



Hospital Insurance Act
**HOSPITAL INSURANCE ACT
REGULATIONS**
B.C. Reg. 25/61

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Consolidated Regulations of British Columbia

This is an unofficial consolidation.

B.C. Reg. 25/61 (O.C. 315/61) is made under the *Hospital Insurance Act*, R.S.B.C. 1996, c. 204, s. 29.

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This consolidation includes any amendments deposited and in force as of the currency date at the bottom of each page. See the end of this regulation for any amendments deposited but not in force as of the currency date. Any amendments deposited after the currency date are listed in the B.C. Regulations Bulletins. All amendments to this regulation are listed in the *Index of B.C. Regulations*. Regulations Bulletins and the Index are available online at www.bclaws.ca.

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Prepared by:
Office of Legislative Counsel
Ministry of Attorney General
Victoria, B.C.

Hospital Insurance Act

HOSPITAL INSURANCE ACT REGULATIONS

B.C. Reg. 25/61

Contents

DIVISION 1 – DEFINITIONS

1.1	Definitions	1
1.2	Definition of “health facility”	3

DIVISION 2

2.1	[Repealed]	3
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DIVISION 3

3.1 – 3.2	[Repealed]	3
-----------	------------	---

DIVISION 4

4.1 – 4.6	[Repealed]	3
-----------	------------	---

DIVISION 5 – BENEFITS

5.1	Hospital services	3
5.2	Conditions for benefits	4
5.3	Certification	5
5.4	No admittance if no suitable accommodation	5
5.5	Services without admittance	5
5.6	Day care surgical services	5
5.7	Rehabilitative treatment	5
5.8	General hospital services in extended care hospitals	6
5.9	Services in a rehabilitation hospital or extended care hospital	7
5.10	Out-patient cancer therapy	7
5.11	Out-patient psychiatric services	7
5.12	Cytology services	7
5.13	Out-patient rehabilitative services	8
5.14	Services in a designated diagnostic and treatment centre	8
5.15	[Repealed]	8
5.16	Diabetic day care services or dietetic counselling services	8
5.17	Out-patient dialysis treatment	9
5.18	Out-patient treatment for psoriasis	9
5.19	Included treatment and services	9
5.20	Listed hospitals	9
5.21	Abortion services	9
5.22	Excluded illnesses or conditions	9
5.23	Magnetic resonance imaging services	10
5.24	[Repealed]	10

DIVISION 6 – BENEFITS OUTSIDE THE PROVINCE

6.1	In-patients in hospitals outside Province	10
6.2	Benefits if person seeks treatment outside Province	11
6.3	Lengthy hospital care outside Province	11
6.4	Payments on behalf of beneficiary	12

6.5	Limit on period of coverage	12
6.6	Reimbursement	12
6.7	Application for payment	12
6.8	Out-patient benefits outside Province	12
6.9	If service outside Province would have been eligible in the Province	13
DIVISION 7 – ADJUSTMENT OF HOSPITAL PER DIEM RATES		
7.1	Adjustments in per diem rates	13
DIVISION 8 – PAYMENT TO HOSPITALS BY BENEFICIARIES		
8.1	Monthly charge for benefits	13
8.2	Consent to release of documentation	14
8.3	[Repealed]	14
8.4	Monthly charge for beneficiaries residing in extended care or general hospitals	14
8.41	[Repealed]	15
8.5	Exemption	15
8.6	Hardship waiver	15
DIVISION 9 – PERSONS WHOLLY OR PARTIALLY EXCLUDED FROM BENEFITS		
9.1	Hospital services as compensation	15
9.2	Hospital services under an enactment of another jurisdiction	16
9.3	[Repealed]	16
DIVISION 10 – THIRD PARTY LIABILITY		
10.1	Service as a result of wrongful act	16
DIVISION 11		
11.1 – 11.4	[Repealed]	16
DIVISION 12		
12.1	[Repealed]	16
DIVISION 13		
13.1	[Repealed]	17
DIVISION 14		
14.1	[Repealed]	17
DIVISION 15		
15.1	[Repealed]	17
SCHEDULE A		17
SCHEDULE B [Repealed]		17

Hospital Insurance Act

HOSPITAL INSURANCE ACT REGULATIONS

B.C. Reg. 25/61

DIVISION 1 – DEFINITIONS

Definitions

1.1 In these regulations, unless the context otherwise requires:

“**academic space**” means hospital facilities dedicated primarily to

- (a) teaching medicine, nursing or another health discipline, and
 - (b) conducting research in medicine, nursing or another health discipline
- and includes lecture halls, laboratory space and academic offices;

“**Act**” means the *Hospital Insurance Act*;

“**after tax income**” means a monthly amount calculated using the following formula:

$$ATI = (C - IT - UCCB - RDSP) \div 12$$

where:

“**ATI**” means after tax income;

“**C**” means the net income of the beneficiary as reported on line 23600 of the beneficiary’s relevant notice of assessment or reassessment;

“**IT**” means the total income tax paid by the beneficiary as reported on line 43500 of the beneficiary’s relevant notice of assessment or reassessment;

“**RDSP**” means the amount of income from the Registered Disability Savings Plan that

- (a) is paid to the beneficiary, as reported on line 12500 of the beneficiary’s relevant notice of assessment or reassessment,
- (b) is paid to the spouse of the beneficiary, as reported on line 12500 of the spouse’s relevant notice of assessment or reassessment, or
- (c) is paid to both the beneficiary and the spouse of the beneficiary, as reported in the manner referred to in paragraphs (a) and (b);

“**UCCB**” means the amount of the annual benefit under section 4 of the *Universal Child Care Benefit Act* (Canada) that

- (a) is paid to the beneficiary, as reported on line 11700 of the beneficiary’s relevant notice of assessment or reassessment,
- (b) is paid to the spouse of the beneficiary, as reported on line 11700 of the spouse’s relevant notice of assessment or reassessment, or
- (c) is paid to both the beneficiary and the spouse of the beneficiary, as reported in the manner referred to in paragraphs (a) and (b);

HOSPITAL INSURANCE ACT REGULATIONS

Division 1 – Definitions

“agreement” means an agreement respecting the provision of hospital services and treatment entered into by a Province under the Federal law;

“child” means a person who

- (a) is a child of a beneficiary or a person in respect of whom a beneficiary stands in the place of a parent and who
 - (i) is a minor, or
 - (ii) is older than 18 and younger than 25 years and is in full time attendance at a post secondary institution that is approved by the Medical Services Commission, continued under section 3 of the *Medicare Protection Act*,
- (b) does not have a spouse, and
- (c) is supported by the beneficiary;

“consumer price index” means the Consumer Price Index for Canada, as published by Statistics Canada under the authority of the *Statistics Act* (Canada);

“definition” means the definition of “resident” in section 1 of the Act;

“extended care hospital” means a hospital or a portion of a hospital as defined under paragraph (a) or (c) of the definition of “hospital” in the Act, the prime function of which is to provide facilities for persons who require skilled nursing care and continuing medical supervision;

“Federal law” means the *Hospital Insurance and Diagnostic Services Act*, being chapter H8 of the Revised Statutes of Canada, 1970;

“general hospital” means a hospital or a portion of a hospital as defined under paragraph (a) or (c) of the definition of “hospital” in the Act, the prime function of which is to provide services and treatment for persons suffering from the acute phase of illness or disability;

“notice of assessment” means the notice of assessment issued to an individual by the Canada Revenue Agency under the *Income Tax Act* (Canada);

“notice of reassessment” means the notice of reassessment issued to an individual by the Canada Revenue Agency under the *Income Tax Act* (Canada);

“participating province” means a province which has a hospital insurance plan in effect under an agreement made pursuant to the Federal law;

“rehabilitation hospital” means a hospital or a portion of a hospital as defined under paragraph (a) or (c) of the definition of “hospital” in the Act, the prime function of which is to provide facilities for the active treatment of persons requiring rehabilitative care and services;

“relevant notice of assessment or reassessment” means an individual’s

- (a) notice of assessment for the immediately preceding taxation year, if there has been no notice of reassessment for that year, or
- (b) notice of reassessment for the immediately preceding taxation year, if there was a notice of reassessment for that year;

HOSPITAL INSURANCE ACT REGULATIONSDivision 5 – Benefits

“spouse” means a resident who

- (a) is married to another person, or
- (b) is living with another person in a marriage-like relationship;

“taxation year” means a year commencing January 1.

[am. B.C. Regs. 219/65, s. 1; 39/72; 72/74; 245/80, ss. 1 and 6; 278/92, s. 1; 331/97, s. 1; 56/98, s. 1; 345/2003, s. 1; 361/2003, s. 1; 374/2007; 282/2009, Sch. s. 1; 368/2012; 177/2020, App. 2.]

Definition of “health facility”

- 1.2** For the purposes of section 20 of the Act, “health facility” includes an assisted living residence as that term is defined in the *Community Care and Assisted Living Act*, S.B.C. 2002, c. 75.

[en. B.C. Reg. 213/2003.]

DIVISION 2

- 2.1** Repealed. [B.C. Reg. 361/2003, s. 2.]

DIVISION 3

- 3.1 and 3.2** Repealed. [B.C. Reg. 361/2003, s. 2.]

DIVISION 4

- 4.1 to 4.6** Repealed. [B.C. Reg. 361/2003, s. 2.]

DIVISION 5 – BENEFITS**Hospital services**

- 5.1** The hospital services to be provided to a beneficiary pursuant to the Act in a general hospital shall include such of the following services as are recommended by the attending medical practitioner, oral and maxillofacial surgeon, midwife or nurse practitioner, as the case may be, and as are available in or through the hospital to which the person is admitted as an in-patient, provided that no beneficiary shall be entitled to receive, as an in-patient benefit, any treatment or diagnostic service not connected with an illness or condition which necessitates the person’s being treated as an in-patient and which could normally be rendered to such person as an out-patient:
- (a) accommodation and meals at the standard or public ward level;
 - (b) necessary nursing service;
 - (c) laboratory and radiological procedures and the necessary interpretations, together with such other diagnostic procedures as are approved by the minister in a particular hospital with the necessary interpretations, for the

HOSPITAL INSURANCE ACT REGULATIONSDivision 5 – Benefits

purpose of maintaining health, preventing disease and assisting in the diagnosis and treatment of illness, injury or disability;

- (d) drugs, biologicals and related preparations, when administered in a general hospital, which are specified in an agreement made pursuant to section 19¹ of the Act;
- (e) use of operating room, caseroom and anaesthetic facilities, including necessary equipment and supplies;
- (f) routine surgical supplies;
- (g) other services approved by the minister which are rendered by persons who receive remuneration therefor from the hospital;
- (h) use of radiotherapy facilities where available;
- (i) use of physiotherapy facilities where available.

[am. B.C. Regs. 245/80, s. 6; 121/97, App. 2, s. 1; 361/2003, s. 3; 279/2012, Sch. 2, s. 1.]

Conditions for benefits

- 5.2** (1) Except as provided in section 5.5 or 5.9, a beneficiary is entitled to the benefits specified in section 5.1 only if
- (a) the person is admitted to a general hospital on the written certification of a duly qualified medical practitioner, oral and maxillofacial surgeon, midwife or nurse practitioner, and that person is a member of the hospital's medical staff, and
 - (b) a case history and a complete diagnosis of the patient's physical condition are made available to the hospital and the minister within a reasonable time of admittance to the hospital.
- (2) If the requirements under subsection (1) are met, the beneficiary is then entitled to the benefits referred to in that subsection for the subsequent number of days determined by the minister as the period of time during which the patient requires treatment or services for an illness or condition.
- (3) To assist in making the determination referred to in subsection (2), the minister may, at any time, require the hospital to obtain from the patient's attending medical practitioner, oral and maxillofacial surgeon, midwife or nurse practitioner, as the case may be, a written statement regarding the patient's condition and the necessity for the patient receiving health care for any specified portion of the patient's stay in the hospital.

[en. B.C. Reg. 121/97, Sch. 2, s. 2; am. B.C. Regs. 361/2003, s. 3; 279/2012, Sch. 2, s. 2.]

1. This is a reference to section 19 of R.S.B.C. 1979, c. 180, which was not consolidated in the R.S.B.C. 1996.

HOSPITAL INSURANCE ACT REGULATIONSDivision 5 – Benefits

Certification

- 5.3** A person must not make a certification referred to in section 5.2 unless the person is satisfied that there is a definite medical necessity to provide active in patient health care for the person to whom the certificate applies.

[en. B.C. Reg. 121/97, Sch. 2, s. 3.]

No admittance if no suitable accommodation

- 5.4** No hospital shall be required to admit a person as an in-patient if the administrator or officer in charge of the hospital is of the opinion that there is no suitable accommodation available for such a person in the hospital.

Services without admittance

- 5.5** A beneficiary may receive emergency services or minor surgery at a general hospital without being admitted. The minister shall define emergency services and minor surgery, and shall specify the benefits which are to be made available under this section. Except as provided in section 5.6, in respect of all other treatment or service rendered to a beneficiary who is not an in-patient, such a person shall pay to the hospital the total cost of providing the treatment or services as determined by the hospital.

[am. B.C. Regs. 65/66, s. 3; 46/68; 823/74, s. 1; 245/80, ss. 2 and 6; 100/82, s. 1; 324/83, s. 1; 56/87, s. 1; 281/87, s. 1; 361/2003, s. 3.]

Day care surgical services

- 5.6** Where a beneficiary has not been admitted to hospital as an in-patient but has been rendered day care surgical services therein, there shall be paid to the hospital a sum determined by the minister. The amount shall be paid by the government in the manner prescribed by the minister. The minister shall define day care surgical services and shall specify the benefits which are to be made available under this section.

[en. B.C. Reg. 46/68; am. B.C. Regs. 823/74, s. 3; 245/80, ss. 2 and 6; 270/81, s. 1; 100/82, s. 1; 324/83, s. 1; 56/87, s. 2; 59/99, s. 1; 361/2003, s. 3.]

Rehabilitative treatment

- 5.7** The general hospital services to be provided to a beneficiary who primarily requires active rehabilitative treatment in a rehabilitation hospital shall comprise such of the following services as are recommended by the attending medical practitioner or nurse practitioner and as are available in or through the rehabilitation hospital to which the said person has been admitted as a patient:

- (a) accommodation and meals at the standard ward level;
- (b) necessary nursing service;

HOSPITAL INSURANCE ACT REGULATIONSDivision 5 – Benefits

- (c) drugs, biologicals and related preparations, when administered in a general hospital, which are specified in an agreement made pursuant to section 19¹ of the Act;
- (d) use of physiotherapy and occupational therapy facilities;
- (e) radiological procedures and the necessary interpretations, together with such other diagnostic procedures as are approved by the minister in a particular hospital with the necessary interpretations, for the purpose of maintaining health, preventing disease and assisting in the diagnosis and treatment of illness, injury or disability;
- (e.1) those laboratory services that are benefits within the meaning of the *Laboratory Services Act*;
- (f) such other services as are approved by the minister, which are rendered by persons who receive remuneration therefor from a rehabilitation hospital.

[en. B.C. Reg. 219/65, s. 2; am. B.C. Regs. 245/80, s. 6; 361/2003, s. 3; 279/2012, Sch. 2, s. 3; 51/2015, Sch. 1, s. 1.]

General hospital services in extended care hospitals

5.8 The general hospital services to be provided to a beneficiary who primarily requires skilled nursing care and continuing medical supervision in an extended care hospital shall comprise such of the following services as are recommended by the attending medical practitioner or nurse practitioner and as are available in or through the extended care hospital to which the said person has been admitted as a patient:

- (a) accommodation and meals at the standard ward level;
- (b) necessary nursing service;
- (c) drugs, biologicals and related preparations, when administered in a chronic and convalescent hospital, which are specified in an agreement made pursuant to section 19² of the Act;
- (d) radiological procedures and the necessary interpretations, together with such other diagnostic procedures as are approved by the minister in a particular hospital with the necessary interpretations, for the purpose of maintaining health, preventing disease and assisting in the diagnosis and treatment of illness, injury or disability;
- (d.1) those laboratory services that are benefits within the meaning of the *Laboratory Services Act*;
- (e) such other services as are approved by the minister, which are rendered by persons who receive remuneration therefor from an extended care hospital.

[en. B.C. Reg. 219/65, s. 2; am. B.C. Regs. 245/80, s. 6; 361/2003, s. 3; 279/2012, Sch. 2, s. 3; 51/2015, Sch. 1, s. 2.]

1. This is a reference to section 19 of R.S.B.C. 1979, c. 180, which was not consolidated in the R.S.B.C. 1996.

2. This is a reference to section 19 of R.S.B.C. 1979, c. 180, which was not consolidated in the R.S.B.C. 1996.

HOSPITAL INSURANCE ACT REGULATIONSDivision 5 – Benefits

Services in a rehabilitation hospital or extended care hospital

- 5.9** (1) No beneficiary shall be entitled to receive services in a rehabilitation hospital or in an extended care hospital unless an application in the form prescribed by the minister, together with a case history and a complete diagnosis made by the person's medical practitioner or nurse practitioner, has been supplied to the minister, and unless a medical panel or screening committee established by the minister recommends that it is necessary for the person to be rendered either
- (a) active rehabilitative care in a rehabilitation hospital, or
 - (b) skilled nursing care under continuing medical supervision in an extended care hospital.
- (2) Such a beneficiary shall be entitled to benefits as aforesaid for the number of days thereafter that is determined by the minister to be the period of time during which such a patient requires treatment or services, and to assist in determining the length of time during which a patient shall be entitled to benefits under the Act, the minister may from time to time require the hospital to secure from the patient's attending medical practitioner or nurse practitioner a written statement regarding the patient's condition and the necessity of the patient's receiving services or treatment as aforesaid during all or a portion of the patient's stay in hospital.

[en. B.C. Reg. 219/65, s. 2; am. B.C. Regs. 245/80, s. 6; 361/2003, s. 3; 279/2012, Sch. 2, s. 4; 76/2022, s. 7.]

Out-patient cancer therapy

- 5.10** Out-patient cancer therapy shall be made available to beneficiaries in facilities operated by the Cancer Control Agency of British Columbia which have been designated in writing by the minister for the purposes of this Division, on the certification of a duly qualified medical practitioner who is a member of the medical staff of the Cancer Control Agency of British Columbia or of a hospital designated by the minister to provide out-patient therapy.

[en. B.C. Reg. 592/76; am. B.C. Reg. 245/80, ss. 2 and 6.]

Out-patient psychiatric services

- 5.11** Where a beneficiary has not been admitted to hospital as an in-patient, but has been rendered out-patient psychiatric services therein, there shall be paid to the hospital a sum determined by the minister. The minister shall define out-patient services and specify the benefits to be made available under this Division, and the minister may provide for various categories of such services and specify the sum to be paid in respect thereof. The said services shall be made available in those hospitals which have been designated by the minister for the purposes of this Division.

[en. B.C. Reg. 8/69; am. B.C. Regs. 245/80, ss. 2 and 6; 361/2003, s. 3; 76/2022, s. 6.]

Cytology services

- 5.12** The government must make an annual payment to the A. Maxwell Evans Clinic, 2656 Heather Street, Vancouver, a sum determined by the minister for the purpose of

providing cytology services to beneficiaries. The minister shall define cytology services.

[en. B.C. Reg. 135/70; am. B.C. Regs. 245/80, s. 6; 59/99, s. 2.]

Out-patient rehabilitative services

- 5.13** Where a beneficiary has not been admitted to hospital as an in-patient, but has been rendered out-patient rehabilitative services therein, there shall be paid to the hospital a sum determined by the minister. The minister shall define out-patient rehabilitative services and specify the benefits to be made available under this section, and the minister may provide for various categories of such services and specify the sum to be paid in respect thereof. The said services shall be made available in those hospitals which have been designated by the minister for the purposes of this Division.

[en. B.C. Reg. 269/70; am. B.C. Regs. 245/80, ss. 2 and 6; 361/2003, s. 3; 76/2022, s. 6.]

Services in a designated diagnostic and treatment centre

- 5.14** (1) Notwithstanding this section, where a beneficiary has been treated or given services of the types described in sections 5.5 and 5.6 in a designated diagnostic and treatment centre, there shall be paid to that centre a sum determined by the minister.
- (2) Repealed. [B.C. Reg. 56/87, s. 3.]
- (3) The minister shall specify the types of treatment or services to be provided in each centre and the different sums to be paid in respect of the various types of services or treatment provided under this section.
- (4) Where a person is not a beneficiary, the payment to be made by the person to the centre shall be the cost of providing services and treatment computed by the centre in a manner approved by the minister, and each computation shall be based on a rate approved by the minister.

[en. B.C. Reg. 245/80, s. 2; am. B.C. Regs. 270/81, s. 1; 56/87, s. 3; 76/2022, s. 8.]

- 5.15** Repealed. [B.C. Reg. 245/78.]

Diabetic day care services or dietetic counselling services

- 5.16** Where a beneficiary has not been admitted to hospital as an in-patient, but has been rendered diabetic day care services or dietetic counselling services therein, there shall be paid to the hospital a sum determined by the minister. The minister shall define diabetic day care services and dietetic counselling services and specify the benefits to be made available under this section. The services shall be made available in those hospitals which have been designated in writing by the minister for the purposes of this section.

[en. B.C. Reg. 36/75, s. 2; am. B.C. Regs. 245/80, ss. 2 and 6; 361/2003, s. 3.]

HOSPITAL INSURANCE ACT REGULATIONSDivision 5 – Benefits

Out-patient dialysis treatment

- 5.17** (1) Where a beneficiary has been rendered out-patient dialysis treatment for chronic renal failure in a hospital or other approved facility, there shall be paid to such hospital or facility a sum determined by the minister.
- (2) Where the treatment is provided
- (a) in British Columbia, payment shall be made by the government in the manner prescribed by the minister, and
 - (b) outside the Province, payment shall be made in accordance with Division 6.
- (3) The minister shall define dialysis treatment for chronic renal failure and specify the benefits to be made available under this section.
- (4) The treatment may be made available in those hospitals and other facilities which have been approved in writing by the minister.

[en. B.C. Reg. 245/80, s. 2; am. B.C. Reg. 59/99, s. 3.]

Out-patient treatment for psoriasis

- 5.18** (1) Where a beneficiary is given out-patient treatment for psoriasis at Shaughnessy Hospital or at the Victoria General Hospital Psoriasis Clinic, there shall be paid to the hospital a sum determined by the minister.
- (2) The minister may define out-patient treatment for psoriasis and specify the benefits to be made available.

[en. B.C. Reg. 245/80, s. 2.]

Included treatment and services

- 5.19** Any reference in this Division to treatment, services, preparations, supplies, or equipment given or rendered to a beneficiary in or at a hospital is deemed to include authorized treatment, services, preparations, supplies or equipment given or rendered at a place outside the hospital premises.

[en. B.C. Reg. 561/80.]

Listed hospitals

- 5.20** Each hospital listed in Schedule A must provide the facilities and services necessary to allow beneficiaries to receive abortions at that hospital.

[en. B.C. Reg. 70/92, s. 1; am. B.C. Reg. 433/2003.]

Abortion services

- 5.21** If a beneficiary receives abortion services as an out-patient or an in-patient, these services are general hospital services.

[en. B.C. Reg. 70/92, s. 2; am. B.C. Reg. 361/2003, s. 3.]

Excluded illnesses or conditions

- 5.22** The following illnesses or conditions are excluded pursuant to section 5 (2) (c) of the Act:

HOSPITAL INSURANCE ACT REGULATIONSDivision 6 – Benefits Outside the Province

- (a) in vitro fertilization;
- (b) Repealed. [B.C. Reg. 218/93.]
- (c) cosmetic service solely for the alteration of appearance;
- (d) reversal of previous sterilization procedures, male or female, except when sterilization was originally caused by trauma.
[en. B.C. Reg. 225/88; am. B.C. Regs. 44/89; 218/93.]

Magnetic resonance imaging services

- 5.23** Where out-patient magnetic resonance imaging services are recommended for a beneficiary by the attending medical practitioner and are provided to that person in a hospital, these services, including necessary interpretations, are general hospital services.

[en. B.C. Reg. 356/89; am. B.C. Regs. 361/2003, s. 3; 279/2012, Sch. 2, s. 5.]

- 5.24** Repealed. [B.C. Reg. 319/2008.]

DIVISION 6 – BENEFITS OUTSIDE THE PROVINCE**In-patients in hospitals outside Province**

- 6.1** (1) Except as hereinafter provided in this Division, a beneficiary who receives any of the benefits prescribed in sections 5.1, 5.7 and 5.8 as an in-patient in a hospital outside British Columbia shall be entitled to have payment made on the beneficiary's behalf pursuant to section 24 of the Act if
- (a) Repealed. [B.C. Reg. 56/98, s. 4.]
 - (b) the minister determines that the care and treatment rendered is of the type that would be available as a benefit within the Province if it were provided to a beneficiary by a hospital in British Columbia.
- (2) The payment to be made on behalf of a beneficiary who receives benefits in accordance with subsection (1),
- (a) where a beneficiary receives the benefits in a participating province, shall be computed at the standard or public ward per diem rate approved for the particular hospital by the appropriate provincial authority, less an amount equal to the amount payable by a beneficiary under Division 8, for each necessary day's stay in the hospital. For the purpose of this Division **"standard or public ward per diem rate"** excludes capital cost charges related to buildings and "non-shareable equipment" (as specified in an agreement) and any other charges comprised in the approved per diem hospital rates of other participating provinces which are not comprised in the per diem rates approved for British Columbia hospitals under the Act and the regulations passed thereunder;
 - (b) where a beneficiary receives the benefits elsewhere than in a participating province, shall be the lesser of the charges made by the hospital for standard

HOSPITAL INSURANCE ACT REGULATIONS

Division 6 – Benefits Outside the Province

ward care, or a per diem rate determined by the minister which shall not exceed \$75.

[en. B.C. Reg. 227/79; am. B.C. Regs. 365/79, s. 1; 245/80, s. 6; 299/85, s. 2; 56/98, s. 4; 76/2022, s. 7.]

Benefits if person seeks treatment outside Province

- 6.2** (1) No person who leaves the Province to seek treatment elsewhere shall be entitled to benefits under these regulations unless the person has been granted prior written approval to do so by the minister, who shall not grant such approval until the minister is satisfied that
- (a) it is necessary and advisable for such a person to seek treatment outside the Province, and
 - (b) the care and treatment is of a type that would be available as a benefit within the Province if it were provided to a beneficiary by a hospital in the Province.
- (2) The payment to be made on behalf of a beneficiary who receives benefits in accordance with subsection (1),
- (a) where a beneficiary receives the benefits in a participating province, shall be computed at the standard or public ward per diem rate approved for the particular hospital by the appropriate provincial authority, less an amount payable by a beneficiary under Division 8, for each necessary day's stay in the hospital. For the purpose of this Division "**standard or public ward per diem rate**" excludes capital cost charges related to buildings and "non-shareable equipment" (as specified in an agreement) and any other charges comprised in the approved per diem hospital rates of other participating provinces which are not comprised in the per diem rates approved for British Columbia hospitals under the Act and the regulations passed thereunder;
 - (b) where a beneficiary receives the benefits elsewhere than in a participating province
 - (i) the usual and customary charge made by the hospital or the institution providing the hospital service, less any amount required to be paid by the beneficiary under the provisions of Division 8, if the benefits are not available in British Columbia, or
 - (ii) a sum that is not greater than the rate approved for an equivalent facility in the Province, less any amount required to be paid by the beneficiary under the provisions of Division 8, if the benefits are available in British Columbia.

[en. B.C. Reg. 227/77; am. B.C. Regs. 365/79, s. 2; 245/80, s. 6; 134/87, s. 1; 76/2022, s. 11.]

Lengthy hospital care outside Province

- 6.3** Where a beneficiary who is outside the Province and requires a lengthy period of hospital care is certified by a qualified medical practitioner to be capable of returning

HOSPITAL INSURANCE ACT REGULATIONSDivision 6 – Benefits Outside the Province

to the Province to receive a portion of the required care in a hospital in the Province, the minister may limit the benefit period outside the Province after giving the beneficiary reasonable notice in writing.

[en. B.C. Reg. 227/79; am. B.C. Regs. 245/80, s. 6; 361/2003, s. 3.]

Payments on behalf of beneficiary

6.4 Payments on behalf of a beneficiary for benefits authorized under this Division shall be made

- (a) for public ward accommodation unless otherwise approved by the minister, and
- (b) only to hospitals or institutions providing hospital services which are approved by the minister.

[en. B.C. Reg. 227/79; am. B.C. Reg. 245/80, s. 6.]

Limit on period of coverage

6.5 The payment to be made to a hospital outside the Province on behalf of a beneficiary shall be for the number of days of care determined by the minister, which shall in no case exceed a period of 12 months in respect of one period of temporary absence from the Province. The Lieutenant Governor in Council may extend the period of coverage prescribed herein.

[en. B.C. Reg. 51/67; am. B.C. Regs. 290/72; 245/80, s. 6.]

Reimbursement

6.6 A person who establishes to the satisfaction of the minister that the person is entitled to payment by the government shall be reimbursed in accordance with the scale of payments prescribed by this Division.

[en. B.C. Reg. 65/66, s. 5; am. B.C. Regs. 245/80, s. 6; 59/99, s. 4; 76/2022, s. 6.]

Application for payment

6.7 No payment shall be made to or on behalf of a beneficiary under this division unless a properly completed application for payment in the form established by the minister is given to the minister not more than 6 months after,

- (a) the date on which the beneficiary was discharged from hospital, or
- (b) where the beneficiary was not admitted to hospital, the date on which the services for which payment is requested were received.

[en. B.C. Reg. 134/87, s. 2.]

Out-patient benefits outside Province

6.8 Subject to the provisions of sections 6.2, 6.5 and 6.7, where a beneficiary receives any of the benefits prescribed in section 5.17 as an out-patient in a hospital or other approved facility outside British Columbia, the beneficiary shall be entitled to have payment made on the beneficiary's behalf by the government, as follows:

Where the treatment is provided

HOSPITAL INSURANCE ACT REGULATIONSDivision 7 – Adjustment of Hospital per Diem Rates

- (a) in a participating province, the payments to be made on behalf of a beneficiary shall be the rate approved by the appropriate provincial authority, or
- (b) elsewhere than in a participating province, the payment to be made on behalf of a beneficiary shall be a sum that is not greater than the rate approved for an equivalent facility in the Province.

[en. B.C. Reg. 534/76; am. B.C. Regs. 245/80, s. 3; 22/81; 59/99, s. 5; 76/2022, ss. 6 and 7.]

If service outside Province would have been eligible in the Province

6.9 Where a beneficiary receives a service outside the Province that would have been eligible under

- (a) section 5.5 if received in the Province, the beneficiary shall, subject to this Division, be entitled, where the treatment is provided in a participating province, to have payment made on the beneficiary's behalf by the government at the rate approved by the appropriate provincial authority, or
- (b) section 5.6 if received in the Province, the beneficiary shall, subject to this Division, be entitled, where the treatment is provided
 - (i) in a participating province, to have payment made on the beneficiary's behalf by the government at the rate approved by the appropriate provincial authority, or
 - (ii) elsewhere than in a participating province, to be reimbursed or to have payment made on the beneficiary's behalf in an amount not exceeding the rate approved for the service in an equivalent facility in the Province.

[en. B.C. Reg. 134/87, s. 3; am. B.C. Regs. 59/99, ss. 6 and 7; 76/2022, ss. 6 and 7.]

DIVISION 7 – ADJUSTMENT OF HOSPITAL PER DIEM RATES**Adjustments in per diem rates**

7.1 The minister may, at the end of any period, make such adjustments in the per diem rates paid to general hospitals or rehabilitation and extended care hospitals throughout the period as the minister deems necessary to properly reimburse the hospitals in respect of the cost of providing the services and treatment rendered to beneficiaries.

[am. B.C. Regs. 245/80, s. 6; 76/2022, s. 6.]

DIVISION 8 – PAYMENT TO HOSPITALS BY BENEFICIARIES**Monthly charge for benefits**

- 8.1** (1) A beneficiary who is 19 years of age or older must pay the monthly charge calculated under section 8.4 for benefits received under this regulation as an in-patient at
- (a) an extended care hospital, or

HOSPITAL INSURANCE ACT REGULATIONSDivision 8 – Payment to Hospitals by Beneficiaries

- (b) a general hospital if the beneficiary has been assessed to be eligible for admission to an extended care hospital or a facility as defined in section 1 of the *Continuing Care Act*.
- (2) For the purposes of subsection (1) (b), the monthly charge applies 30 days after the assessment.

[en. B.C. Reg. 331/97, s. 2; am. B.C. Reg. 282/2009, Sch. s. 2.]

Consent to release of documentation

- 8.2** (1) The beneficiary and, if applicable, the spouse must, in the form and manner specified by the minister, consent to and authorize Canada Revenue Agency to release to the minister any documentation necessary to verify the information required by this regulation in order that the minister may determine whether the beneficiary is eligible for a monthly charge which is less than the highest monthly rate charged to a beneficiary who resides in an extended care hospital or general hospital referred to in section 8.1 (1).
- (2) If the beneficiary and, if applicable, the spouse do not give the consent and authorization required by subsection (1), the beneficiary will be required to pay the highest monthly rate charged under this regulation for in-patient care.

[en. B.C. Reg. 331/97, s. 2; am. B.C. Regs. 361/2003, s. 4; 282/2009, Sch. s. 3.]

- 8.3** Repealed. [B.C. Reg. 282/2009, Sch. s. 4.]

Monthly charge for beneficiaries residing in extended care or general hospitals

- 8.4** (1) Subject to subsections (2), (3) and (4), a beneficiary who resides in an extended care hospital or a general hospital must pay a monthly charge that equals
- (a) if the beneficiary's after tax income is at least \$1 625, 80% of the beneficiary's after tax income, or
 - (b) if the beneficiary's after tax income is less than \$1 625, an amount that equals the beneficiary's after tax income minus \$325.
- (2) The maximum charge under subsection (1) is \$3 198.50, adjusted every year on January 1, beginning on January 1, 2017, by the percentage increase, if any, of the consumer price index for the 12 month period ending on July 31 of the previous year and rounded down to the nearest \$0.10.
- (3) The minimum charge under subsection (1) is
- (a) the monthly maximum total amount of Old Age Security and Guaranteed Income Supplement to which a person is entitled under the *Old Age Security Act* (Canada) as of July 1 of the previous year
- minus
- (b) \$325, adjusted every year on January 1, beginning on February 1, 2012, and rounded down to the nearest \$0.10.

HOSPITAL INSURANCE ACT REGULATIONSDivision 9 – Persons Wholly or Partially Excluded from Benefits

- (4) Despite subsection (1), a beneficiary who resides in an extended care hospital or a general hospital who receives either of the following must pay a monthly charge in an amount equal to the minimum charge under subsection (3):

- (a) income assistance under the *Employment and Assistance Act*;
- (b) disability assistance under the *Employment and Assistance for Persons with Disabilities Act*.

[en. B.C. Reg. 282/2009, Sch. s. 4; am. B.C. Regs. 231/2011, s. 2; 134/2016, Sch. 2.]

8.41 Repealed. [B.C. Reg. 25/61, s. 8.41 (3).]

Exemption

8.5 Section 8.1 does not apply to

- (a) a person admitted involuntarily to a psychiatric unit under section 22 of the *Mental Health Act*, or
- (b) a beneficiary who is involuntarily undergoing treatment for tuberculosis.

[en. B.C. Reg. 331/97, s. 2; am. B.C. Reg. 361/2003, s. 6.]

Hardship waiver

- 8.6** (1) The minister may waive all or some portion of the monthly charge up to a maximum of one year for a beneficiary residing in an extended care hospital or a general hospital if the beneficiary is unable to pay because of financial hardship.
- (2) A beneficiary who has been granted a hardship waiver under subsection (1) must inform the local health authority, in writing and within 10 days, of any changes in the beneficiary's monthly disposable income which may affect the waiver.
- (3) A beneficiary who has been granted a hardship waiver under subsection (1)
- (a) may, at any time, be required to, and
 - (b) must, in each calendar year,
- re-establish the beneficiary's need for the hardship waiver.
- (4) A beneficiary who fails to re-establish the beneficiary's need for a hardship waiver must repay all charges that were waived during the time that the beneficiary did not qualify for the waiver.
- (5) Unpaid charges under subsection (4) are a debt owed by the person to the health authority and the health authority may take action to recover the debt.

[en. B.C. Reg. 331/97, s. 2; am. B.C. Regs. 282/2009, Sch. s. 5; 76/2022, s. 4.]

**DIVISION 9 – PERSONS WHOLLY OR
PARTIALLY EXCLUDED FROM BENEFITS****Hospital services as compensation**

- 9.1** Any person who is eligible to receive or apply for hospital services as compensation under the provisions of the *Workers Compensation Act* of the Province or a former

HOSPITAL INSURANCE ACT REGULATIONSDivision 10 – Third Party Liability

member of Her Majesty's armed forces who receives hospital services for a disability or condition arising out of the person's war service in respect of which the person receives a pension shall not be deemed to be a beneficiary in respect of illness, injury, disability or condition which necessitated the person's receiving such services.

[am. B.C. Regs. 65/66, s. 5; 281/87, s. 2; 272/98; 76/2022, ss. 6 and 7.]

Hospital services under an enactment of another jurisdiction

- 9.2** Any person who is entitled to receive hospital services under any other statute of Canada or of the Province which is specified in an agreement made pursuant to section 19¹ of the Act or who is entitled to receive services under an enactment of any provincial legislature or any other competent jurisdiction other than Canada or British Columbia shall not be deemed to be a beneficiary in respect of any such services received by the person.

[am. B.C. Reg. 76/2022, s. 8.]

- 9.3** Repealed. [B.C. Reg. 361/2003, s. 7.]

DIVISION 10 – THIRD PARTY LIABILITY**Service as a result of wrongful act**

- 10.1** Notwithstanding any other provision of these regulations, where a beneficiary requires hospital services for accidental injuries received as a result of the wrongful act or omission of some other person, the minister may reduce the sum to be paid on behalf of the beneficiary pursuant to the Act by the amount of any settlement or award made to the beneficiary or any payment made on the beneficiary's behalf in respect of such hospital services by any other person.

[en. B.C. Reg. 65/66, s. 6; am. B.C. Regs. 245/80, s. 6; 76/2022, s. 7.]

DIVISION 11

- 11.1** Repealed. [B.C. Reg. 361/2003, s. 7.]

- 11.2** Repealed. [B.C. Reg. 159/90, s. 2.]

- 11.3 and 11.4** Repealed. [B.C. Reg. 361/2003, s. 7.]

DIVISION 12

- 12.1** Repealed. [B.C. Reg. 361/2003, s. 7.]

1. This is a reference to section 19 of R.S.B.C. 1979, c. 180, which was not consolidated in the R.S.B.C. 1996.

HOSPITAL INSURANCE ACT REGULATIONS

Schedule A

DIVISION 13**13.1** Repealed. [B.C. Reg. 361/2003, s. 7.]**DIVISION 14****14.1** Repealed. [B.C. Reg. 361/2003, s. 7.]**DIVISION 15****15.1** Repealed. [B.C. Reg. 361/2003, s. 7.]**SCHEDULE A**

[en. B.C. Reg. 70/92, s. 3; am. B.C. Regs. 171/2017, ss. (b) and (d); 274/2022, s. (b).]

[section 5.20]

Bulkley Valley Hospital	North Island Hospital, Campbell River & District
Burnaby Hospital	North Island Hospital, Comox Valley
Cariboo Memorial Hospital	Peace Arch District Hospital
Cumberland Health Care Facility	Prince George Regional Hospital
Dawson Creek and District Hospital	Prince Rupert Regional Hospital
Eagle Ridge – Fraser Burrard Hospital	Queen Victoria Hospital
Fort St. John General Hospital	Royal Columbian – Fraser Burrard Hospital
Golden and District General Hospital	Royal Inland Hospital
G.R. Baker Memorial Hospital	Royal Jubilee Hospital (Greater Victoria Hospital Society)
Kimberley and District Hospital	Sechelt Hospital/shíshálh Hospital
Kitimat General Hospital	Surrey Memorial Hospital
Kootenay Lake District Hospital	Trail Regional Hospital
Lions Gate Hospital	U.B.C. Health Sciences Centre Hospital (Shaughnessy Site)
Maple Ridge Hospital	Vancouver General Hospital
Mills Memorial Hospital	Vernon Jubilee Hospital
Mission Memorial Hospital	Victoria General Hospital (Greater Victoria Hospital Society)
Nanaimo Regional General Hospital	West Coast General Hospital

SCHEDULE B

Repealed. [B.C. Reg. 319/2008.]