Aug 2026

Local 196 SPOTLIGHT

Bill 29: and the Privatization of Health Care

Who benefits when access to health care increasingly depends on the ability to pay?

Bill 29, the Health Statutes Amendment Act, 2026, was introduced by the Alberta government in April and receiving Royal Assent on May 14, 2026

The government says this will allow Albertans to access certain private tests without a referral.

Practitioner-recommended testing will continue to be covered under the public system.

If I can afford to pay, why shouldn't I be able to get a test faster?

Diagnostic testing is part of a larger clinical process involving assessment, determining which test is appropriate, interpreting results and ensuring appropriate follow-up.

An incidental finding may require additional testing, specialist consultation or treatment. An abnormal result still needs to be interpreted by a qualified health professional.

Meanwhile, the additional demand created by privately purchased testing does not disappear from the public system—it simply moves downstream.

The private system doesn't exist separately from the public system

Private health-care facilities still rely on the same pool of health-care professionals.

If private clinics can offer higher compensation or more attractive working conditions, they can draw workers away from publicly funded services. We cannot solve staffing shortages by creating more places for the same workers to work.

"It also embeds income and wealth inequality into the health care system—something Medicare was designed to prevent." — Canadian Centre for Policy Alternatives

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"Albertans deserve better than two-tier health care and legislated queue jumping.."
— Chris Gallaway, Friends of Medicare

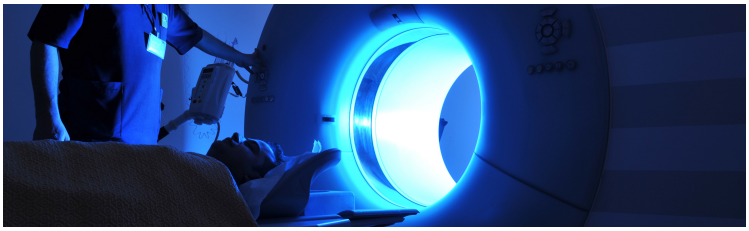
If people with money can move ahead of people who cannot afford to pay, the public queue doesn't necessarily disappear. Instead, the system can develop two queues—one for those who can pay and one for everyone else.

In 2025, Alberta passed Bill 11, the Health Statutes Amendment Act, which established a framework for dual physician practice and expanded the role of private delivery in medically necessary health services. The Canadian Centre for Policy Alternatives argues that Alberta's model allows physicians to participate in both publicly funded and private-pay care, creating a system in which patients can pay privately for faster access.

"Choice" only exists if everyone has a choice

If you have the financial resources to pay hundreds or thousands of dollars for a test, private access may look like freedom and convenience.

What kind of health-care system are we building? A public system where access is based on need? Or a system where those with the ability to pay can increasingly purchase faster access?



What could this mean for nurses?

Staffing concerns: Private providers competing with the public system for nurses and other health-care professionals.
Workload: Increased fragmentation creates coordination and follow-up demands.
Patient safety: Diagnostic testing requires appropriate clinical assessment, interpretation and follow-up.
Equity: Patients with greater financial resources have increased access to services.
Public capacity: Moving workers and resources into private delivery weaken already-strained public services.
Patient advocacy: Nurses may increasingly find themselves advocating for patients who cannot afford private alternatives.
The future of health care: Each expansion of private payment normalizes the idea that faster health care is something people should purchase.

A two-tier system doesn't give everyone more choice. It gives some people more choices than others.

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We should be fighting for a health-care system that has enough nurses, physicians, diagnostic technologists and other health professionals to provide timely care to everyone—not one that asks Albertans to reach into their wallets to move closer to the front of the line.

Nurses know that health is about more than a test

- **Nurses understand that prevention matters.**
- **Early detection matters.**
- **Timely treatment matters.**

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