CUSMA's investment and services disciplines.

As Prime Minister, you have a responsibility to uphold the Canada Health Act and protect equitable access to care for all Canadians, regardless of jurisdiction. We therefore call on your government to:

1. **Conduct a formal Canada Health Act compliance review of Alberta's Health Statutes Amendment Act, 2025 (No. 2);**
2. **Urge the Government of Alberta to pause implementation of Health Statutes Amendment Act, 2025 (No. 2) while its impacts are assessed by Health Canada's legal team and independent national experts;**
3. **Use the full range of federal tools available,** including discretionary penalties permitted under the CHA.

Turning Medicare into a marketplace experiment risks destabilizing an essential service that is core to Canadian identity and to the health and well-being of everyone living in Canada. Health care is a public good and a moral commitment that defines Canada's social contract. Canadians deserve reforms that strengthen Medicare, not policies that quietly erode it through profitization, privatization, and inequitable access.

The choices made now will shape the future of health care in Alberta and across Canada for generations. We urge your government to act quickly and decisively to protect one of our country's most important collective achievements.

Yours sincerely,



Dr. Melanie Bechard
Chair, Canadian Doctors for Medicare

Signed and endorsed by:

Alberta Federation of Labour – Gil McGowan, President

Alberta Union of Provincial Employees – Sandra Azocar, President

BC Health Coalition – Ayendri Riddell, Director of Policy and Campaigns

Canadian Centre for Policy Alternatives – Peggy Nash, Executive Director

Canadian Federation of Medical Students – Bryce Bogie, President

Canadian Federation of Nurses Unions – Linda Silas, President

Canadian Health Coalition – Jason MacLean, Chair

Canadian Labour Congress – Bea Bruske, President

Canadian Union of Public Employees – Mark Hancock, President

Coalition Solidarité Santé – Geneviève Lamarche, coordonnatrice

Congress of Union Retirees of Canada – Micheal MacIsaac, President

Friends of Medicare – Chris Gallaway, Executive Director

Independent Voices for Safe & Effective Drugs – Colleen Fuller, Director

Manitoba Health Coalition – Noah Schulz, Provincial Director

Médecins québécois pour le régime public – Dr. Xavier Gauvreau, Président

National Union of Public and General Employees – Bert Blundon, President

New Brunswick Health Coalition – Jean-Claude Basque, Co-Chair

Nova Scotia Health Coalition – Jennifer Benoit, Provincial Coordinator

Ontario Health Coalition – Natalie Mehra, Executive Director

PEI Health Coalition – Mary Boyd, Chair

Registered Nurses Association of Ontario – Dr. Doris Grinspun, Chief Executive Officer

United Nurses of Alberta – Heather Smith, President

United Steelworkers – Marty Warren, National Director